



INPUT ON PROPOSED REGULATIONS FOR THE MONITORING OF MEDICAL ASSISTANCE IN DYING

Canadian Society of Palliative Care Physicians
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Thank you for inviting our input regarding the proposed regulations for Monitoring of Medical Assistance in Dying (MAiD), developed by Health Canada. The document under consideration is comprehensive, with two critical omissions.

The Canadian Society of Palliative Care Physicians strongly recommends that the nature of the grievous and irremediable suffering be recorded.

Recording only the underlying illness does not provide this information in any meaningful way. Identifying the nature of suffering (e.g. pain, existential distress, dyspnea, caregiver burden) would highlight areas where we need to improve. For example, if MAiD were available before we had advances in pain control, we would not have made these advances. This is not to argue that people must suffer in order to advance medicine; rather, that we need to take seriously the areas in which we are not effectively responding to suffering.

Recording the underlying cause of suffering has the potential to address and improve how we provide comfort to the vast majority of Canadians who will not request MAiD, and provide substantive alternatives to patients considering MAiD.

The Canadian Society of Palliative Care Physicians strongly recommends measuring, monitoring, and reporting about the availability of alternatives such as palliative care, social services, and respite.

These resources and expertise can mitigate suffering. If alternatives are not offered to patients and families -- or they are not available -- people may opt for MAiD by default. If alternatives are not offered, or if they are not available, we must remedy the situation.

The Canadian Society of Palliative Care Physicians consists of approximately 500 palliative care physicians, including regional and local program leaders, educators, residency directors, clinicians, and palliative care residents. Our Vision is to promote access to palliative care for all Canadians, through advocacy, partnerships, research, and physician education.

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APPENDIX

The cause of grievous and irremediable suffering could be recorded by asking recorders to select from a list of common elements, or to describe "other" in the following way:

1. The nature of irremediable and grievous suffering for this person include:

(Circle any that are relevant)

a. Unrelieved physical suffering

- i. pain
- ii. dyspnea
- iii. nausea or vomiting
- iv. fatigue
- v. other _____

b. Unrelieved psychological or mental suffering

- i. anxiety
- ii. depression
- iii. fear of death
- iv. worsening of previous mental illness
- v. other _____

c. Unrelieved social suffering

- i. feeling a burden to family
- ii. financial burden
- iii. family members health negatively impacted
- iv. isolation
- v. other _____

d. Unrelieved spiritual suffering

- i. lack of meaning to current life
- ii. loss of control
- iii. existential distress
- iv. sense of living too long
- v. other _____

2. What supports were offered to the patient to relieve suffering?

3. Were any supports which could have relieved suffering not available?
