



Dying With Dignity Canada

It's your life. It's your choice.

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

The College of Physicians and Surgeons of Manitoba (CPSM) has opened a consultation for residents of Manitoba to weigh in on its *Draft Statement Physician Assisted Dying*.

We urge all residents of Manitoba to participate in the survey and to send additional comments about the College's draft policy to PAD@cpsm.mb.ca. DWD Canada believes the College's *Draft Statement* and survey have a few critical issues that need to be addressed.

We have created a toolkit to help you:

1. Complete the survey (see below)
2. Submit additional comments to the CPSM by e-mail. Click here to learn how.

ABOUT THE CPSM ONLINE SURVEY:

- The online survey can be found here:
<http://www.nrg-surveys.com/Survey/intweb.dll/project/nrgcawi/177153344> Web cawi
- **Please complete by November 15, 2015**
- The survey poses a few questions about the CPSM's [Draft Statement](#)
- Please review the CPSM's draft policy (follow the link located above).
- For more reference information, please see [DWD Canada's Draft Policy Framework](#) for critical considerations in legislation or regulation of physician assisted dying.

CRITICAL ISSUES WITH THE CPSM ONLINE SURVEY

There are seven main topics covered in the CPSM's online survey with a series of questions and a few open comment boxes. We want to flag a few of these topics and would like you to consider the following as you complete the survey:

Topic #3:

"Manitobans' right to access to physician assisted dying must be reconciled with physicians' constitutional rights to follow their conscience. It is also critical that patients know what they can expect from their physicians.

The following is being proposed for consideration:

- Physicians must not prevent patients from accessing physician assisted dying;
- Physicians must not impose their moral or religious beliefs about physician assisted dying on patients;
- Physicians are not required to refer a patient requesting physician assisted dying to another physician; and,
- Physicians must provide patients with timely access to another physician or resource that will provide accurate information about physician assisted dying, regardless of their personal beliefs.

Do you agree that the above requirements would adequately respect the values of both patients and physicians?"

Dying with Dignity Canada strongly disagrees that the above requirements are sufficient.

If you mark the option "1 - Strongly disagree" the survey will open a box for you to comment on "What additional protections should be in place?" You may want to write in the box that it is unclear what recourse a patient has if his or her physician refuses to provide assisted death on moral or religious grounds. The College must create provisions for the patient in such circumstances.

Patients who are suffering intolerably generally do not have the physical wherewithal to seek out willing physician on their own. They should not be left to their own devices in their search for a peaceful end to their lives. Such a situation is tantamount to patient abandonment. No physician will be required to provide physician assisted dying against their will, but any person choosing to practice medicine has obligations to their patients. The physician's right to conscience must be balanced with the patient's right to a peaceful death.

Topic #5 discusses the processes, including documentation that must be in place for a physician assisted death, including:

"Confirmation that the patient has been advised of and understands the legal consequences of dying by physician assisted dying, including the potential for denial of life insurance or other benefits that may accrue to the patient's estate or beneficiaries on death."

Of all the listed requirements in this question, this is the only one that DWD Canada disagrees with.

If you mark the option "1 - Strongly disagree" the survey will open a box for you to comment on "What additional safeguards should be in place?" You may want to write in the box that a doctor should not be responsible for informing a patient on matters regarding insurance policies or estate planning.

Topic #7 asks whether you agree or disagree that the physician who administers or provides the lethal medication to the patient must be readily available to care for the patient at the time the medication is administered by the physician or taken by the patient until the patient is declared dead by a physician.

In considering your response, DWD Canada believes that if physician assisted death is to be effected by administering an intravenous medication this should be given by a physician, unless it is not physically possible for a physician to be present in which case it can be given by a regulated health care professional.

If physician assisted death is to be effected by consuming oral medication then, while it is desirable that the physician be present, this should only be with the consent of the patient. A patient must be free to take their life ending medication in a place of their choice with the company they choose. A patient should have the choice of whether they prefer to have medication administered or take the medication themselves.

Topic #8 asks your opinion whether physician assisted dying should only take place in health care institutions.

DWD Canada strongly disagrees. Patients who have a medical condition that causes them to face enduring and intolerable suffering should not have to move out of their home communities to access a peaceful death. We believe that patients should be able to receive a physician assisted death where they choose whether it is at an institution or at home.

Furthermore, publicly funded hospitals, hospices and long-term care facilities should be required to allow assisted dying on their premises. We are aware that some institutions will struggle with the thought of allowing a service they believe to be at odds with their mission or ideology. In the case of a clash between institution's rights and patient's rights, the rights of patients must come first. No publicly funded institution should be able to deny a patient or resident their right to an assisted death.