

SPECIAL JOINT COMMITTEE ON
PHYSICIAN-ASSISTED DYING

I understand the Committee members are busy working to draft legislation around assisted dying. I appreciate your outstanding contribution around this end of life issue.

I work in community health care assisting vulnerable seniors to remain in their own homes with the assistance of family and other community health care providers.

I also had the privilege of caring for my own aging parent, who received palliative care in an excellent facility in Ottawa. Having been highly involved with my Mother's care, who at the end of her life (the last 18 months) was considered incompetent and no longer able to make decisions for herself. Due to emergency surgery at 90, she was immobile, with severe visual and hearing impairments, and dementia resulting from her surgery.

This was a painful part of my mother's life. She was ready and willing to die. While no heroic measures were taken to extend her life, a good heart and no pre-existing conditions meant that she lived 18 months in a diminished state. Luckily, her family along with paid help were able to be there daily, which of course eased her suffering. However, her wish was to die with dignity, after a long and productive life.

This new legislation only covers Canadian who are competent and able to advocate for themselves. It precludes those with living wills to enact their wishes when they are unable to make decisions for themselves. If you have visited any long-term care facilities recently, now understaffed and underfunded, you will see patients who are in a vegetative state, either due to stroke and or advanced dementia. They can be only be described as the living dead. Their families are unable to advocate for their deaths, and the pain and suffering of these individuals can and does go on for years.

The role of caregiver still remains the domain of woman. Several of my close friends are either caring or cared for dying mothers with serious and debilitating dementia. Like my own mother, they never wanted to live in this state for years at a time. Watching a parent die a slow death without any humane avenue to allow for the person's legal wishes is a cruelty that I found unbearable to watch, and frantically unnecessary. Instead, my mother was forced to endure 18 months of being institutionalized against her wishes. She deserved much more humane end of life treatment.

I would never advocate for the end of life involuntarily enacted by family and health professionals without due process. However, I certainly do not want to have to face my death as my mother did, without any option other than starvation and rejection of drugs, which most incompetent people are not able to do.

The boomer generation have fewer children, who will not be in a position to share care responsibilities with siblings. I want to make these decisions in my will and with my family members. When the time comes, they will assume my physical and financial care when I no longer can. Nor do I want to take limited and valuable health care dollars to remain alive when I am no longer wanting to.

I would urge your Sub-Committee to make provision in this legislation for those currently living with incurable or painful conditions who have made advanced directives around their end of life, but are no longer competent. By ignoring people like my mother, you are continuing their life against their wishes and allowing them to live without dignity and respect. I think the elderly have earned the right to assisted death.

Sincerely,

Loretta Fleming