

Requirements	Safeguards
<p>1. <b>Equal Protection for Vulnerable Persons</b> The right to the equal protection and equal benefit of the law without discrimination must be preserved for all. Amendments to the Criminal Code concerning physician-assisted death must not perpetuate disadvantage or contribute to social vulnerability.</p>	<ul style="list-style-type: none"> <li>▪ The Criminal Code exemption includes a preamble affirming that all lives, however they are lived, have inherent dignity and are worthy of respect.</li> <li>▪ The operational implementation of the Criminal Code exemption will be carefully regulated and publicly reported.</li> <li>▪ Independent research into the social impacts of Canada's assisted death policies will be promoted, financially supported and publicly reported. Any adverse impacts of the law which directly or indirectly cause harm or disadvantage to Canadians, or to Canada's social fabric, will be identified and addressed without delay.</li> <li>▪ The provision of palliative care options for all Canadians with end-of-life conditions will be prioritized and the impact of the practice of physician-assisted death will be subject to ongoing and rigorous attention.</li> </ul>
<p>2. <b>End-of-life Condition</b> Physician-assisted death is only authorized for end-of-life conditions for adults in a state of advanced weakening capacities with no chance of improvement and who have enduring and intolerable suffering as a result of a grievous and irremediable medical condition.</p>	<ul style="list-style-type: none"> <li>▪ Two physicians must independently assess the medical condition as grievous and irremediable, meaning an advanced state of weakening capacities, with no chance of improvement, and at the end of life.</li> <li>▪ The physicians who make these threshold assessments must have specific expertise in relation to the person's medical condition as well as the range of appropriate care options. They must have met with the patient and diligently explored their request.</li> </ul>
<p>3. <b>Voluntary and Capable Consent</b> Voluntariness, non-ambivalence and decisional capacity are required to request and consent to an assisted death, including immediately prior to death.</p>	<ul style="list-style-type: none"> <li>▪ In evaluating the request, physicians must separately attest that the person:               <ol style="list-style-type: none"> <li>1) has made the request independently, free of undue influence or coercion;</li> <li>2) has capacity to make the request;</li> <li>3) is informed and understands all alternatives; and,</li> <li>4) has been supported to pursue any acceptable alternatives, including palliative care.</li> </ol> </li> <li>▪ A physician must attest at the time when assistance is provided that the person has the capacity to give consent, and that consent is voluntary and non-ambivalent.</li> <li>▪ In all discussions related to physician-assisted death with the patient, neutral, independent and professional interpretation services, including ASL/LSQ, must be provided as required.</li> <li>▪ The use of advance directives to authorize physician-assisted death is prohibited.</li> </ul>
<p>4. <b>Assessment of Suffering and Vulnerability</b> A request for physician-assisted death requires a careful exploration of the causes of a patient's suffering as well as any inducements that may arise from psychosocial or non-medical conditions and circumstance.</p>	<ul style="list-style-type: none"> <li>▪ Two physicians must, after consultation with members of the patient's extended health care team, attest that the person's subjective experience of enduring and intolerable suffering is the direct and substantial result of a grievous and irremediable medical condition.</li> <li>▪ If psychosocial factors such as grief, loneliness, stigma, and shame or social conditions such as a lack of needed supports for the person and their caregivers are motivating the patient's request, these will be actively explored. Every effort must be made, through palliative care and other means, to alleviate their impact upon the person's suffering.</li> </ul>
<p>5. <b>Arms-Length Authorization</b> The request for physician-assisted death is subject to an expedited prior review and authorization by a judge or independent body with expertise in the fields of health care, ethics and law.</p> <p>The law, the eligibility assessment process, and mechanisms for arms-length prior review and authorization are both transparent and consistent across Canada.</p>	<ul style="list-style-type: none"> <li>▪ Every request along with all related clinical assessments are reviewed by a judge or an independent expert body with authority to approve or deny the request for exemption from the prohibitions on assisted death, or to request more information prior to making a determination.</li> <li>▪ Decisions will be made on an expedited basis, appropriate to the person's life expectancy prognosis and with a degree of formality and expertise appropriate to the circumstance.</li> <li>▪ Reasons will be recorded and reported for each decision.</li> <li>▪ Legal provisions for exemption to the prohibitions on assisted death are in the Criminal Code to ensure pan-Canadian consistency, including: definitions, criteria for access, requirements of vulnerability assessments, and terms for independent prior review in each province or territory.</li> </ul>