COMMENTS OF AN AGED ENGINEER ON MEDICALLY ASSISTED DYING

Prepared for Consideration by the

The Special Joint Committee on Physician-Assisted Dying

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Dear Special Joint Committee on Physician-Assisted Dying,

Executive Summary

• Canadians deserve a fair and compassionate federal legislative framework in all aspects of their life. I urge you to consider the following as the Parliamentary Committee drafts recommendations for new legislation on the subject of medically assisted suicide:

1) The many polls carried out on this subject are highly in favour of Canadians having the right to medically assisted suicide. This is a majority issue, not a minority one.
2) I have never had a person tell me that they want to die a horrible painful death or subject their families to a long painful experience during their demise. In fact many of us have figured out ways to deal with the situation should we find ourselves able. We fear a long prolonged painful death at the hands of medical personnel forced by present laws to prolong such an unwanted life.
3) We need a legal procedure that is simple, clear, protective, casts a wide net, and can be carried out very quickly after the instruction to do so is validated. We must be allowed to execute such a procedure in a publically funded medical institution, a private clinic or location of our choice at our own timing and discretion.

• "Considerations for best practices and protocols for physician assisted dying should include

1- A trained medical technician(s) should be able to carry out or assist in the process of assisted suicide based on Doctor approval.
2- A patient should designate in writing while capable that assisted suicide is preferred under the circumstances they describe.
3- It may well be that the patient desires and is capable of performing the final act themselves. Any approved procedure in law should allow the patient to carry out the act themselves (such as taking a pill or cocktail of chemicals) in the presence of those wanted by the patient, and location they choose with at least one medical person attending.
4- It must be recognized that many patients' beliefs and culture dictate a death place preference other than a medical institution. Legislation should either be silent on the matter of location or specifically provide the patient a choice in this matter although a medical person may have the right to overrule such a request if it is totally impractical.
5- It must be recognized that a patient may not be physically capable of participating in the procedure and this should not be a factor which would deny the patient that right.
6- It must be recognized that the patient may be under care in a religious or cultural institution in which the procedure is contrary to the moral or cultural beliefs of that body. However that institution must not be allowed to veto the procedure but must assist in moving the patient to a venue that is suitable for the patient's wishes to be carried out.

7- Anyone in Canada should at any time in their life be able to make a declaration of how they would like to see their life ended in circumstances that this act deals with. The declaration document procedure should not be limited to patients or those who are in ill health. This should just be part of life's preparations for the end as they so desire. Perhaps a Federal Registry should be kept of this matter for reference by medical personnel.

• "The following recommendations should be considered when drafting laws surrounding physician assisted dying

1 – One Doctor and one other competent medical person such as a Nurse Clinician or Nurse who are familiar with the case should be adequate to agree to approve the procedure.

2 – No competent medical personnel can have a veto over the procedure. If no second medical person can be found that agrees with the first doctor, then the procedure cannot proceed of course."

3- Any person who drafts and signs a document requesting this procedure while competent to do so should have the procedure administered as specified. This does not preclude the patient giving final authority to a third person to initiate the procedure, choose a location, time and date of the procedure. A legally prepared document witnessed and appropriately signed should be regarded as evidence of consent by the patient for the method and procedure and other details.

4 – Patients who are organ donors may be subject to a procedure designed to minimize their suffering but maximize the harvest of organs that they had designed to donate, if medically possible and beneficial. Technically this would be a choice of the patient, and the doctors if such a donation is feasible physically. To further this point, I would like to add the comments below of a good friend:

"Now comes the person who is sick, terminal, and dying. They know they are sick, and are being kept alive basically only to die at another date. If that was my situation, and I have given this much consideration, I would want to know

a) I am terminal,

b) Why and with what I am terminal, and

c) Can my organs be of assistance to another with my passing?

Then I would want to be shipped off to palliative care or home if I could be sent there so that my family could come forward and we could meet to see each other one last time, and that my will and affairs could be confirmed accurate and updated if necessary. Then I would want my doctor to be very pro-active in getting me back into hospital and prepared for that last honorable gift I could give to another human, and my body laid to rest as per my wishes.

It is truly pretty simple. And no, there is no need for a magic pill as you are simply euthanized and put to sleep, your heart stopped and the rest is up to the medical team.

You know it is right for us to be able to do this. For it is cost effective, puts less stress on you and your family, and gives us the choice backed up by a physician (or two if required) to make the determination that we are terminal."

His second point is:

DWD is simple. If does not involve religion, as our religion no matter what remains with us to the end. It does involve a medical opinion based on facts, and perhaps a second opinion in these cases is warranted. And if warranted then it should be our choice to decide, or the caregiver in those cases where we are not of stable mind to make those decisions."

5- Patients who have not prepared signed documents in advance but have arrived at the state where a suicide procedure is warranted should not have their rights to a quick painless death denied. If family members or a designate is specified, those persons should have the right to take over the person's welfare and see that the person's rights are provided.

5- The procedure must be carried out within a short time frame from the approval process

My Position

I firmly believe that under many circumstances, suicide is the only path to end a life of pain, or mental distress or for whatever reason a citizen may decide that there is no acceptable future. There is no question that many commit suicide for those reasons, and that in many cases the decision is a bad one. The methods that are used are often terrible with lasting effects to the family and other members of society. We must strive to bring an end to these kinds of suicide by providing a method and process for justified suicides. But in the question of medically assisted suicide we are not looking at those bad decisions and we will provide a controlled path in a suitable environment.

Our technology has advanced in many ways to prolong life. Medical life prolonging machines and procedures can extend our lives in comfortable or in many cases, very painful and uncomfortable ways. For those citizens who find that our technology can no longer provide them with a comfortable or pain free life, and they wish to end it, then we must allow that technology to likewise provide them with the means to do so. We do not have the right to force life unto someone just because we have designed methods and machinery to prolong it. In fact, we do allow patients to refuse resuscitation and this is in itself is a medically assisted suicide where medically we could have preserved life but not one the patient wanted. We need to take the next step and allow the patient to indicate the timing of their own death.

The main focus of allowing a person the decision to end their life has to be that the decision is made by that person or by persons designated with control over that life. The person who has requested assisted suicide must have done so without pressure or coercion from others. And appropriate legal protection must be provided in such a way that the life can be ended quickly, painlessly, and without endless legal roadblocks. In fact, I would recommend that the procedure be made available within 24 hours of the patient's request, or approval of a patient's appointed designate. It must not be a lingering matter.

Published literature and articles on this subject indicate that since the 1970's, Canadian citizens have favoured assisted suicide by a margin of 70% of the population or more. Recent opponents to the

procedure have not denied these claims, but seem to want to protect those who abhor the idea. And they seem to want to push their ideals unto the population as a whole. We are not talking here about a procedure that is to be forced upon anyone, but a procedure of choice. The opponents should have no fear, and likewise no control over that choice by any other citizen of Canada.

I have never heard a person exclaim that they want to carry on to the bitter end in a state of extreme pain or discomfort. Rather, most tell me that they don't want to live like that, don't want pain, and don't want to be part of the family distress that comes with severe and prolonged non ending illness. No doubt many of us would like to spare ourselves and our family that agony and lay out a plan to relieve everyone including ourselves of financial, physical and emotional distress that our present laws cause. And we would like the suicide process done in a professional and quick way such that we don't have to take matters into our own hands and follow some other terrible route.

The Supreme Court decision on this matter gives us the right to professional help in an assisted suicide. We must have that written into law such that we have the proper protection and expedient process to have the matter dealt with professionally.

I am 74 years old, have seen the many changes go on in our approaches and laws in Canada. I recall the horrors of the prosecution of homosexuals in the 1940's and up to the 1980's because the issues were not understood. I remember hearing names read out in Hamilton Ontario radio news of those convicted of buggery and homosexuality, their lives forever ruined. I recall the existence of a Morality Squad in that city, a term which today sounds like a bit of humour. Today, because we advanced in our social technology, we got past that.

Abortion was another issue. During my young years we heard the stories and campaigns against abortions while raped women or young abused gals were forced to bear children they had no desire to deal with. We endured deaths and mutilation of women at the hands of back yard abortion providing non-medical personnel. After horrible battles and arguments, and new socially accepted laws, we got past that too. Women have rights and can be assisted in these situations.

I am happy to see that the Trudeau Government is taking this Supreme Court decision seriously and acting positively towards the implementation of laws to protect all Canadians. Canadians watched a previous government turn a Supreme Court decision into a totally different end product that was meant to be. We do not need a repeat of that approach in this subject of medically assisted suicide. We need a law based on the principles of protection of all our citizens, their rights, regardless of their positions in our society, humanities science, and the desires of the majority of the public.

We need to get a well formulated plan here that does not need constant twigging, provides an easy and successful approach to alleviating a severe wrong in our society that has existed for a long time, like our former laws against abortion, homo sexuality and the sexual freedom of women. We need a comprehensive approach that precludes continuous Supreme Court challenges so that other situations and cases are covered that would otherwise become court challenges in the future. Let's try to be comprehensive in the first approach to provide Canadians with their total rights as much as we can foresee. We need to advance our society to recognize that we all want to die in our own fashion should we need the opportunity.

So I want to discuss some items:

1 Eligibility: "very severe or serious illness" should be the only qualifying factors that trigger the process at a patient's request. There are many diseases or mental conditions which render the patient incapable of ever enjoying life again, and leave them in circumstances that are not at all desirable. I feel the Supreme Court dictated rules that suited the particular case at hand, and did not consider all the issues that might lead a patient to desire a quick demise. We have this opportunity to correct that situation so that citizens do not keep knocking on the Supreme Court door with petitions to add more causes and conditions to this law. Let us develop and overall strategy that captures a wider net of needs.

2 Advance requests for assisted death are valid when made by a patient who, at the time of the request, was competent and had a diagnosis for a condition that was or could become grievous and irremediable. I feel the requests should be made in writing, signed, and perhaps notarized. At least witnessed by arm's length parties. But I have several friends with no real close relatives, no one to see their wishes are carried out, so the procedures need to address how such individuals can address their own situations. Persons who are alone in life should not have their rights vetoed because they cannot muster up third party support.

3 Provisions to Protect Patients: Two physicians or one physician and a senior medical person or a notary or lawyer having prepared the document must verify free and informed consent. I recommend that two physicians assess a patient and verify that the requesting patient has made a free and informed decision. I am sure we have procedures in law now which cover this methodology , but in any case it must be clear from the document and witness process if used that no third party interest is present

Outside consultations are unnecessary unless the patient's competency is in question. However I do not agree that any one doctor could have a veto over the process. Clearly if a second doctor or senior medical person or perhaps even a lawyer or notary who prepared the document cannot verify the authenticity of the request, then it cannot proceed. But the patient's requests should not be arbitrarily denied.

4. Every case is reviewed after the patient has died. Aggregate data is compiled and made available to the public. To ensure adequate tracking, each case of PAD must be recorded for research and statistical purposes.

5 Provisions to Ensure Reasonable Access: Other licensed healthcare practitioners may also provide assisted dying to ensure access, especially in remote regions. Other healthcare practitioners, such as nurses and physicians' assistants, must be granted permission to participate in assisted dying under the supervision and guidance of a doctor. In many remote communities, there is a severe shortage of physicians. For that reason, other registered healthcare professionals should be allowed to assist in the provision of PAD. This measure would help ensure that eligible patients are not abandoned or denied their constitutional right to a peaceful death.

6. Doctors have the right of conscientious objection but must provide information and effective referrals (or transfers of care) to an institution, independent agency or other provider. I strongly believe in professional choice, both for the patient and the physician. While physicians may refuse to provide PAD for reasons of conscience, they must not abandon patients. Physicians who oppose assisted dying

must be required to refer patients who request it to another doctor or a third-party referral agency. Sick and dying patients should not be responsible for finding an alternate doctor on their own. Doctors who oppose participating in the procedure may agree that the patient has made the proper arrangements for the procedure and pass the execution of the procedure along to other medical professionals trained in the process.

While I am suggesting doctor involvement, which agrees with the Supreme Court decision, I do not agree that a doctor need attend or assist at the procedure. There is no reason why medical technicians trained in the procedure cannot carry it out.

7. Publicly funded healthcare institutions, including hospitals, hospices and long-term care facilities, are required to provide physician-assisted dying on their premises. All publicly funded healthcare institutions must allow PAD on their premises. If no doctors on staff are willing to provide, an external doctor or trained medical staff must be permitted into the hospital to provide the service. This policy is especially relevant for small communities where healthcare options may be limited. Some non-publically funded hospitals may hold religious or cultural beliefs against this procedure and those situations must be respected. But those institutions must not hold veto power over the patients' rights and wishes, and they must provide a means for the patient to be taken to a venue where the procedure can be carried out in an expedient manner.

Conclusion:

There is no question that in Canada, the state does not have the ability in any form or fashion to prevent a citizen from committing suicide. Citizens do such in terrible ways but often they are so sick and in so much distress that they cannot manage the act. We need to assure our population that they will not suffer needlessly under extreme circumstances and hence do not need to commit suicide prematurely or in a fashion that is disruptive to the community and their families. This must stop. We need to deal with sick and desperate people in a kind and understanding way that their last wishes to avoid pain and suffering will be understood and acted on when there is only one avenue left.