Let’s Focus on What We Must Do:

Physician-Assisted Death and Challenging Ethical Issues
There are no relationships that pose a conflict of interest to declare AND this program has been developed without support from commercial entities.
Alternate title & questions

• How ought we to respond to requests for PAD?

• How do we mitigate risk of harm / abandonment?

• What opportunities does this provide?

• Let’s change the conversation (is there even one?)
“I do not like that Sam-I-am!”

Green Eggs and Ham

By Dr. Seuss
Objectives

• To update on various regulatory, legislative and policy activity concerning PAD

• To address some of the current and anticipated ethical questions

• To offer some reflections on what this juncture in our history might hold for us
Clarifying Terms

• PAS / PAD or PHD? including voluntary euthanasia

• Underscoring the evolving nature of the issue

• **Translation**: dialogue and readiness to temper polarizing stands is required
Age Old Questions re: “a good death”

• A perennial subject in drama, literature, religious and philosophical discourse – the meaning of suffering

• Reflections on our lived experience

• Principles / statements follow engaged reflection
Another Sam

“And, even if Sam decided to throw himself overboard, or over the rocks from above as a desire to end it all, Jane thought, couldn’t we say that this, too, was an accident? Is there really such a thing as suicide as a freely chosen act of one’s volition? That was not Jane Roberts’ experience. She often wondered if anyone freely chooses to end their lives.”
26th Annual Palliative Education and Research Days
Key Milestones

• 1972 – *Criminal Code* revision

• 1993 – SCC ruling in *Rodriguez v British Columbia*

• 1992 & 1994 – Svend Robinson’s Private member’s bills
Key Milestones

• 1997 & 2001 – *R. v Latimer*

• June 2005 – Bill C-407 (Francine Lalonde, MP)

• June 2008-April 2010 – Bill C-562 & C-384: “right to die with dignity” bills
Eventually, Another Woman’s Plea
Key Milestones

• April 2011 – BC Civil Liberties Association – lower court case filed on behalf of plaintiffs including Gloria Taylor and Kay Carter

• June 15, 2012 – BC Court Ruling by Justice Lynn Smith arguing violates section 7 of the Charter of Rights and Freedoms
Key Milestones

• July 13, 2012 – Federal government successfully appeals the BC ruling

• June 2014 – Bill 52, Quebec passed, to take effect in December 2015

• February 6, 2015 – SCC Carter v Canada
Key Milestones

• Ongoing discussion at association and regulatory levels, i.e., CMA cross-country consultation
And So?

• Given where we are at, how are we to prepare?

• How ought we to respond?
One Immediate Reaction

“Some nurses may well be very upset with the SCC decision while other nurses are celebrating advances in personal autonomy. Regardless of our personal/professional positions on euthanasia, I am mindful of how deeply personal this issue can be for people in the caring professions. While it is important for us all to have a good sense of our own values orientation vis à vis euthanasia, it is also important for nurses to respect difference in perspectives and points of view. Again, this is particularly true as we make meaning of the Court's decision and its implications for physician practice and for care settings across the country.”
Other Reactions

• “Our outrage…profound dismay, disappointment and disagreement”

• “A momentous day, an historic day, a day that, I think, we as Canadians can celebrate.”

• “Morally reprehensible”
Other Reactions

• “...we are absolutely overjoyed by the court’s ruling today”

• “This decision is the most destructive and least restrictive option in the world right now”
Given the:

- Consistent/vehement opposition from many sectors

- Despite growing support and repeated polls suggesting things have changed

- And, the recognition (not shared by all) of PHD’s inevitability…
Draft Policy

Third Draft – January 26, 2015
Responding to Requests for Physician-Assisted Suicide

Corporate Policy & Procedure Manual
Policy No.
Date Approved

Date Effective
Next Review (3 years from Effective Date)

Approved by:
Vice President and Chief Medical Officer
Vice President, Mission, Ethics and Spirituality
Is it Necessary?

• Perception of capitulation too soon

• Risk of perpetuating culture wars

• “We have already won”

• “It’s about choice”
Ongoing Opportunity

- To share policy / meet with regulatory bodies, submit to Provincial/Territorial Expert Advisory Group, Federal External Panel, faith communities, etc.

- Work towards limiting the harm

- CSPCP stance to prioritize and advocate harm reduction
And What is Our Response?

• Indeed, what has always been the response in (Catholic) health care, modeled by the community this room?
Movement Towards, Not Away
Explore With the Person

• The nature of the request

• Provision of factually, relevant information to make a free and informed decision – the continuum from verbalized request to intent

• Ensuring access where that exploration can continue (CPSA Advice Document)
Claims of Complicity?

• Respect for provider / institutional conscience rights

• Remaining questions around referral and arranging of safe and timely transfer to mitigate harm

• Whether direct referral or 3rd party self-referral, the need to stay engaged
Respect for Conscience Rights…with Caveat

“No one may be required to participate in an activity that in conscience the person considers to be immoral. While continuing to fulfill its mission, the organization is to provide for and to facilitate the exercise of conscientious objection without threat of reprisals.

However, the exercise of conscientious objection must not put the person receiving care of harm or abandonment.”

This may require inform the person receiving care of other options of care.”

*Health Ethics Guide, Article 165, 2012*
What Gives me Confidence?

• We DO get requests now

• We DO respond with respect and compassion

• We DO stay engaged and remain present
What Gives me Confidence?

• We DO uphold conscience rights and institutional integrity

• We DO meet people where they are at

• We are not afraid of getting our hands messy
26th Annual Palliative Education and Research Days

Called to Meet People at the Margins
“I Want a Mess”

• Fundamental question: Are we prepared to stay engaged, or to keep distance?

• Theologically: Are we are a pilgrim people or a people set apart?

• We are all migrants on a journey
What is the Acceptable Stance?
A Commitment to Say “Yes”

• Conscientious acceptance

• To take responsibility and remain present, without abandonment

• To move towards relationships, not away
A Commitment to Say “Yes”

- To seek to understand, not to condemn
- To locate ourselves on that same pilgrim journey
- Ultimately…a stance root in love, not fear
The Year of Mercy

• An opportunity to reclaim our language

• “Misercordia derelictus”

• To be merciful in lifting people up / standing with

• To not lose sight of what we do, than what we don’t
On Care of our Common Home

• A shared humanity

• Those requesting assistance, whether to avail themselves of quality palliative/hospice end-of-life care, or to hasten their death, regardless, are our brothers and sisters
On Care of our Common Home

“The Creator does not abandon us; he never forsakes his loving plan or repents of having created us. Humanity still has the ability to work together in building our common home.”

Pope Francis, Laudato Si, 13, 2015