

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.