



KEY MESSAGES: PHYSICIAN-HASTENED DEATH OCTOBER 2015

Background

The Canadian Society of Palliative Care Physicians accepts the Supreme Court of Canada's ruling to lift sanctions against physician-hastened death. Many requests for physician-hastened death are indications of suffering that could be ameliorated by Palliative Care. If patients were able to receive high quality palliative care, requests for physician-hastened death would be minimized.

Implementing hastened death must be a shared responsibility of Canadian society and the whole medical profession, in partnership with other health care professional colleagues. As a specialty, we see our contribution when patients with a life-limiting illness request hastened death as threefold:

1. To provide and advocate for a high quality, accessible palliative approach to care
2. To provide clinical service to patients, and education and support to colleagues, in exploring requests to hasten death
3. To prioritize and advocate harm reduction
 - a. Potential harm to patients who choose hastening their death because of inadequate support, including palliative care;
 - b. Potential harm to other individuals who may be negatively impacted, including physicians with strong moral opposition to any form of participation;
 - c. Potential harm to the specialty of palliative care, the medical profession and our allied health colleagues.

Key Messages

1. Patients with life limiting conditions, and their families, have a right to high quality palliative care that includes impeccable pain and symptom management.
2. Palliative care does not include physician-hastened death.
3. Palliative care does not hasten or prolong death.
4. Palliative care strives to reduce suffering, not end life.

5. Autonomy and harm prevention must be balanced in a system that delivers hastened death.
 - a. *Avoid premature hastening of death.*
 - b. *Consider the effect of premature hastening of death on those closest to the patient.*
 - c. *Implement proper procedures for the dispensation of lethal doses of medications including safe storage, use and disposal in the home.*
 - d. *Patients and the Canadian public in general must be able to continue to trust that the principles of palliative care remain focused on comfort and effective symptom management.*

6. The conscience rights of all physicians must be protected in a way that balances patients' ability to access assistance in hastening death. Rather than expecting every physician to have the same duty where there exist differences in conscience, the ability to access services that hasten death should be a community responsibility. Options include:
 - a. *A separate and parallel system to provide information, counselling and referral, that can be directly accessed by patient, families, health care professionals and institutions*
 - b. *Duty to inform rather than duty to refer*
 - c. *Team duty rather than individual duty*

7. Consent issues for incompetent patients need to be reinforced.
 - a. *There are issues specific to pediatrics, geriatrics, and those who are not (or will never be) competent.*
 - b. *A surrogate should not be allowed to consent for physician-hastened death on behalf of another individual, nor should a patient be allowed to request physician-hastened death by advance directive.*

8. Language is required that distinguishes between practices that hasten death and practices that seek neither to hasten death nor prolong dying.

Palliative care physicians provide medical aid in dying every day. The terms "assisted dying", "physician assisted dying," and "assisted death," are imprecise and ambiguous, and therefore potentially harmful. The essential concept is that of hastening or accelerating death. If patients believe that assisting in dying is the same as hastening death, then palliative care becomes a threatening option. More accurate terms include:

- "patient-administered, physician-hastened death"-- to replace "physician assisted suicide"
- "physician-administered, physician-hastened death" -- to replace "euthanasia"
- "physician-hastened death" -- to replace "assisted dying"
- "medically-prescribed death" could be an option if other professionals were involved