



Dying With Dignity Canada
It's your life. It's your choice.

**DWDC Letter-Writing Toolkit: Voice Your Choice to the
Ministers of Justice and Health and to Prime Minister
Justin Trudeau**

Dying With Dignity Canada has crafted a toolkit to help supporters voice their choice to the federal Ministers of Health and Justice in response to the Special Joint Committee on Physician-Assisted Dying's recent report, [*Medical Assistance in Dying: A Patient-Centred Approach*](#).

We believe the recommendations contained in the report reflect a patient-centred approach to assisted death, as its title implies. They embrace the spirit of the Supreme Court's decision on assisted dying and will ensure fair access for desperately ill patients. This toolkit will help guide you on how to address important points raised in the report, including the issue of advance consent, the responsibilities of publicly funded institutions and the need for effective referrals.

You can reach Health Minister Jane Philpott and Justice Minister Jody Wilson-Raybould via email or letter mail. Their contact information is below:

The Hon. Jane Philpott

Hon.Jane.Philpott@Canada.ca

Hon. Jane Philpott
70 Colombine Driveway
Tunney's Pasture
Postal Location: 0906C
Ottawa, Ontario
K1A 0K9

The Hon. Jody Wilson-Raybould

Jody.Wilson-Raybould@parl.gc.ca

Hon. Jody Wilson-Raybould
House of Commons
Ottawa, Ontario
K1A 0A6

If you opt to email your letter to the Ministers, please copy us at consultation@dyingwithdignity.ca.

You may also want to send your letter to Prime Minister Trudeau directly: justin.trudeau@parl.gc.ca

Office of the Prime Minister
80 Wellington Street
Ottawa, ON K1A 0A2



Dying With Dignity Canada
It's your life. It's your choice.

March 2016

Writing Your Letter

Salutation

The Hon. (First name/Last name), P.C., Minister of (Health or Justice, etc.) **OR** *The Right Hon. Justin Trudeau, P.C., M.P., Prime Minister of Canada,*
House of Commons
Ottawa, Ontario
K1A 0A6

Dear Minister/Prime Minister (Last name),

Executive Summary:

Briefly summarize your key recommendations or concerns, using two or three bullet points. Sample prompts include:

- *“The Joint Committee report on Physician-Assisted Dying includes a number of key recommendations that must be reflected in legislation. Key pillars of a patient-centred framework for assisted dying include...”*
- *“To ensure a patient-centred approach, the recommendations laid out by the Joint Committee should be adopted because...”*
- *“I found the Joint Committee report on Physician-Assisted Dying to be comprehensive and compassionate because...”*

Body of Your Letter:

In clear, concise language, outline why the Joint Committee’s report represents a compassionate, responsible approach to physician-assisted dying and embraces the spirit of the Supreme Court’s resounding decision in *Carter v. Canada*.

When writing the Health and Justice Ministers and Prime Minister Trudeau, it may be helpful to remind them of the purpose of the Special Joint Committee. The Liberal government struck the committee to study the future of assisted dying in Canada—it is their committee. Thus, government leaders should adopt the recommendations contained in the report and have them serve as the basis for new federal legislation on assisted dying.

In your own words, you may wish to highlight the following points:

1. Advance Consent

- In Recommendation 7, the Joint Committee report advises *“That 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.”*

- DWDC strongly supports this recommendation because it would ensure that a patient whose request for assisted death has been approved, but who falls into an unresponsive state such as a coma before his or her wishes could be carried out, isn't unjustly denied access to assisted dying.
- This policy would also allow dementia patients, for instance, to make a request for PAD ahead of time that would be honoured once certain pre-stated conditions are met. 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.
- DWDC's view is that advance requests for assisted death should be considered valid when made by a competent patient who, at the time of the request, has a diagnosis for a condition that is, or could become, grievous and irremediable.
- This issue was addressed in our recent Ipsos Reid poll. Of the 85% of Canadians who support the Supreme Court's Carter decision, 90% support allowing individuals with a diagnosis for a grievous and irremediable medical condition like dementia to consent in advance to physician-assisted dying.

80% of Canadians say patients with diagnoses for serious illnesses should be able to make advance requests for physician-assisted dying, according to a February 2016 poll commissioned by DWDC and conducted by Ipsos Reid.

Overall	British Columbia	Alberta	Saskatchewan/Manitoba	Ontario	Quebec	Atlantic Canada
80%	81%	80%	80%	81%	79%	82%

2. Effective Referrals

- In Recommendation 10, the Joint Committee urges the federal government to “*work with the provinces and territories and their medical regulatory bodies to establish a process that respects a health care practitioner's freedom of conscience while at the same time respecting the needs of a patient who seeks medical assistance in dying. At a minimum, the objecting practitioner must provide an effective referral for the patient*”
- DWDC strongly believes in choice—both for the patient and the physician. While physicians should be able to opt out of providing PAD, they must not abandon patients. Physicians who oppose assisted dying for moral or religious reasons must be required to refer patients who request it to another physician or a third-party referral body, should one be in place. This is especially important for patients who are terminally ill and those who live in remote communities where physicians are scarce. Sick and dying patients should not be left to their own devices in their search for a participating doctor.

3. Institutional Obligations

- In Recommendation 11, the Joint Committee advises “*that the Government of Canada work with the provinces and territories to ensure that all publicly funded health care institutions provide medical assistance in dying.*”
- Regardless of whether they have a religious affiliation, all taxpayer-funded healthcare institutions must be required to allow PAD on their premises. If none of the doctors on staff are willing to provide, an external doctor must be permitted into the hospital to provide aid in dying to the requesting patient.
- We must ensure that patients can access PAD, regardless of where they live in the country. Some communities may only have publicly funded Catholic-affiliated hospitals or hospices nearby. In other circumstances, a patient may be rushed to a Catholic-run hospital in an emergency; having to move a patient to a non-denominational institution would cause unnecessary stress and may not be possible depending on the patient’s condition.

4. Protection of Other Healthcare Providers

- Registered nurses, nurse practitioners and pharmacists must receive legal protection for their role in a team-based approach to assisted dying. Under a doctor’s supervision and guidance, these members of the healthcare team should be able to provide PAD.
- This is consistent with the recommendation laid out by the Joint Committee, which states that the *Criminal Code* should be amended to allow the participation of nurses and nurse practitioners in medical aid in dying. To fully protect members of the healthcare system, the critical roles of these frontline healthcare professionals must be reflected in new legislation.
- Widening the scope will also be fundamental in ensuring access to PAD in communities with a shortage of doctors; nurses and nurse practitioners could provide assisted dying under physician supervision.

5. Data Collection and Regulation

- DWDC recognizes the importance of collecting aggregate data and making it publicly accessible to ensure that the systems in place are working properly.
- It is vital that provincial/territorial and federal governments work together to collect comprehensive data.
- The Joint Committee recommends “*creating and analyzing national reports on medical assistance in dying cases and that such reports must be compiled on an annual basis and tabled in Parliament.*” DWDC supports this recommendation.
- Further, it is crucial that this data is collected following the patient’s death and not during the process, in order to avoid subjecting patients to unnecessary and potentially harmful delays. The Joint Committee affirms this point in

Recommendation 15, where they advise that *“the process to regulate medical assistance in dying does not include a prior review and approval process.”*

6. Period of Reflection

- The condition of the patient and the progression of their illness, disease or disability must be considered when determining “wait times” for assisted death. This is especially important for patients with a condition like fast-moving terminal cancer, who may suffer a terrible death if their requests are not acted upon quickly.
- Suffering is unique to the individual and one-size-fits-all wait times must not be imposed. Flexible wait times also serve as an important safeguard.
- This is consistent with the Joint Committee report, which states that the Government of Canada should work alongside the provinces and territories to ensure that “periods of reflection” remain flexible.

7. List of Conditions

- Compiling a list of qualifying medical conditions is unnecessary and potentially harmful. Patients with intolerable suffering should not be denied access to their right to assisted death just because their condition doesn’t appear on a bureaucrat’s master list. Instead, the criteria laid out by the Supreme Court of Canada provides sufficient guidance for who is eligible for assisted death. The Supreme Court said that competent adults with a grievous and irremediable medical condition causing enduring suffering, and who clearly consent to the termination of life, should be eligible for PAD. This includes patients with both terminal and non-terminal conditions.
- The Joint Committee has also advised against compiling a list of conditions.

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 Ministers of Health and Justice and the Prime Minister for their consideration.

Sincerely,
[Your name]