

*A Balanced and Compassionate Approach to
Physician-Assisted Dying*

**BRIEF SUBMITTED TO THE
PARLIAMENTARY SPECIAL
JOINT COMMITTEE ON
PHYSICIAN-ASSISTED DYING**

Canadian Council of Imams
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Contact information:

Imam Sikander Hashmi, Spokesperson

imam@kanatamuslims.ca

(613) 572-4252

Introduction

The Canadian Council of Imams has prepared this brief to share the concerns of imams regarding physician-assisted dying and to offer concrete solutions. In the Islamic Faith tradition, neither euthanasia nor assisted suicide are supported or encouraged. However, since the Supreme Court has already decided the matter, the concerns regarding the legalization of physician-assisted dying centre around the vulnerability of patients, conscience-protection for physicians and faith-based health care providers, and the quality of life of patients.

Most Canadians would agree that life is sacred and an effort should be made, in most if not all circumstances, to preserve it.

The Quran highlights the importance of saving a life:

“Whoever saves (a life) – it is as if they had saved humanity entirely.”
(Quran – 5:32)

We understand that in some cases, patients experiencing extreme levels of pain and suffering, and those expecting the same in the future, may desire an end to their life. We empathize with them and as we draw from our faith, we are instructed to pray for them to gain relief from their suffering and to try our best to make them comfortable by providing the best possible care.

Here are the three main concerns of Canadian imams:

1. Safeguards for Patients

The availability of the option to die with the assistance of another individual may, in some cases, be subject to the interests of others rather than the patient, leading to direct or indirect encouragement and promotion of physician-assisted dying.

We believe that there must be robust safeguards in place to ensure that this option is exercised only by those who voluntarily and independently choose physician-assisted dying after going through an informed decision-making process.

Recommendations:

We propose that any such requests be considered and evaluated by an "end-of-life care team" of four members:

- 1. A physician, ideally one who is familiar with the medical history of the patient and is involved in treating the patient;*
- 2. A psychiatrist or psychologist who is able to understand the mental state of the patient and the reasons for their decision;*
- 3. A social worker who can inform the patient about care options available to them and discuss potential impacts of their choices, upon themselves and on their family members;*
- 4. A spiritual care provider representing the faith tradition of the patient who can offer spiritual counsel and advice, if the patient wishes to avail of their services.*

This team shall ensure that:

- All care options available to the patient have been clearly explained without bias;*
- The patient has made the decision voluntarily and without duress or encouragement from another party;*
- The patient understands the impact of their decision;*
- The patient's immediate family members are informed, if possible, about this process and counseling is offered to them, unless explicitly requested otherwise by the patient.*

Furthermore, we recommend that section 241(a) of the Criminal Code of Canada be amended to ensure that encouragement to commit suicide, including physician-assisted death, remains a criminal offence.

In light of the Supreme Court decision in Carter v. Canada, we recommend that a patient be able to seek the assistance of a physician to end their life only if they meet all of the following criteria:

- 1. Be above the age of majority in their jurisdiction;*
- 2. Be capable for personal care;*
- 3. Be at the end-of-life;*
- 4. Be suffering from a grievous and irremediable medical condition;*
- 5. Be in an advanced state of irreversible decline in capability;*
- 6. Experience regular and unbearable physical suffering that cannot be relieved in a manner the patient deems tolerable.*

The patient should be required to sign a request form or, in the case of a disability, express their wish clearly in unambiguous terms through any other means.

We recommend the process and procedures to be as follows:

- 1. The patient informs care provider of their request.*
- 2. The end-of-life care team visits the patient to assess eligibility and inform them about their choices.*
- 3. The team contacts family members, informs them about request and offer them support (unless requested otherwise by the patient).*
- 4. The team makes a follow-up visit to the patient.*
- 5. If the patient chooses physician-assisted dying, the team has them sign appropriate forms.*
- 6. The request is submitted to the health care provider.*
- 7. The health care provider arranges for the time, location and a physician who is willing to assist the patient in dying.*
- 8. Details are shared with immediate family members (unless requested otherwise by the patient).*
- 9. Before the procedure, the end-of-life care team once again confirms the decision with the patient (if the patient is still able to communicate).*
- 10. If the response is in the affirmative, the physician assists the patient in ending their life.*
- 11. The death is reported to a central, federal registry.*

2. Conscience-Protection for Physicians and Faith-Based Care Facilities

Physicians and faith-based care facilities should not be compelled to participate in physician-assisted dying if their conscience, faith or personal values do not allow for the taking of human life.

While some Muslim doctors may not want to facilitate physician-assisted dying in any way, having the ability to refer such requests to another physician without participating in the procedure should be sufficient to reconcile the rights of physicians with the rights of patients.

Muslim health-care facilities will likely not want to facilitate or participate in physician-assisted dying in any way.

Recommendations:

The level of disengagement from physician-assisted dying should be at the discretion of individuals and faith-based care facilities.

All health care facilities should be required to disclose their policy on physician-assisted dying during the admission process in order to assist patients and their families in making informed decisions on the matter. If a patient chooses physician-assisted dying while admitted in a faith-based care facility that does not perform the procedure, the facility should provide any reasonable assistance necessary to transfer the patient to another facility that can facilitate their request.

Information on facilities offering physician-assisted dying should be made publicly available, particularly for those patients whose physicians do not wish to make referrals for physician-assisted dying.

3. Quality of Life

We would like to highlight *The College of Family Physicians of Canada Statement on issues related to end of life care*, which states:

“As a matter of social justice, all Canadians...should have access to palliative care that meets national standards. Palliative care must be available in all health care settings. In addition, a variety of settings must be available for end-of-life care.”¹

We also echo their call for sufficient funding to ensure that all Canadians have access to palliative care that meets national standards and the needs of each community.

Furthermore, the teachings of our faith lead us to believe that every disease has a cure. Human beings just have to strive to find it.

Recommendations:

As a priority, a strategy should be developed and sufficient funding should be made available to ensure that all Canadians have access to quality palliative care that meets national standards.

A greater emphasis should be put on medical research towards finding cures and better pain management methods, particularly through increased funding and reversal of cuts to programs such as combined MD/PhD programs, for which funding was withdrawn in June 2015.

¹ http://www.cfpc.ca/uploadedFiles/Resources/Resource_Items/Health_Professionals/CFPC%20Position%20Statement_Palliative%20Care_ENGLISH.pdf

Summary of Recommendations

The Canadian Council of Imams recommends that:

- *An end-of-life care team be required to meet all patients requesting physician-assisted dying to inform them about care options available to them, without bias, and to ensure that the patient has made the decision voluntarily and without duress or encouragement from another party;*
- *Encouragement to seek physician-assisted dying be made a criminal offence;*
- *Physicians and faith-based care facilities be allowed to disengage themselves from physician-assisted dying, to the extent they feel is necessary for them, without infringing upon the rights of patients;*
- *A strategy be developed to offer quality palliative care for all Canadians;*
- *Greater funding be made available for medical research towards finding cures and improving pain management methods.*

Conclusion

We would like to reiterate that neither euthanasia nor assisted suicide are supported or encouraged in the Islamic faith tradition. We believe there is a need and an opportunity to protect the vulnerable, improve quality of life for patients and balance the rights of patients and physicians. We hope our suggestions are useful in developing legislation that is balanced and compassionate.

About the Canadian Council of Imams

The Canadian Council of Imams represents approximately 150 faith leaders serving Canadian Muslims in mosques, community centres, schools, prisons and hospitals. As part of its mission, the Council serves as an advisor on Islamic matters to all three levels of government.