



DWDC Toolkit: Voice Your Choice in the Alberta Government's Consultation on Physician-Assisted Dying

The Alberta government has launched a new consultation to get the public's input on new policies for physician-assisted dying (PAD). DWDC has developed this toolkit to help our supporters make the best of this incredible opportunity. The toolkit focuses on key questions in the survey and offers suggestions on how to respond.

About the Survey:

- You can access the online survey here:
<https://extranet.gov.ab.ca/opinio6//s?s=29359>
- The survey closes on March 31, 2016 at 11:59 p.m. local time.
- If you have trouble accessing the online survey or would prefer to complete the survey by mail, you can print the survey and mail it to Alberta Health. The PDF can be accessed here: <http://www.health.alberta.ca/documents/Physician-Assisted-Death-Survey-2016.pdf>
- You can also email your completed survey and comments to:
ABHealth.Consultation@gov.ab.ca
- While all questions are multiple choice, you may wish to expand on any of your answers in Question 12, which gives users the opportunity to provide additional feedback.

Mailing Address:

Alberta Health
Attention: Physician-Assisted Death Survey
P.O. Box 1360, Station Main
Edmonton, AB T5J 2N3

Survey Questions:

Question #1: *The Supreme Court decision requires that any eligible patient must be competent. This means that the person has to understand what they are asking for when they request the help of a doctor to die. But there are differing opinions about whether the person must remain mentally competent throughout the process.*

Which is closest to your opinion?



- *The person must be mentally competent at the time they make the request, and the doctor may fulfill the request only if the person remains competent to the end.*
- *The person must be mentally competent at the time they make the request, and the doctor may fulfill the request even if the person loses competence before the end.*
- ***The person must be mentally competent at the time they make the request, but may lose competence even before they reach the point of intolerable suffering, and the doctor may fulfill the request once the person has reached that point.***
- *Don't know / no opinion.*

DWDC's Viewpoint:

Dying With Dignity Canada strongly believes that people with a diagnosis for a serious illness should be allowed to make advance requests for assisted dying, to be carried out after the individual loses competence. This policy would also allow people with dementia, for instance, to make a request for PAD ahead of time that would be honoured once certain pre-stated conditions are met.

This view is supported by the recommendation laid out by the Joint Committee: *“That the permission to use advance requests for medical assistance in dying be allowed any time after one is diagnosed with a condition that is reasonably likely to cause loss of competence or after a diagnosis of a grievous or irremediable condition but before the suffering becomes intolerable.”*

Without this option, Canadians with dementia who want aid in dying could face a cruel choice: access assisted dying too early, while they are still competent, or wait until it's too late, only to be condemned to months or years of the exact kind of suffering they sought to avoid.

It is important in these cases that the patient has the freedom to choose when they would like assisted death to occur. For some people with Alzheimer's disease, for instance, they may request that assisted death take place as soon as they can no longer bathe or toilet themselves. For others, they may wish to only have an assisted death once they have reached Stage 7, the final stage of Alzheimer's, when they will have lost total ability to communicate or respond to their environment. The conditions must be specific to the individual, their values and their medical priorities.

Question #2: *Some countries and states that already provide physician-assisted death require there to be a period of reflection for a person who requests it — meaning a person is required to make a request for the procedure and a later second request confirming their intentions.*

Which is closest to your opinion?



- *There should be a defined minimum period of time between when a patient makes an initial request and a second request confirming their intentions before it is fulfilled.*
- ***There should be a period of reflection between when a patient makes an initial request and a second request confirming their intentions, but it should vary according to individual circumstances, based on the doctor's opinion.***
- *There should be a defined minimum period of reflection for patients with non-terminal, slowly progressing conditions; but for those with terminal or rapidly progressing conditions, the period of reflection should vary according to the patient's circumstances, based on the doctor's opinion.*
- *There should be no period of reflection required. A person should be able to have a request fulfilled immediately.*
- *Don't know / no opinion.*

DWDC's Viewpoint:

A reasonable wait time between requests is acceptable. However, the condition of the patient and the progression of their illness, disease or disability must be considered when determining "periods of reflection" for assisted death. This is especially important for patients with conditions like fast-moving terminal cancer, who may suffer a terrible death if their requests are not acted upon quickly. The Special Joint Committee also suggested that reflection periods be flexible.

Question #3: *If there were to be a defined minimum period of reflection, what would the appropriate timeframe between the first and second request be?*

- *Less than 7 days*
- ***14 days***
- *30 days*
- *60 days*
- *More than 90 days*
- *Don't know / no opinion*

DWDC's Viewpoint:

DWDC does not believe that mandatory wait times should be imposed for patients who are terminally ill. For those individuals, waiting additional weeks or even days can be intolerable and may effectively force them to die in incredible pain. However, DWDC is not opposed to a reasonable waiting period of, say, two weeks for people who are not terminally ill or imminently dying.

Question #4: *The Supreme Court ruling applies to competent adults. Some believe people under age 18 should be eligible if they are mature enough to decide. In other words, age shouldn't matter; it's a question of competence and maturity. Which is closest to your opinion?*



- *A person must be at least 18 years old to be eligible*
- ***A person can be younger than 18 to be eligible, so long as they are mature and competent enough to understand the nature of the request and its consequences***
- *Don't know / no opinion*

DWDC's Viewpoint:

Dying With Dignity Canada does not have a strong position regarding mature minors; however, we do feel that suffering knows no age limit. The Special Joint Committee has outlined a two-step legislative process that will apply to adults first, and then tackle the issue of mature minors in no longer than three years from now, after the legal, medical and ethical implications have been studied. DWDC thinks this is a reasonable approach to what is a relatively new layer in the discussion of assisted dying in Canada

Question #5: *Doctors who do not wish to provide physician-assisted dying for religious or moral reasons will not be required to participate. If a patient of theirs makes a request of them, what should they be required to do?*

- ***Refer the patient to a physician who does provide the service***
- *Refer the patient to a resource that will provide accurate information about all available medical options*
- *Should not be required to provide a referral of any kind*
- *Don't know/no opinion*

DWDC's Viewpoint:

Dying With Dignity Canada's view is that patients cannot be abandoned under any circumstances. The onus should not be on sick and dying individuals to find a willing doctor. If the physician has an objection and does not want to participate, the physician must provide a timely and effective transfer of care to another physician or a third-party agency to connect patients with doctors. Similarly, the Joint Committee has proposed that a referral mechanism be set up to ensure that patients receive, at minimum, an effective transfer of care.

Out of the options offered, DWDC would choose “Refer the patient to a physician who does provide the service” as the best one. The second option (“Refer the patient to a resource that will provide accurate information about all available medical options”) is too ambiguous, since “a resource” could mean anything from a third-party referral agency to a website or brochure.

Question #6: The College of Physicians and Surgeons of Alberta has recommended several safeguards to help protect potentially vulnerable people, such as the elderly or disabled. These include the following:

- *The patient must be made aware of all medical options;*
- *Two doctors must agree the person meets the criteria set out by the Supreme Court;*
- *If there is any question about the person's mental state, the person must be referred to a psychiatrist or psychologist;*
- *Two people must witness the person's request; and at least one of these witnesses must not be a relative or heir, or the owner, operator or employee of a health facility where the patient is receiving treatment, or the physician;*
- *The person must be advised at each step that they may change their mind, including just before the procedure is administered.*

Which is closest to your opinion?

- ***These safeguards are sufficient to ensure the person understands and is acting without any pressure or outside influence.***
- *More needs to be done to ensure the person understands and is acting without any pressure or outside influence.*
- *These safeguards are too onerous in that they require too much of a person who wishes to end their life.*
- *Don't know / no opinion*

DWDC's Viewpoint:

Generally, these safeguards are reasonable to ensure that the patient is not being coerced. However, the fourth safeguard may create barriers for patients in rural areas. While requiring two witnesses may seem reasonable, it may be difficult for a bedridden patient to find a second witness who is not an employee of the health facility where the patient is being treated. This introduces the need for alternative means of witnessing a patient's request in remote communities.

Question #8: The drugs used in physician-assisted death:

- Should be administered only by a physician.
- Should be administered only by the patient themselves with a prescription from physician.
- **Either, depending on what the patient and physician agree to**
- Don't know / no opinion

DWDC's Viewpoint:

The Supreme Court's ruling allows for two types of assisted dying: self-administered and physician-administered. In jurisdictions like Oregon, where only the former is legal, doctors



prescribe life-ending medication to eligible individuals, and patients self-administer the treatment at a time of their own choosing.

But in DWDC's view, any new legislation must also give patients the option to elect for the attending doctor to administer life-ending treatment. Unless this option is available, people who have lost the ability to swallow medication by themselves will effectively be denied access to assisted dying. (Someone like Gloria Taylor, who suffered from advanced ALS, could have found herself in this terrible position.) Others might end their lives prematurely out of fear they will lose the ability to administer the treatment independently before it's too late.

Question #9: *If a patient is allowed to administer the drugs themselves, should a physician or other health care professional be required to be present, in case there are complications?*

- *A physician should be required to be present.*
- *A physician OR another health care professional should be required to be present.*
- ***There should be no requirement for a physician or other health care professional to be present, unless the patient requests it.***
- *Don't know / no opinion*

DWDC's Viewpoint:

A patient should be able to decide on the details of how their death will take place. This includes who will be present. If they opt for the self-administration option, a physician should only be present if the patient requests it.

Question #10: *Which of the following locations should a patient's request be allowed to be fulfilled?*

(You may choose more than one)

- ***In a hospital***
- ***In an assisted living or long-term care facility***
- ***In a hospice***
- ***In a private residence***
- *Don't know / no opinion*

DWDC's Viewpoint:

DWDC believes that it's up to the patient where aid in dying will take place — at home or in an institution. In addition, DWDC believes that that all publicly funded health care institutions must allow PAD on their premises.

Question #11: *Should hospitals, other health care facilities, long-term care and assisted living homes be allowed to deny access by patients to physician-assisted death?*

Which of the following is closest to your own opinion?

- ***These facilities should be required to provide physician-assisted death on site, but only if they are publicly funded.***
- *These facilities should be required to provide physician-assisted death on site, even if they are not publicly funded.*
- *These facilities should not be required to provide physician-assisted death on site, even if they are publicly funded.*
- *Don't know / no opinion*

DWDC's Viewpoint:

In DWDC's view, all publicly funded institutions have a responsibility to allow PAD on site. If all health care providers employed by the hospital conscientiously object, then the institution must allow an external physician to come into the facility to perform the procedure. Patients nearing end of life should not have to move to another institution. Forcing them to leave the facility could be costly, stressful and potentially impossible, depending on the patient's condition.

It would be cruel to ask people to leave their network of support in the facility, including their known health care providers and staff, to access their Charter right to an assisted death.

This viewpoint is consistent with a recommendation laid out by Parliament's Special Joint Committee on Physician-Assisted Dying, which stated that the Government of Canada should work with provinces and territories to ensure that all publicly funded health care institutions allow medical assistance in dying on their premises.