

January 30, 2016

Special Joint Committee on Physician-Assisted Dying
c/o Parliament of Canada
Ottawa, Ontario

Dear Special Joint Committee on Physician-Assisted Dying (PAD),

My professional background of 30 years experience in Home and Community Care as well as Residential Care, along with my 57 years of life reflection have formed my opinion on end of life decisions and options. For many years I have considered our legal and healthcare system flawed when it comes to end of life sensibilities and rights. I was greatly relieved when a national movement started through the insightful and compassionate efforts of Wanda Morris and team, through the NGO 'Dying with Dignity' (DWD).

You undoubtedly hear at great length of people's experiences and stories of lingering horrific deaths that bear only negative quality of life, including statements of both healthcare professionals and family members. I am one more testament to the suffering of both the patients/residents with grievous and irremediable diseases and conditions, and their families. My role (among others) was educator and trainer of Home Care Aides, Extended Care Aides and Resident Care Facility Aides (these titles have changed through the years but the placements are the same). I had the pleasure of working with some of the most compassionate and caring people in our communities, and took pleasure in seeing and knowing that the clients/residents in their care was the best possible. However, no amount of compassion, caring and excellent care is enough for an individual (patient/resident/client) that is suffering grievously with a condition that has no hope of recovery, and the only prospect is a fear ridden, intolerable and lingering 'living death'. Not all patients/residents/clients experience this, but for those who do, it is heartbreaking...for them, for their families, for the healthcare providers. We are too late to relieve the long suffering of those who have been in that horrific place, but hopefully not too late for those now in that position, and those clients/residents/patients and families yet to be. Attention has been too easily distracted to date, by politics, by religious beliefs, by other life priorities. But isn't this a death priority and part of life? Nobody should have to face a death nobody would wish for. Acting now is compassionate. Changing the system now is compassionate. We need champions in politics, in healthcare, in society to right this wrong now.

I support 'Dying With Dignity's purpose and guidance to the process of PAD. I have borrowed from their papers 'Considerations for Best Practices and Protocols for PAD' and have made additional recommendations.

Eligibility by definition of 'Grievous (very severe or serious illness) and irremediable' disease or disability. There is no need to qualify or quantify this definition with additional parameters or conditions. An individual determines what is intolerable to them. This **includes** advance requests for assisted death when made by an individual who is competent at the time of the request, including but not limited to an Advance Health Directive (B.C.)

Protecting patients to verify free and informed consent by having two physicians assess. And to review each case after the patient is deceased. Data is compiled and available for research and public access.

Protecting patient choices (while or when competent at the time of writing/stating) and Advance Directive by insuring that patient's declared end of life expectations are not intervened, countered or vetoed in any way, through court or by other means, by family, or any others (including healthcare professionals). Providing the option for at home vs. facility or health care institution PAD.

Ensuring reasonable access by allowing other licensed healthcare practitioners to provide assisted dying, particularly in remote regions, *and anywhere there is limited access to physicians*. Physicians have the right of objection to PAD based on their religious or personal beliefs, but must be required to provide referrals and information (transfer of care) to a qualified provider of PAD. Publicly funded healthcare institutions (hospitals, hospices, long term care facilities, palliative care facilities) should be required to provide PAD on site. If a facility physician is unwilling, an external doctor must be permitted to provide the service.

Ensuring public education regarding PAD and end of life choices so that all are able to make informed decisions and have the appropriate and legal tools in which to protect their end of life wishes.

Death only need be feared when we have no control in the end. I hope we can remove this fear soon. Thank you to the Committee for your mindful consideration of this imperative issue.

Yours in Compassionate End of Life,

Lori Goodwin, RN, BN,
MALT