

SUBMISSION TO THE
PARLIAMENTARY SPECIAL JOINT
COMMITTEE ON PHYSICIAN
ASSISTED DYING

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TO: Special Joint Committee on Physician-Assisted Dying

FROM: Pamela Munroe Courtenay BC
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Canadians deserve a fair and compassionate federal legislative framework for access to physician-assisted dying and I urge you to consider the following as the Parliamentary Committee drafts recommendations for new legislation.

Personally I would want physician-assisted dying (PAD) for any reason that I may choose to end my life, however I am realistic enough to know that is not likely to happen in my lifetime.

In drafting legislation it is important that the terminology used in the drafting be clear and unambiguous yet broad enough to cover a variety of situations. In the Carter decision the Supreme Court decriminalized PAD for competent adult patients who have a "grievous and irremediable" medical condition that is intolerable to them. Because "grievous" is a judicial term and not a medical one, I would ask Parliament to clarify how the word should be interpreted in a healthcare context. Eligibility for PAD should not be limited to a list of approved conditions and should instead be open to patients with a "very severe or serious illness" and who have decided that their quality of life is no longer meeting their personal needs.

It is critical that Parliament must act to ensure that patients whose requests for PAD have been approved - but who then become incapacitated as the result of a stroke or coma, for example -are still allowed to have their wishes carried out. Advance requests for assisted death should be valid when made by a patient, who at the time of the request, was competent and had a diagnosis for a condition that could become grievous and irremediable, including dementia.

I am not convinced that two physicians need to be involved in making a determination that the patient requesting PAD is making free and informed consent. Why can my personal physician not make that determination for me? Why involve another doctor who may know nothing about me?

I support extending the provision of PAD to other licensed healthcare practitioners. It is also acceptable that a doctor or practitioner who does not wish to provide PAD must refer the patient to someone who will.

All publicly funded healthcare institutions must allow PAD on their premises. If no doctors on staff are willing to provide it, an external doctor must be permitted into the facility to provide the service. This is especially important in small communities where facilities may be limited or restricted by religious affiliations.

Thank you for your consideration.