General Council’s Strategic Session 2 on the End of life care in Canada will be held in the committee of the whole format enabling General Council to continue the debate on outstanding issues and items related to end-of-life care that have not been addressed. This session will allow open and in-depth discussion that will unify and align physicians on the physician’s role and position related to end-of-life care issues. In preparation, delegates are asked to consider the following strategic questions and issues that will drive discussion and debate and subsequent action to be taken by the CMA and Canadian physicians. Delegates are also asked to refer to the background information document entitled “Care at the End of Life” provided in Appendix 1 to the 2014 Reports to General Council.

PURPOSE:
Strategic session in committee of the whole format to receive direction from General Council on the Canadian Medical Association’s position related to specific end-of-life care issues.

OBJECTIVES:
Through presentations and moderated discussion and interaction with guest presenters, delegates and members will:

• Learn guest presenters’ perspectives on emerging issues related to end-of-life care in Canada and internationally;
• Discuss in a committee of the whole format key strategic questions related to: palliative care and how to facilitate its access; should the current CMA policy on euthanasia and assisted dying be revised; and how should the medical profession respond should the law in Canada be changed to make euthanasia or assisted suicide legal.
• Provide input to the Canadian Medical Association (CMA) regarding the views of Canadian physicians on these issues.

STRATEGIC QUESTIONS:

1. Do your patients have access to adequate palliative care services?
2. If not, what needs to be done to facilitate this access?
3. Should the CMA revise its current policy on euthanasia and assisted suicide?
4. If the law is changed in Canada to make euthanasia or assisted suicide legal how should the medical profession respond?
5. If access to palliative care services was universal, would it eliminate the need for euthanasia and assisted suicide?