



EUTHANASIA AND ASSISTED DEATH (UPDATE 2014)

Physicians are committed to providing high quality care at the end of life. They are also committed to maintaining their patients' quality of life. There are rare occasions where patients have such a degree of suffering, even with access to palliative and end of life care, that they request medical aid in dying. In such a case, and within legal constraints, medical aid in dying may be appropriate. The CMA supports patients' access to the full spectrum of end of life care that is legal in Canada. The CMA supports the right of all physicians, within the bounds of existing legislation, to follow their conscience when deciding whether to provide medical aid in dying as defined in this policy.

The following policy document includes definitions of euthanasia and assisted death, background information, basic medical ethical principles and physician considerations about legalization of euthanasia and assisted death.

Definitions regarding care at the end of life:

Medical aid in dying refers to a situation whereby a physician intentionally participates in the death of a patient by directly administering the substance themselves, or by providing the means whereby a patient can self-administer a substance leading to their death.

intentionally performing an act, with or without consent, that is explicitly intended to end another person's life and that includes the following elements: the subject has an incurable illness; the agent knows about the person's condition; commits the act with the primary intention of ending the life of that person; and the act is undertaken with empathy and compassion and without personal gain.

Euthanasia means knowingly and

Physician assisted death (PAD) means that a physician knowingly and intentionally provides a person with the knowledge or means or both required to end their own lives, including counseling about lethal doses of drugs, prescribing such lethal doses or supplying the drugs. This is sometimes referred to as physician assisted suicide.

Euthanasia and physician assisted death are often regarded as morally equivalent, although there is a clear practical distinction, as well as a legal distinction, between them.

Palliative sedation refers to the use of sedative medications for patients who are terminally ill with the intent of alleviating suffering and the management of symptoms. The intent is not to hasten death although this may be a foreseeable but unintended consequence of the use of such medications. This is NOT euthanasia or physician assisted death.

Withdrawing or withholding life sustaining interventions, such as artificial ventilation or nutrition, that are keeping the patient alive but are no longer wanted or indicated, is NOT euthanasia or physician assisted death.

“Dying with dignity” indicates a death that occurs within the broad parameters set forth by the patient with respect to how they wish to be cared for at the end of life. It is NOT synonymous with euthanasia or physician assisted death.

Advance care planning is a process whereby individuals indicate their treatment goals and preferences with respect to care at the end of life. This can result in a written directive, or advance care plan, also known as a living will.

Palliative care is an approach that improves

the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification, assessment and treatment of pain and other symptoms, physical, psychosocial and spiritual.

Background

Euthanasia and assisted death have been opposed by many national medical associations and prohibited by the law codes of many jurisdictions. A change in the legal status of these practices in Canada would represent a major shift in social policy and behaviour.

Physicians, other health professionals, academics, interest groups, the media, legislators and the judiciary are all deeply divided about the advisability of changing the current legal prohibition of euthanasia and assisted death. Because of the controversial nature of these practices, their undeniable importance to physicians and their unpredictable effects on the practice of medicine, these issues must be approached cautiously and deliberately by the profession and society.

Basic ethical principles

The following articles of the CMA Code of Ethics are relevant to CMA policy on this issue.

1. "Consider first the well-being of the patient." This means that the care of patients, in this case those who are terminally ill or who face an indefinite life span of suffering or meaninglessness, must be physicians' first consideration.
2. "Provide for appropriate care for your patient, even when cure is no longer possible, including physical comfort and spiritual and

psychosocial support."

3. "Provide your patients with the information they need to make informed decisions about their medical care, and answer their questions to the best of your ability."

4. "Respect the right of a competent patient to accept or reject any medical care recommended."

5. "Ascertain wherever possible and recognize your patient's wishes about the initiation, continuation or cessation of life-sustaining treatment."

6. "Recognize the profession's responsibility to society in matters relating to . . . legislation affecting the health or well-being of the community . . ."

7. "Inform your patient when your personal values would influence the recommendation or practice of any medical procedure that the patient needs or wants."

These principles cannot, by themselves, determine whether euthanasia and assisted death should be permitted. Nevertheless, they are relevant to the debate. The first five emphasize the importance of patient well-being and autonomy, the sixth balances this with responsibility to society, and the seventh defends physician autonomy if the law were to be changed.

CMA policy on physician participation in euthanasia and assisted death

The CMA supports the right of all physicians, within the bounds of existing legislation, to follow their conscience when deciding whether to provide medical aid in dying as defined in this policy.

A physician should not be compelled to participate in medical aid in dying should it be become legalized. However, there should be no undue delay in the provision of end of life care,

including medical aid in dying.

Physician concerns about legalization of euthanasia and assisted death

The CMA recognizes that it is the prerogative of society to decide whether the laws dealing with euthanasia and assisted death should be changed. The CMA wishes to contribute the perspective of the medical profession to the examination of the legal, social and ethical issues.

Whatever the legal status of euthanasia or assisted death, the CMA urges that the following concerns be addressed:

1. Adequate palliative-care services must be available to all Canadians. The public has clearly demonstrated its concern with our care of the dying. Efforts to broaden the availability of palliative care in Canada should be intensified.

2. In any debate about providing assistance in dying to relieve the suffering of persons with incurable diseases, the interests of those at risk of attempting suicide for other reasons must be safeguarded. Suicide-prevention programs should be maintained and strengthened where necessary. Although attempted suicide is not illegal, it is often the result of temporary depression or unhappiness. Society rightly supports efforts to prevent suicide, and physicians are expected to provide life-support measures to people who have attempted suicide.

3. Consideration should be given to whether any proposed legislation¹ can restrict euthanasia and assisted death to the indications intended. Research from all jurisdictions with experience in this area must

¹ E.g., Oregon Revised Statutes. *The Oregon Death with Dignity Act*. § 127.800 - §127.995.

be carefully examined and interpreted in order to learn from their experiences. Adequate safeguards must be present to protect those who are most vulnerable.

4. The public and the medical profession should be given adequate opportunity to comment on any proposed change in legislation.

Conclusion

This statement has been developed to help physicians, the public and politicians participate in the re-examination of the current legal prohibition of euthanasia and assisted death and arrive at a solution in the best interests of Canadians.