

Respected Members of the Special Joint Committee on Physician Assisted Dying,

Background As a hospital worker during university vacations, a long-term patient (with disseminated lupus) in my twenties, and later, as a health professional, I had seen and heard enough to encourage me to become a member of Scottish Exit before I was thirty. When I came to Canada in my late thirties, I immediately joined Dying with Dignity. I am now in my eighties and have never wavered from my opinion that assisted dying is an element of any humane society.

I was delighted, therefore, when the Senate announced that physician assisted dying (PAD) is not illegal in Canada. I hope now, that your recommendations will lead to legislation which is generous and compassionate. I fail to understand why there is any hesitation on this matter when such a huge majority of the Canadian population from every province, of every religious persuasion and including the disabled, is in favour of PAD.

My support for this option includes that recognition that there may be vulnerable groups whose rights have to be safeguarded. But we have to beware of using measures to protect the vulnerable which restrict the options of other people requesting PAD. Also, the vulnerable include people who have difficulty in accessing PAD for various reasons.

Eligibility I believe that the irremediability of any medical condition should be certified by a physician, but "GRIEVOUS" MUST BE DEFINED BY THE PATIENT. I once suffered from a chronic itch which was as intolerable as any severe pain I have experienced, and I would have been suicidal if it had not let up after a year. To me, that was intolerable and "grievous". THERE SHOULD BE NO LIST OF INTOLERABLE CONDITIONS.

Advance directives should be recognized as valid if made by a competent person who specifies the conditions in which he/she would wish to receive PAD if he/she became incompetent.

I believe that some children below the age of majority are wise enough to know what PAD means and in certain circumstances, their request for it should be granted.

NO-ONE BUT THE PATIENT SHOULD BE ABLE TO REQUEST OR REFUSE PAD. Like other matters between patients and doctors, this should be a matter for confidentiality. It should be spelled out in legislation that no physician can be accused or punished for acceding to a request for PAD, unless illegal behaviour is proved.

Patient Protection To protect patients (and doctors), the opinion of a physician in addition to the one originally approached should be obtained. This should be done expeditiously and with a minimum of formality. When a physician has a long-standing relationship with a patient who eventually requests PAD, to deliver it may be a natural end to the physician's caring. There is no doubt that some compassionate doctors have already helped their patients to die when they saw that it was the desired and kindest and natural end to a life. I PRAY THAT THE EVENTUAL AGREED-UPON PROCESS IS NOT SO FORMALIZED THAT IT BECOMES DIFFICULT FOR THE PATIENT, HARD FOR THE DOCTOR, AND UNNATURAL TO BOTH. IT IS

ALSO IMPORTANT THAT NO PROTECTIVE MEASURES TAKEN SHOULD CAUSE MAJOR DELAYS.

It may occasionally be necessary for a psychiatrist to be consulted regarding a patient's capacity to understand and request PAD.

Physicians who object to carrying out PAD should be obliged to refer the patient to someone who is willing to carry it out, or at least provide the patient with the name of such a physician, if the patient is capable of referring him/herself.

I agree that a record should be kept every time PAD is performed.

I thank you for being open to input from the public and wish you satisfaction with your deliberations.

Margaret E. McPhee