February 3- 2016

Dear Special Joint Committee on Physician-Assisted Dying

I am writing to you as a fit, independent, socially integrated 71 year old Canadian citizen. I am a hospice volunteer.

I am looking forward to a change in the laws of Canada allowing me to plan, together with my family and GP, my own death when I no longer have an acceptable quality of life. The possible impact of pain, dementia and the need for 24 hour care leads me to write this letter asking for you to make the legal changes necessary for me to accomplish this with the help of a compassionate physician.

I believe, from surveys I have seen in the media, that the majority of Canadians support Physician Assisted Dying (PAD). I think that we deserve the support of our legal system in orchestrating a gentle death when the the right time comes, of the individual's choosing.

I do not think that Physicians and Institutions receiving tax payer's financial support should be allowed to opt out of PAD. If individual health care professionals cannot participate due to religious or cultural beliefs they must be **required** to **refer** the patient to other health care professionals who can and arrange free transportation. Failure to do so will lead to impaired access to service in some areas of the country.

I am aware of other jurisdictions where this compassionate legislation is in place. I understand that the checks and balances have been sufficient to prevent an increase in coercion of fragile patients.

I live in Vancouver but my heart goes out to the people living in remote areas and I would like them to have the same services I am requesting. I believe that locally trained health care professionals can easily take on the Physician's role for this population.

## In summary:

- PAD must be available to all Canadians no mater where they live
- The timing for PAD must be determined by the patient and their Physician
- Advanced care directives must be honoured for those who are unable to communicate their wishes
- All tax payer funded health care professionals and institutions must be required to provide PAD or pay for patient access to service locally where available

Sincerely,

Gay Kuchta