

7 Legislative Principles for a Patient-Centred Approach to Physician-Assisted Dying

Eligibility

1. “Grievous” is defined as a very severe or serious illness, disease or disability; a list of approved qualifying conditions must not be compiled.
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.

Provisions to protect patients

3. Two physicians verify free and informed consent.
4. Every case is reviewed after the patient has died. Aggregate data is compiled and made available to the public.

Provisions to ensure reasonable access

5. Other licensed healthcare practitioners may also provide assisted dying to ensure access, especially in remote regions.
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.
7. Publicly funded healthcare institutions, including hospitals, hospices and long-term care facilities, are required to provide physician-assisted dying on their premises.