BRIEF TO THE JOINT COMMITTEE ON PHYSICIAN ASSISTED DYING

From

Marcia Hogan

Dear Special Joint Committee on Physician Assisted Dying,

When drafting the legislation these are the protocols I would suggest be included:

1. Advance Care Plans should be equally recognized and legally binding across Canada. The stated wishes must be followed (having been executed while the person was competent) even if the person should become incompetent.
   My will is a legal document that is followed even after I am no longer able to make my own decisions. Why can't this be the same for ACPs?
   In my current Advance Care Plan I state very clearly that when I can no longer toilet or feed myself and/or no longer recognize my family I wish to have PAD. My Substitute Decision Maker is aware of my wishes and should be able to ensure they are carried out should I become unconscious from a stroke or lose competency due to dementia.
   My competency is clear and my wishes are quantifiable; they must be upheld.

2. My doctor and I should be able to make this decision, just the two of us, as we do our other medical decisions, unless there is a medical question about the situation (ie. A specialist needs to be consulted). There need not be any further recourse to second opinions and certainly not to the law courts. Doctors must ensure that persons requesting PAD have been made completely and honestly aware of diagnosis, prognosis and the effects of all treatments.

3. I think there should be a flexible waiting period depending on the condition of the person but not more than two weeks. I do feel the person must request assistance at least twice, once in writing.

4. The Supreme Court has made the conditions for requesting PAD clear. Grievous means," very severe". Irremediable means cannot be made better through any known treatment. Mental anguish and suffering is as severe as physical and must be included as a standard for choosing PAD. All of these meanings must be determined by the person; individuals are the only able judge of their suffering.

5. Let the health care providers regulate end of life care in the same way they make other medical decisions. In other words, competency for medical decision making should supersede age.

6. Doctors must not abandon their patients at the end of their life. If they cannot assist with PAD then they must refer, either through a governing body, institution or simply by contacting a fellow physician. The same goes for pharmacists.

Thank you for your consideration.

Sincerely,

Marcia Hogan