



RECOMMENDATIONS FOR A FEDERAL RESPONSE

MONICA BRANIGAN MD, MHSC (BIOETHICS)

CHAIR, WORKING GROUP ON HASTENED DEATH

1. National Secretariat for Palliative care

Set clear national standards and accountabilities

Gather consistent and ongoing data

Set and monitor standards for the education of all health care providers

Create supports for patient and family caregivers

Develop a national funding plan to transition care from acute care hospitals to community

Advise on a national public education campaign

Right to palliative care before right to hastened death

2. Reducing risk of premature death

Proportionate waiting periods

Education and support in exploring requests to hasten death

Access to appropriate consultations

Monitor and evaluate availability and quality of palliative care

Graduated implementation?

We must balance autonomy with harm reduction

3. National Oversight Organization Hastened Death

Model after transplant organizations

Provide

- Information
- Counselling
- Referrals
- Registry of willing and trained providers
- Assist in monitoring process for adherence etc

Importance:

- supports opting out institutions, professionals with conscientious objection and under resourced areas
- hastened death seen as distinct from palliative care
- National standards

4. Build a sustainable system

Protect *all* health care providers (HCP) in the criminal code

Consider legislating protection of HCP conscience

Allow flexibility in creating access- no duty for direct referral

Ensure opting out institutions have an access plan

Support providers of hastened death

Maintain distinction between palliative and hastened death

Thank you

monica.branigan@utoronto.ca