

From: arthur brien

Sent: Saturday, January 30, 2016 3:36 PM

To: Physician-Assisted Dying Committee Comité Aide médicale à mourir

Subject: Special Joint Committee on Physician-Assisted Dying

Arthur-Leonard Brien

Castlegar, B.C.

Dear Special Joint Committee on Physician-Assisted Dying,

- 1. Unfortunately, your request is right on time on my part. I am in so much pain and so badly fatigued. Just about everyone over the age of 30 knows the pain associated with an abscessed tooth. That is my life every day, 24 long hours a day, knowing that the all over body pain is not going to abate. The moments of really wanting to stay alive are fleeting. My hours now are dragged out to when can I take my next dose of meds; put up with the side effects, and I can't wait to take my last set so I can be unconsciously sleeping for 6 to 8 hours. When we hear of someone ending their own life we often wonder; why? I know why! A list of approved conditions should not be finite.*
- 2. I am losing function of motor skills. I will be bedridden and unable to address the needs of a lengthy process for assisted dying. An advance request for assisted death is needed in my case.*
- 3. Provisions for protecting patients. I feel it only necessary for one's own personal doctor; who has been through any terminal disease with the patient, to assist in this process. Bringing in a second contrary opinion can prolong the suffering.*
- 4. If every case is reviewed and results are made public is fine; excepting where it may be harmful. i.e. In some cases parents, siblings or children of the deceased can access all documentation and possibly use this for spite, piety, or personal gain. This may be unjust and stressful for grieving survivors.*
- 5. In remote regions of our vast land physician assistants; and or, nurses should be able to assist a patient in dying with a doctors guidance. In a lot of remote locations in Canada this is the only option wherein a patient's wish is to die in their home.*

6. Doctors have the right to object; if they can provide reasons that will do no injustice or add duress to would be grieving survivors, under penalty.

7. Publicly funded healthcare should be available for people who request a physician assisted death whether it be in hospital, in a care facility, or at home.

In conclusion, especially ; but not limited to, cases of a long and painful death are imminent, physician assisted death should be available. Dying with dignity should be just that; dignified, not so burdensome as to be unattainable for those that need it the most. The right to die with dignity should be publicly funded.

Sincerely,

Arthur-Leonard Brien