

January 30, 2016

Dear Special Joint Committee on Physician-Assisted Dying,

I have watched my share of people I love transition through severe or very serious illnesses, disease and other quality of life scenarios such as Dementia and Alzheimer's. I have heard people beg to the nursing staff, while being bathed, to "just drown me so this suffering can end." Others I know have taken it upon themselves to put an end to their own life, in not so pleasant of ways. Thus leaving families to grieve and feel shame rather than celebrate a decision to peacefully and gently move on.

It is and has been my humble opinion that all people deserve a fair and compassionate federal legislative framework regarding physician-assisted dying, or dying consciously as I like to refer to it. Allow people the CHOICE the FREEDOM to make these decisions for themselves, so no family has to. I have sat in a room with family agonizing over how our dear ones request to "go home" can't be fulfilled with ease and grace and dignity. I have watched beloveds struggle with pain, fade away to skin and bones or sit with empty eyes and souls because their mind is no longer there. I myself have looked into provisions for dying with dignity, in other counties, so my daughter doesn't have to one day. I urge you to consider the Parliamentary Committee drafts recommendations for new legislation being presented. Lets look to those countries where this is currently legislated and working well.

Some suggestions to consider are as follows:

1. ADVANCE requests for assisted death should be made available to ALL people. I would like to see this as a pre-written document, long before a crisis arises. Perhaps this could be outlined as part of a living Will or other formal conscious dying documentation. I want to see the right to chose my outcome, vs. suffering. Allow people who are competent to outline their requests long before a diagnosis for a condition is present. Detailing that if a condition/diagnosis becomes grievous, irremediable or affects quality of life, my request for physician-assisted dying (PAD) activates.
2. Ensure that patients whose requests for PAD — but who then become incapacitated as the result of their condition (a stroke or a coma, for example) are still allowed to have their wishes carried out. Allowing the option of requesting PAD in advance may prevent some patients (for example, those with an early dementia diagnosis) from ending their lives on their own, while they still have the ability to do so. Advance requests for assisted death should be valid when made by a person who, at the time of the request, was competent to make their own decision.
3. Although the details of my choices would be outlined in a previously created document (Living Will or DWD forms) a physician must verify the diagnosis and my free and informed consent. Although DWDC recommends that two physicians assess a patient and verify that the requesting patient has made a free and informed decision, in my opinion, the consent of one doctor would be sufficient. Outside consultations are unnecessary unless the patient's competency is in question.
4. I would like to see that other healthcare practitioners or third-party referral agencies could also provide assisted dying to ensure access, especially in remote regions. They must be granted permission to participate in assisted dying under the supervision and guidance of a doctor. In many remote communities, there is a severe shortage of physicians. For that reason, other approved agencies should be allowed to assist in the provision of PAD. This measure would help ensure that eligible patients are not abandoned or denied their constitutional right to a peaceful death.
5. I understand not all physicians may want this responsibility so agree that they should have the right of conscientious objection. They then however, must provide timely information and effective referrals (or transfers of care) to an institution, independent agency or other provider. Sick and dying patients should not be responsible for finding an alternate doctor on their own.

6. It is imperative that publicly funded healthcare institutions, including hospitals, hospices and long-term care facilities are allowed and even required to provide physician-assisted dying on their premises. All publicly funded healthcare institutions must allow PAD on their premises, no matter their belief systems. If no doctors on staff are willing to provide, an external doctor must be permitted into the hospital to provide the service. This policy is especially relevant for small communities where healthcare options may be limited.

In conclusion, the bottom line to me is CHOICE. I want the choice to decide when my quality of life dictates that it is time to celebrate the life I have lived and die consciously. I want to make these decisions FOR MYSELF so my family doesn't have to. Lets evaluate those conscious communities where dying with dignity is a right and has been tried and tested. Lets put into place the CHOICE TO DIE CONSCIOUSLY so there is no guess work, no questions, no suffering for me, as the patient, or my family.

I appreciate your time and effort to review my input and thank the Joint Committee for its consideration in this important matter.

Sincerely,

*Rhonda Morison*

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