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6600-1 (D Med Pol)

5 February 2016

Ms. Shaila Anwar  
Joint Clerk of the Committee on  
Physician-Assisted Dying  
40 Elgin Street  
Chambers Building  
The Senate of Canada  
Ottawa, ON K1A 0A4

SPECIAL JOINT COMMITTEE  
CONSULTATIONS ON PHYSICIAN-ASSISTED DYING

1. This letter serves to request that the Special Joint Committee take into consideration the attached statement when writing their report on Physician Assisted Dying (PAD).
2. We have been made aware through our contacts with Health Canada and the Department of Justice that specific concerns related to Canadian Armed Forces (CAF) members and Canadian Forces Health Services physicians have not been presented thus far to the Committee. This may impact the ability of CAF members to access PAD services and place our clinicians at risk from a medico-legal perspective.
3. We are therefore requesting your attention to the attached written statement which highlights the key concerns unique to the military context.

  
H.C. MacKay  
Brigadier-General

Enclosure: 1

## CANADIAN ARMED FORCES SURGEON GENERAL'S STATEMENT ON PHYSICIAN-ASSISTED DYING

As the Canadian Armed Forces Surgeon General, it is my obligation to make the members of the Special Joint Committee aware of certain circumstances specific to the military context that need to be taken into consideration in amending the federal legislation on Physician-Assisted Dying (PAD).

First, you may be aware that Canadian Armed Forces (CAF) members are explicitly excluded as insured persons in the *Canada Health Act*. As such, they are not covered by the provinces and territories for the provision of their health care. It is therefore the Canadian Forces Health Services Group (CFHSG) that has the responsibility for providing care to CAF members. A significant portion of care provided to CAF members is outsourced to the civilian sector, especially for more specialized care. PAD services will likely fall into this category. The Province of Quebec considers only citizens insured by the *Régie de l'assurance-maladie du Québec* to be eligible for PAD. Should any future legislation include similar limiting language it would represent an issue for CAF members as they would not have access to such services in their province of residence.

Second, the CFHSG provides care to its own members, military members of other countries and civilian citizens of other countries on a regular basis when deployed on international operations that may be subject to International Humanitarian Law and/or International Human Rights Law. In addition, there may be times when the CAF provides care to Canadian civilians entitled to care either by regulation or as a result of ministerial direction. Dependent upon the specific wording of any future legislation or regulation, this may lead to potential jurisdictional concerns for CAF health care providers.

Also, the CAF has a young population demographic that is highly mobile and often under significant stress. Recently, much attention has been focused on the mental health of CAF members highlighting such problems as Post-Traumatic Stress Disorder (PTSD), depression and suicide. For example, recent findings indicate that deployment-related mental disorders may contribute to suicidal behaviour. Reactions to these illnesses or to deployment related trauma may increase the incidence of members contemplating PAD as an alternative where there is otherwise a real possibility of a positive health outcome. The issues faced by this unique population must be taken into consideration in any future legislative initiative on PAD.

Finally, CAF physicians are all licensed by Canadian provinces and territories, but they are not necessarily practicing in the jurisdiction where they are licenced. Often, CAF health care providers are required to provide care anywhere in Canada or around the world. This may present challenges if legislation and/or physician regulatory body regulations do not allow cross-border referrals or provision of PAD services by professionals who are not licenced in the jurisdiction.

The unique concerns expressed above could negatively impact access to PAD services for CAF members. I am therefore requesting that these factors be taken into consideration when the Special Joint Committee finalizes its report and in the subsequent federal legislation amendments.