The College of Physicians and Surgeons of Alberta is asking both physicians and members of the public for their input on two key policy documents. While these documents apply to doctors’ practice in general, it is important that supporters take the time to voice their opinions about how these standards of practice relate to requests for physician assisted dying. Dying With Dignity Canada has crafted a toolkit to help our supporters respond to the College’s draft recommendations.

**About the Consultation:**

- The deadline to provide feedback is **March 7, 2016**.
- The consultation consists of two separate online surveys. The survey format is quite simple, as it asks only for your name, email, role (physician, member of the public, etc.) and your comments.
- You can check a box to make your comments visible on the webpage; please note that your name will be made public if you do choose this option.
- The consultation form may not work on older web browsers. If you would prefer to send your comments as an email, you can send them to consultation@cpsa.ab.ca.
- If you have any other questions about the consultation site, please send them to CPSA staff member Barb Krahn at Barb.Krahn@cpsa.ab.ca.

**Accessing the Standard of Practice Documents and Consultations**

There are two standards of practice to read through prior to filling out the consultations. Each is fairly short. Once you read through the documents, please fill out the corresponding survey for each one.

**Informed Consent (including Assessment of Decision-Making Capacity):**


**Conscientious Objection:**

Consultation: http://www.cpsa.ca/consultation/consultation-010-moral-or-religious-beliefs-affecting-medical-care/

**Informed Consent (including Assessment of Decision-Making Capacity)**

Dying With Dignity Canada believes that a doctor should be required to lay out all options available for their patients as part of obtaining informed consent, as is standard practice for critical care decisions. It is also imperative that healthcare providers provide information about all legal end-of-life options, regardless of their personal beliefs or preferences. This is support by the recommendation brought forth by the Provincial-Territorial Expert Advisory Group that states: “All end-of-life options (including palliative care and physician-assisted dying) should be discussed with patients in a respectful way regardless of the provider’s beliefs.” While all end-of-life options can and should be discussed, the patient must have the final say when it comes to his or her healthcare decisions.

In Point 8(e) of the Informed Consent document, the Alberta College of Physician and Surgeons states that a patient’s request for assisted dying “must be documented in writing and witnessed by two independent individuals, one of whom cannot be the physician.” The College should outline possible accommodations that could be made for patients who cannot write and/or speak but who still demonstrate capacity to consent.

In Point 7, the standard states that a physician “must use accepted capacity assessment processes” to assess the patient’s mental competency. For this point, it might be helpful to state your views on how capacity should be determined for most PAD requests and more specifically, stress the importance of avoiding mandatory psychological assessments.

Mandatory psychological assessments are not required in any jurisdictions that currently allow physician assisted dying. Canadian doctors deal with patients’ life-and-death decisions daily (e.g.: “I want to stop chemotherapy” or “I want to be removed from life support”). Physicians routinely consider whether psychological assessments are required to establish consent in these cases. Such assessments will continue when PAD is legal, but should not be mandatory across the board. The Provincial-Territorial Advisory Group’s final report acknowledges the physician’s ability to judge competency and consent, stating that:

> Through the relationship [between physician and patient], the physician gains a medical and psychosocial understanding of the patient and the reasons for his or her wishes with respect to health care. This relationship is the basis for assessment of competency, knowledge of the medical condition or conditions affecting the patient, and the impact and natural evolution of potential treatments.

When responding to this consultation, you may also wish to discuss timing of the capacity assessment. DWDC’s view is that advance requests for assisted death should be considered valid when made by a patient who, at the time of the request, was competent and had a...
diagnosis for a condition that was or could become grievous and irremediable. This viewpoint, which is backed up by our latest poll results, means that mental competency should be determined when the request for PAD is made, but is not necessary at the time of the provision of PAD.

Conscientious Objection

The Conscientious Objection document lacks a couple of key points that, if adopted, would help ensure rightful access to physician assisted dying for eligible patients who request it. While DWDC agrees that no physician who opposes assisted dying for reasons of conscience should be required to provide it, we believe they have a duty to provide fair, balanced and comprehensive information about all available healthcare options, including assisted dying. Requiring physicians to provide information about all relevant treatments will help patients make informed decisions about their care and hence, protect their autonomy.

In addition, the College should strengthen its language around referrals for patients who request physician assisted dying. The document states that a physician who consciously objects “must ensure that the patient who seeks such advice or medical care is offered timely access to another physician or resource that will provide accurate information about all available medical options.” This language does not go far enough to ensure that desperately ill patients, particularly those at end of life, are not abandoned. Simply providing a patient with a website link or phone number is not sufficient. Dying With Dignity Canada upholds that physicians must arrange for an effective referral or transfer of care to a non-objecting physician or third-party referral agency in a timely manner. Sick and dying patients should not have to seek out a physician on their own.