

**Brief for the House of Commons' Standing Committee on
Justice and Human Rights regarding Bill C7 An Act to amend
the Criminal Code - Medical Assistance in Dying**

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Brief for the Standing Committee on Justice and Human Rights regarding Bill C7 - Medical Assistance in Dying

Dear Committee,

I write due to deep concerns regarding Bill C-7, and the removal of necessary safeguards surrounding medical assistance in dying (MAiD). As an attending physician at a long-term care home, I have the privilege of working with the most vulnerable members of our society. Most of my patients have complex medical and personal care needs, all of which I and the staff at our care home, work hard to address. It is with them in mind that I write to you. I have listed a few concerns for your consideration.

Firstly, I strongly believe the 10 day waiting period before MAiD administration is necessary for those facing imminent death. This gives us time to work together with the patient, understand their concerns and re-evaluate what has and needs to be done. When I identify a potentially cancerous skin lesion in a patient, I do a biopsy and wait. I wait for results, arrange the necessary referrals and follow-up with the patient accordingly. Despite my best efforts, this takes time, usually in the order of days to weeks. It is ludicrous to me that an even more urgent and life-altering sentiment, that of desiring death, is not given the time it merits for patients, caregivers, and physicians to address their very valid concerns.

Many of my patients have severe dementia, impacting their ability to communicate and care for themselves as they used to. I can understand that many would be terrified by the prospect of losing their autonomy. Many such individuals may think that assisted suicide would be ideal for them if such an ailment were to overtake them. However, my experience with the elderly has shown me that there is a dignity to aging. There is still so much value a senior, even with dementia, brings to a long-term care home, to a family and to our country. I remember my first days at my long-term care home, apprehensive as a newly minted physician. The warmth with which I was greeted and accepted by each of the residents stays with me today. Their willingness to earnestly share their joys and fears with me still humbles me and reminds me of the privilege of being a physician. Our society would do well to remember what the elderly are to us, rather than giving into ageist and ableist notions.

On a related note, the removal of the requirement to provide final consent also concerns me. Patients with severe dementia, at the best of times, prefer not to have IVs and unknown treatments administered to them. In many, they express this desire through gestures like pulling away. The amendments in Bill C-7 say that “involuntary words, sounds or gestures made in response to contact do not constitute refusal”. This effectively means that a person will have MAiD administered to them even if they are pulling away, showing with their bodily actions – for some, the only remaining way to communicate - that they do not want this performed on them anymore. Also, if only one witness is required, the potential abuse of this situation is even more profound. This is truly a tragic arrangement that we have come to.

Moreover, 90 days is not enough time to access and take full advantage of mental health and palliative services for those not facing imminent death. At best, it is wishful thinking. I know

the challenges of arranging follow-ups and referrals for my patients, and share their frustration at being told, time and time again, to wait. Time is required to help patients make such a decision; only after receiving the best of what medicine has to offer them.

Finally, the COVID-19 pandemic has revealed to the public the deficiencies of our health-care system with regards to how we take care of our elderly. The timing could not be worse to enforce such legislation. There is so much work to do, in terms of providing good palliative care in multiple care settings and in training medical professionals the plethora of ways to ease physical and existential suffering. At no point in time should it be easier to access MAiD than comfort care. It stands against the very nature of the profession I have chosen.

I appreciate your time in reading my concerns and I trust this committee will do the best it can to keep my patients and all Canadians safe.

Sincerely,

Dr. Mimitha Tresa Puthuparampil