Brief to the Special Joint Committee
On Physician-Assisted Dying

Submitted by Alan Dyment

February 1, 2016.

Executive Summary:

- ***Having cared for my wife during her terminal cancer medical treatments and surgeries until her premature death in 2006, I feel strongly that the Supreme Court decision in Carter vs Carter must be implemented as soon as possible in order to offer Canadians compassionate medically-assisted death where this has been requested by the patient in an approved manner.***
- ***While recognizing the opinions of those who believe that medically-assisted death violates their religious beliefs, the majority of Canadians strongly support the Supreme Court Decision. Nobody who disagrees with the right to a death with dignity has the right to deny that choice to others. This also applies to physicians, pharmacists, nurses and other medical staff. Referrals must be made, where necessary, to other medical personnel so that patients are not abandoned.***
- ***Access to medically-assisted dying should not be limited to physicians. Other medical professionals such as nurse-practitioners and others should be allowed to assist where appropriate.***
- ***Legislation in other countries, states and provinces can guide federal legislation in Canada. A patchwork of provincial and territorial laws is not a desirable outcome, while recognizing the roles of such provinces and territories in health provision. Barrier-free access to medically-assisted dying must be available to all Canadians wherever they live in Canada.***
- ***Legislation should be written from the patient's perspective. Professional bodies will have their perspectives but the bottom line must always be that the decision of the patient must be primary and barrier-free, so long as the requirements of the Supreme Court decision are met. Advance consent or a directive by the patient must be acceptable.***

Brief

- ***Having cared for my wife during her terminal cancer medical treatments and surgeries until her premature death in 2006, I feel strongly that the Supreme Court decision in Carter vs Carter must be implemented as soon as possible in order to offer Canadians compassionate medically-assisted death where this has been requested by the patient in an approved manner.***

I am 74 and a member of CARP and of Dying with Dignity Canada. I have also been diagnosed with a condition which could become grievous and irremediable in the future. Since my wife's death I have considered the implementation of medically-assisted death to be a priority for me. Her suffering was not something that either of us wanted, and yet no alternative was available, including palliative care. I supported the Hon. Stephen Fletcher's private member's bill, and was frustrated by Parliament's unwillingness to address this critical issue. Now that the Supreme Court has rendered their decision in this matter, I urge the Committee to support the intent of this decision in an expeditious and compassionate manner.

- ***While recognizing the opinions of those who believe that medically-assisted death violates their religious beliefs, the majority of Canadians strongly support the Supreme Court Decision. Nobody who disagrees with the right to a death with dignity has the right to deny that choice to others. This also applies to physicians, pharmacists, nurses and other medical staff. Referrals must be made, where necessary, to other medical personnel so that patients are not abandoned.***

Polls, including those conducted by CARP, consistently show that a large majority of Canadians support medically-assisted dying. I am sure that Committee members have been provided with this information, and so I will not repeat it here. The right of Canadians to access medically-assisted dying should not be limited by religious or cultural beliefs of others. While affirming the rights of anyone not to choose this path for themselves, the rights of the patient must be paramount. Medical personnel should also not be required to participate in medically-assisted dying, but must be required to make appropriate referrals to others who have indicated their willingness to support the patient's wishes.

- ***Access to medically-assisted dying should not be limited to physicians. Other medical professionals such as nurse-practitioners and others should be allowed to assist where appropriate.***

I have read that the French translation of the Supreme Court decision refers to *Medically*-assisted dying rather than *Physician*-assisted dying. Whether or not this is correct, other appropriate healthcare practitioners should be able to participate in assisted death. In some cases, physicians might not be available – in remote regions, for example. Once again, the needs of the patient must be paramount.

- ***Legislation in other countries, states and provinces can guide federal legislation in Canada. A patchwork of provincial and territorial laws is not a desirable outcome, while recognizing the roles of such provinces and territories in health provision. Barrier-free access to medically-assisted dying must be available to all Canadians wherever they live in Canada.***

There are many examples of successful legislation throughout the world which provide patients' access to medically assisted dying in an appropriate and compassionate manner; we do not have to reinvent the wheel in Canada. Experience elsewhere also shows that the comfort of knowing that a dignified death is available is sufficient for many patients who do not, in the end, choose to avail themselves of that option. For the foreseeable future, palliative care is not an option for most Canadians. Even when provided, it may not meet the needs of some patients who would prefer a peaceful death at home in the company of their loved ones. Legislation must ensure that access to medically-assisted death is available to all Canadians under the terms of the Supreme Court decision, whether they are at home or in any publicly funded healthcare institutions, including long term care facilities.

- ***Legislation should be written from the patient's perspective. Professional bodies will have their perspectives but the bottom line must always be that the decision of the patient must be primary and barrier-free, so long as the requirements of the Supreme Court decision are met. Advance consent or a directive by the patient must be acceptable.***

While recognizing the rights of medical professional bodies (Physicians, Pharmacists, Nurses and others), it remains my belief that the ultimate decision regarding medically-assisted death must rest with the patient, in consultation with their physician or other appropriate medical personnel. No barriers such as committee or court approval should be required. This decision should be communicated by the patient at the time or in some approved form of advance consent or directive by the patient when of sound mind and who had a diagnosed condition which could later become grievous and irremediable. This is particularly important where dementia is concerned. As a personal perspective, my mother died of Alzheimer's Disease and I have no wish for my body to outlive my mind.

The Supreme Court referred to patients who have a grievous and irremediable medical condition *that is intolerable to them."* This implies that a limiting definition of terms such as grievous or intolerable is not required within legislation. The key is that the conditions – or, indeed, the quality of life which they produce – are intolerable to the patient – not solely as perceived by physicians, or which fall under a closely defined rubric.

Conclusion

I have chosen to represent my own views as a husband whose wife died in a sad and painful manner is a hospital ward, and as a senior with a medical condition which could, against all my wishes, result in a similar death at some point in the future. I strongly believe that all Canadians are entitled to expect that their Parliament will act quickly to honour the spirit and letter of the Supreme Court decision and provide access to a compassionate death with dignity in response to a grievous and irremediable medical condition which they find intolerable.

I thank the Committee for providing me with the opportunity to submit this brief.

Alan Dyment