DWD Canada Toolkit: Consultation by the College of Physicians and Surgeons of Alberta

The College of Physicians and Surgeons of Alberta (CPSA) is asking residents of the province to weigh in on its draft *Advice to the Profession* on physician assisted dying (PAD).

The CPSA told the press that it was taking a conservative approach to the creating protocols for physician assisted dying in Alberta. However, Dying With Dignity Canada is concerned the CPSA’s policy, if adopted, could lead to overly onerous barriers for patients looking to access legal physician assisted dying.

We urge all residents of Alberta to participate in the CPSA’s online survey and to send comments about the draft policy to CPSA Senior Adviser Sarah Thomas:
sarah.thomas@cpsa.ab.ca

We have created a toolkit to help you:

1. Complete the survey
2. Submit your comments to the Senior Adviser

Online Survey Guide:

1. The online survey can be found here: [www.cpsa.ca/pad-survey/](http://www.cpsa.ca/pad-survey/)
2. The survey closes on Oct. 30, 2015, so act now!
3. The survey poses a few questions about the CPSA’s draft *Advice To The Profession* for physician assisted death.
4. Please review the draft policy (follow the link located above).
5. Before completing the survey, take a look at the following list. It identifies important questions and offers suggestions on how to provide responses that reflect a patient-centred approach to physician assisted dying.

**Question 1. I feel the CPSA’s draft *Advice to the Profession* on physician-assisted death is appropriate and sufficient regarding:**

a. Decision flow chart for physician-assisted death
b. Requirements for documenting physician assisted death in the patient’s medical record
c. Expectations of physicians who decline to provide physician assisted death

Background:

a) We are troubled that the Alberta College’s flow chart includes a number of barriers for patients trying to access a physician assisted death, including:
• Mandating a 15-day waiting period for patients seeking an assisted death. “Cooling-off” periods may be appropriate for patients with chronic illnesses who are not at end of life. However, for patients with fast-moving terminal illnesses, an arbitrary waiting period could mean the difference between a peaceful death and an excruciating one.

• Implying that, if a physician does not have the skills or training to provide PAD, the patient cannot receive it. Though physicians who provide PAD must have adequate training, it is incumbent upon the College, the province’s health ministry and its medical schools to ensure that participating doctors have the necessary training and competencies.

• A second physician’s prognosis is required for an assisted death to proceed. We believe that a second consultation with another physician should be required to confirm that the patient’s condition is grievous and irremediable. However, requiring a second diagnosis or prognosis is unnecessary and represents an onerous barrier to access.

• We are also deeply concerned that the flow chart implies that, if a patient does not have access to palliative care, his or her request for an assisted death should be denied. Dying With Dignity Canada believes that everyone who needs and wants access to palliative care should have access to it. However, not having access to palliative care should not prevent a patient from accessing his or her legal right to a peaceful death.

c) DWD Canada is extremely concerned about the recommendations the College is making regarding physicians who refuse to perform an assisted death. The flow chart states that patients whose physicians refuse to provide an assisted death based on ethical grounds must exercise “voluntary choice” to find an alternative provider. Though this language may seem innocuous, it amounts to a possible denial of care for patients, especially those who are suffering intolerably and don’t have the physical wherewithal to search for another doctor. The CPSA’s draft policy contradicts the Canadian Medical Association’s stance on referrals, which states that a physician who refuses to participate in an assisted death on moral or religious grounds should be required to refer a patient who requests it to another provider.

Similarly, Dying With Dignity Canada believes that patients, especially those who are suffering intolerably, must not be left to their own devices should their doctor refuse to perform an assisted death. A physician’s right to conscience must be balanced with the patient’s right to a peaceful death. In order to achieve a patient-centred approach to end-of-life choice, Albertans considering assisted death must not be abandoned. Physicians, and by extension, the College, cannot expect patients who are grievously and irremediably ill to summon the physical and emotional fortitude to, independently of their doctor, find a willing physician to help them end their suffering.
**Question 2. Has anything been missed in the draft advice? What else would be helpful?**

In your own words, you may consider the following to be important considerations:

1. Patients must not be abandoned if their doctor refuses to provide a physician assisted death. The College can protect a doctor’s right to conscientious objection without compromising a patient’s right to physician assisted dying. A patient-centred approach would require a non-participating doctor to provide an effective referral, either to another physician or a referral agency, if one is in place.
2. Patients should be allowed to die wherever they choose, whether it is in a publicly funded hospital, hospice or long-term care facility, or at home.
3. The Supreme Court of Canada’s decision allows for both assisted suicide (when a doctor prescribes a life-ending medication) and voluntary euthanasia (when a doctor administers life-ending treatment to an eligible, consenting patient). The College’s draft Advice does not clearly outline that both options should be available for Alberta residents.

**Make a Written Submission to the College of Physicians and Surgeons of Alberta**

After completing the College’s online survey, you may wish to share additional comments with CPSA Senior Adviser Sarah Thomas. You can submit your thoughts to her by e-mail at sarah.thomas@cpsa.ab.ca.

We encourage all of our Alberta supporters to participate and help influence the regulatory process for PAD. Here is an outline to help you craft a powerful message to the College of Physicians and Surgeons in Alberta. Take a look.

*Dear Sarah Thomas and the College of Physicians and Surgeons of Alberta,*

**Summary of your letter (optional)**

In two or three bullet points, summarize your principal thoughts on the CPSA’s draft prompts. Sample starter prompts could include:

“Alberta residents deserve a compassionate and patient-centred approach to physician assisted dying...”

**OR**

“I am concerned that your draft Advice does not reflect a patient-centred approach to physician assisted dying and some of your recommendations may restrict access to PAD or make the process too onerous for someone who is suffering intolerably...”
The body of your letter

Using clear, concise language, tell the College of Physicians and Surgeons of Alberta that there are a number of important considerations that need to be addressed in its draft Advice to the Profession on physician assisted dying.

For more background on Dying With Dignity Canada’s proposals for legislation, please see our 2015 Draft Policy Framework.

In your own words, you may wish to highlight the following concerns, which relate specifically to the College’s draft Advice to the Profession.

1) You are concerned about the rules the College is recommending for physicians who refuse to provide a physician assisted death. The decision flow chart found on page 11 of the CPSA’s draft policy illustrates this problem: it states that the patient must exercise their “voluntary choice” to find alternative provider, and that it is society’s responsibility to make such an option available.

2) Dying With Dignity Canada advocates that patients who are suffering intolerably should not have to find a provider of PAD if their doctor conscientiously objects to PAD. The physician’s right to conscience must be balanced with the patient’s right to access PAD. To achieve a patient-centred approach to PAD, Albertans cannot be abandoned. Physicians cannot expect patients who are grievously and irremediably ill to summon the physical and emotional fortitude to find a willing physician to help them end their suffering.

3) The Supreme Court of Canada’s decision allows for both assisted suicide (when a doctor prescribes a life-ending medication) and voluntary euthanasia (when a doctor administers life-ending treatment to an eligible, consenting patient). The College’s draft advice does not clearly outline that both options should be available for Alberta residents.

4) Patients should be allowed to die wherever they choose, whether it is in a publicly funded hospital, hospice or long-term care facility, or at home.

5) The CPSA’s draft Advice contains a number of possible barriers to access, including:

   a) The CPSA has proposed a 15-day waiting period for patients seeking an assisted death. “Cooling-off” periods may be appropriate for patients with chronic illnesses who are not at end of life. However, for patients with fast-moving terminal illnesses, an arbitrary waiting period could mean the difference between a peaceful death and an excruciating one.

   b) To access PAD, two doctors must submit a diagnosis and prognosis. We believe a second consultation with another physician should be required to confirm that the patient’s condition is grievous and irremediable. It is not appropriate that a second diagnosis and prognosis be mandatory.
c) We are also deeply concerned that their flow chart on Page 11 of the policy implies that, if a patient requests PAD, their request should be denied unless they have access to palliative care. Dying With Dignity Canada believes that everyone who needs, and wants, access to palliative care should have access to it. However, not having access to palliative care should not necessarily preclude a patient from exercising their legal right to a peaceful death.

d) DWD Canada also takes issue with the suggestion that, in cases where the patient and physician disagree on whether PAD is in the patient’s best interest, the courts will resolve that disagreement. It is not appropriate to send a sick and dying patient to court to resolve a dispute over whether their condition is grievous and irremediable. If a physician does not believe that the patient’s condition warrants a physician assisted death, they should refuse to provide treatment. The patient should have the right to a second opinion.

Use personal experience. Include a personal story to illustrate why you’re passionate about making sure Ontario’s approach to physician assisted dying is compassionate. Did you watch a loved one suffer in agony through a drawn-out terminal illness? Do you fear that you will face a similar fate? Or were you simply inspired by the late Gloria Taylor, who fought for years for British Columbians to have the right to die with dignity? We learned from Quebec that personal stories were crucial in motivating legislators there to vote for choice.

Include your professional qualifications/background, if appropriate. Do you have a background in the healthcare profession? If so, note it. In addition, state how your work has shaped your perspective on end-of-life care. If you don’t work in health field, feel free to state your professional background, too. The government is asking for the input from people from all walks of life — not just doctors and nurses.

Your conclusion

Briefly summarize the main points of your letter. In a sentence or short paragraph, reiterate the main points you made in the executive summary.

Finish your letter by thanking the Sarah Thomas and the College of Physicians and Surgeons of Alberta for their consideration.

Sincerely,

[Your name]