End-of-life Care

1. The Canadian Medical Association encourages increased education and training in end-of-life care for community health care workers. (DM 5-57)

2. The Canadian Medical Association recognizes that the practice of assisted death as defined by the Supreme Court of Canada is distinct from the practice of palliative care. (DM 5-63)

3. The Canadian Medical Association calls for the unconditional public release of the Final Report of the External Panel on Options for a Legislative Response to Carter v. Canada upon its completion. (EI 0-1)

4. The Canadian Medical Association will advocate for the adoption of a framework for physician participation in medical aid in dying that is based on the principles of respect for patient autonomy, equity, respect for physician values, consent and capacity, clarity, dignity of life, protection of patients, accountability, solidarity and mutual respect. (SP 0-13)

5. The Canadian Medical Association supports consultation with the Canadian Society of Palliative Care Physicians and other relevant physician societies when policies, regulations and guidelines are developed on physician-assisted dying. (DM 5-54)

6. The Canadian Medical Association supports the development and application of accredited standards for the integration of a palliative care approach into the management of life-limiting chronic disease. (DM 5-55)

7. The Canadian Medical Association will develop guidelines for physician assessment of patients who request physician-assisted death. (DM 5-56)

8. The Canadian Medical Association supports the development of pan-Canadian guidelines for physicians on the terminology to be used when completing medical certification of death forms in cases involving physician-assisted death. (DM 5-58)

9. The Canadian Medical Association will advocate that discussion of and access to a high-quality palliative approach to care be available to all Canadians, including those with life-limiting illnesses who are considering assisted death. (DM 5-62)