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Special Joint Committee on Physician-Assisted Dying.

FROM: John Warren

Dear Special Joint Committee on Physician-Assisted Dying,

Thank you for accepting briefs from individuals and for televising the meetings of the Committee. I was very impressed by the quality of the witnesses and by the respect shown by all members of the Committee to each other and to the witnesses. Watching the proceedings restored some of my faith in the democratic process.

My own thoughts on PAD are outlined below:

1. **Competency** - The definition of "competency" must be applied at the time that the patient made the decision to request PAD, not to the time that the request is to be carried out.

2. **Grievous** - Do NOT add a list of approved qualifying conditions to the Bill.

3. **Referral** - Physicians who oppose PAD must be required to refer patients to another doctor or a third-party referral agency.

4. **Institutions** - All publicly funded healthcare institutions must allow PAD on their premises.

5. **Not just docs -** Other registered healthcare professionals, such as nurses and physician assistants, should be allowed to assist in the provision of PAD.

6. **Assessment –**Two physicians need to certify that the patient made a free and informed decision.

7. **Reporting -** Each PAD must be reported to the province for compliance and statistical purposes.

1. "Competent"
The definition of "competency" must be applied at the time that the patient made the decision to request PAD, not to the time that the request is to be carried out.
The Bill must ensure that patients whose requests for PAD have been approved, but who then become incapacitated as the result of a stroke or a coma, are still allowed to have their wishes carried out. Denying Canadians the option of requesting PAD in advance could lead some patients (for example, those with an early dementia diagnosis) to seek aid in dying too early, or worse: to end their lives on their own while they still have the ability to do so.

2. "Grievous"
The word "grievous" is a judicial term, not a medical one and is defined as "a very severe or serious illness, disease, condition or disability". It should be left as it is and the medical staff involved should make the interpretation. I ask that the Bill NOT add a list of approved qualifying conditions because such a list could not possibly foresee all medical events and could unfairly impede access for some patients

3. Conscientious Objection
The whole idea of the Right To Die movement is to provide choice at the end of life. Proponents, like me, want control over our own bodies and we respect that right for others. I totally support the right of physicians and other healthcare providers to refuse to provide Physician Assisted Death to a patient who requests it but the patient's right to it must also be protected.
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.

4.Publicly Funded Healthcare Institutions
The protection of every patient must be a paramount consideration of the Bill and no patient can be denied access to PAD because of the beliefs or policies of religious institutions.
All publicly funded healthcare institutions must allow PAD on their premises. If no doctors on staff are willing to provide it, an external doctor must be permitted into the hospital to provide the service.
This policy is especially relevant for small communities where healthcare options may be limited. For example, some communities may only have Catholic-affiliated hospitals or hospices nearby. If those institutions refuse to provide PAD on their premises, then access to PAD will be heavily restricted in the communities they serve. Even in larger centres, a patient may be rushed to an emergency department at a Catholic hospital. Moving the patient to a non-denominational institution would cause unnecessary stress and may not be possible depending on the patient's condition.

5. **Other Licensed Healthcare Practitioners**
In many remote communities, there is a severe shortage of physicians. For that reason, other registered healthcare professionals, such as nurses and physician assistants, 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. Patient Assessment
I believe that it is necessary to have two physicians assess a patient and verify that he/she made a free and informed decision. It is not necessary to have others involved, unless the patient's mental competency is in question.

7. **Reporting**
It is essential for each province to maintain records of PAD. Consequently each case of PAD must be reported and tracked for statistical and compliance reasons. Aggregate data must be available to the public in a way that is equal to or better than occurs now in Oregon.