

Submission to the Special Joint Committee on Physician-Assisted Dying (PDAM):

Canadians Advocating for Ethical Hospice Palliative Care:

Shirley Christo, BScN, MHSc, MEd, Independent Practice Community Nurse

INTRODUCTION:

'Canadians Advocating for Ethical Hospice Palliative Care' (CAEHPC) are committed to developing Hospice Palliative Care (HPC) for all Canadians. In order to accomplish this, we feel that it is imperative for all levels of government to work together to ensure access to and excellence in ethical whole person HPC for all.

On behalf of the group, I thank the committee for this opportunity to present /reiterate some points we feel are critical for a way forward with 'End of Life Care ' (EOLC) in our country. We have reviewed the Provincial-Territorial and the Federal reports as well as several related documents and urge the federal committee to give serious consideration to the following: ^{1;2}

1. DEFINITIONS / TERMINOLOGY /FACTS –

- a. Palliative care – World Health Organization (WHO) defines the norm for palliative Care & clearly states that it “intends neither to hasten or postpone death”³ This principle as well as the intent to improve quality of life are incompatible with the premature ending of one’s life by Physician-Assisted Dying (PAD) and Assisted Suicide.
- b. PAD & Medical aid in dying – These terms are used in the legal context by the Supreme Court of Canada but can have different context and meaning in existing Palliative care practice settings ⁴.
- c. Palliative Sedation v. Lethal medication – CAEHPC agrees with the Canadian & International Hospice Palliative Care Associations about the misconceptions that exist around Palliative sedation v. lethal doses. It is not uncommon to hear that “euthanasia is already happening in hospice palliative care by withdrawing or refusing treatment and use of Palliative sedation” or Physicians are already killing people anyway. Ethical use of palliative sedation refers to sedation for pain management and comfort until natural death^{2;5;6}. Lethal medication is used with the specific intent of hastening death (Euthanasia).

Recommendations:

- Develop a Pan Canadian Palliative Care strategy as outlined in the private members Bill M456 and true to WHO definition
- Clarify for all involved in PAD that the acts of euthanasia and assisted suicide (E & AS) are conflicting terms with the WHO definition & practice principles of ethical Hospice Palliative care ^{7;8} and
- Moving forward all levels of government need to be clear in their direction that all acts of hastening death by E & AS need to be developed outside of EHPC programs as parallel /arm’s length and /or under third party management ^{3;5;6}

2. PROFESSIONAL ETHICS /MORAL CONVICTIONS –

Health professionals practice according to a code of ethics. Nurses for example are accountable for “Promoting Health & Well-Being” inclusive of ongoing advocacy for a full range of services related to whole person palliative care⁹. Any health professional who is asked to be involved in PAD or to assist with someone’s suicide is going against the ethical principles upon which they

are trained and have practiced for centuries. (I am referring here both to the ethical responsibilities of advocacy for health and well being according to the definition of health and also to the duty to do no harm)

Additionally, it is important to note that being asked to make a referral to someone who will euthanize or assist with lethal medication may be seen as aiding and abetting and can be equally traumatizing for those whose moral convictions are in opposition.

Recommendation:

- All levels of government legislation and also professional regulation need to respect the rights of health professionals to conscientious objection re: assisting with PAD and assisted suicide under the Canadian Charter of Rights & Freedoms.

Legislation must respect the health professionals' right to adhere to their professional code of ethics and moral convictions. The Supreme Court has provided some guidance on the issue of rights to conscientious objection to involvement.

However, the committee needs to be attentive to the rights of physicians, nurses and any other professionals receiving E & AS requests to decline direct referral to someone performing the administration of lethal medication based on their professional ethics and moral convictions.¹⁰

3. ACCESS ISSUES:

The Supreme Court stated that "The law allows people to request palliative sedation, refuse artificial nutrition and hydration, or request the removal of life sustaining medical equipment"^{1;2}. This unfortunately is only partially true given the following:

- a) The 2004 Canada Health Accord expired on March 31st of 2014 and was not renewed. This agreement not only guaranteed accessibility, but also public administration, comprehensiveness, universality and portability. Without this agreement there is an unfortunate possibility of having 14 different healthcare systems across the provinces & territories along with a cut in the federal transfer tax.¹¹
- b) Professional bodies in provinces such as Quebec and Ontario have already taken initiative to create guiding policy for physicians and nurses^{1;2;7}.
- c) Only 30% of Canadians currently have access - Canadian Hospice Palliative Care programs⁴
- d) 70% of deaths still occur in hospital in Canada even though the surveys clearly indicate that they would prefer to die at home.^{7;8}

Recommendations:

CAEHPC urges all levels of government

- to look at this current matter of 'End of Life care' as an OPPORTUNITY to move Canada from #11 to #1 on the Quality of Death Index¹²
- to visit and review the universal health care systems in the world including the UK, Australia and New Zealand (which are the #1st, 2nd, & 3rd countries on the quality of Death Index), to evaluate

and bring back their best practice guidelines for not only for End of Life care but also for accessibility, public administration, comprehensiveness, universality and portability.

- Using the acquired information call together the leadership of the professional bodies such as the Canadian College of Physicians and Surgeons, Canadian Medical Association, the Canadian Nurses Association for colleges to work together to form guidelines and policies that will be consistent across all provinces and territories^{5-8;13}
- Look to the existing work that has been done worldwide on end of life care and build on it^{14;15}
- Use the WHO resolution 67.19 as a guide for bringing together health care and social services to provide Canadians with all they need for health and well being
- Take the time needed and recommended to do this

BACKGROUND:

This submission is made on behalf of an informal group of individuals called '**Canadians Advocating for Ethical Palliative Care**'. It began in February, 2014 when a small group of concerned nurses began a dialogue in advocacy for ethical palliative care. Over time this group has expanded to include hundreds of thousands of concerned Canadians from diverse populations of both philanthropic and professional organizations. Membership includes specialists in Palliative care, nurses, doctors, teachers, pharmacists, and family members; individuals living with chronic illness, palliative care clients and members of faith communities. We are committed to ensuring access to and excellence in ethical hospice palliative care for all Canadians while respecting the rights of all Canadians to their choice for end of life care.

Reference List

- (1) Gibson J, Taylor M, Cochrane D, Downie J, Goba R, Kenny N et al. Provincial - Territorial Expert Advisory Group on Physician-Assisted Suicide: Final report. http://www.health.gov.on.ca/en/news/bulletin/2015/docs/eagreport_20151214_en.pdf, 1-61. 30-11-2015. 8-1-2016.

Ref Type: Online Source

- (2) Chochinov M, Frazee C, Pelletier B. Consultations on Physician-Assisted Dying: Summary of Results & Key Findings Final Report. <http://www.justice.gc.ca/eng/rp-pr/other-autre/pad-amm/pad.pdf> [15 A.D. (Cat. No. J2-420/2016E-PDF):[1-16] Available from: URL:<http://www.justice.gc.ca/eng/rp-pr/other-autre/pad-amm/index.html>

- (3) World Health Organization. WHO Definition of Palliative Care. 2016. World Health Organization. 8-1-2016.

Ref Type: Online Source

- (4) Canadian Hospice Palliative care Association. Fact Sheet: Hospice Palliative Care in Canada. Canadian Hospice Palliative Care Association (CHPCA) [2014 [cited 2015 Oct. 19]; Available from: URL:http://www.chpca.net/media/330558/Fact_Sheet_HPC_in_Canada%20Spring%202014%20Final.pdf

- (5) Sullivan W, Arsenault I, Gallagher R, Mang E, Marturano P, Reynolds L et al. A Guide for Reflection on Ethical Issues Concerning Assisted Suicide and Voluntary Euthanasia. http://www.cfpc.ca/uploadedFiles/Health_Policy/_PDFs/Guidefor%20Euthanasia_EN_Final.pdf [15 A.D. [cited 16 A.D. Jan. 31];[1-14] Available from: URL:http://www.cfpc.ca/uploadedFiles/Health_Policy/_PDFs/Guidefor%20Euthanasia_EN_Final.pdf

- (6) Jackson K. Palliative Care & the Global Goal for Health. <http://www.thewhpc.org/resources/item/palliative-care-and-the-global-goal-for-health-report-2>, 1-30. 2015. London, International Association for Hospice and Palliative care, International Childrens Network for Palliative Care, Worldwide Hospice Palliative Care Alliance. 13-1-2016.

Ref Type: Online Source

- (7) Canadian Hospice Palliative care Association. A Way Forward: A Roadmap for an Integrated Approach to care. <http://www.hpcintegration.ca/media/60044/TWF-framework-doc-Eng-2015-final-April1.pdf> [15 A.D. [cited 16 A.D. Jan. 28];[1-58] Available from: URL:<http://www.hpcintegration.ca/media/60044/TWF-framework-doc-Eng-2015-final-April1.pdf>

- (8) World Wide Hospice Palliative Care Alliance, World Health Organization. Global Atlas of Palliative Care at the End of Life. 2014. 13-1-0016.

Ref Type: Online Source

(9) Canadian Nurses Association. *Code of Ethics for Registered Nurses:2008 Centennial Edition*. Ottawa: CNA; 8 A.D.

(10) CMPA. *Conscientious objection to physician-assisted dying: Protecting charter rights*. The Canadian Medical Protective Association, editor. 15. 1-2-0016.

Ref Type: Online Source

(11) Canadian Health Coalition. *National Day of Action for a New Health Accord: March 31st,2015*. <http://healthcoalition.ca/march31/> [2015 [cited 16 A.D. Jan. 31]; Available from: URL:http://healthcoalition.ca/wp-content/uploads/2015/03/Backgrounder-Health_Accord_2015.pdf

(12) *The 2015 Quality of Death Index:Ranking Palliative Care Across the World*. The Economist: Intelligence Unit [2015 :[1-68] Available from: URL:<http://www.economistinsights.com/sites/default/files/2015%20Quality%20of%20Death%20Index%20Oct%207%20FINAL.pdf>

(13) Bourgeois M. *Adaptable,innovativeand affordable health-care system the right approach for federal-provincial-territorial health ministers*. Canadian Nurses Association . 22-1-0016. Ottawa. 31-1-0016.

Ref Type: Online Source

(14) WHO. *Draft 1 - Global strategy and action plan on ageing and health*. World Health Organization [15 A.D. [cited 15 A.D. Oct. 28];[1-27] Available from: URL:http://www.ifa-fiv.org/wp-content/uploads/2015/10/Draft-1_Global-Strategy-and-Action-Plan-on-Ageing-and-Health_October-2015_English.pdf

(15) WHO. *World Report on Ageing and Health*. World Health Organization [2015 [cited 15 A.D. Oct. 28];[1-246] Available from: URL:http://apps.who.int/iris/bitstream/10665/186463/1/9789240694811_eng.pdf?ua=1