



DWDC Toolkit: Meeting with Your MP

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

DWDC is highly supportive of the compassionate, patient-centred approach the committee laid out in its recommendations. When speaking with your MP, it is important to stress the importance of creating a framework for assisted dying that is based on the committee's report. Below, we outline how to connect with your MPs and offer some key points to emphasize in a meeting.

Arranging a Meeting with Your MP

- To identify your MP and their contact information, please refer to the Parliament of Canada website: <http://www.parl.gc.ca/Parliamentarians/en/members>
- Be friendly and polite when setting up your meeting;
- Communicate your main goal for the meeting (i.e., that you would like to discuss physician-assisted dying).

Research

It may be helpful to research the MP to see if they have spoken publicly about assisted dying and how they may have voted on related issues in the past. Politicians who sat in Parliament in 2010 are [on record](#) as to how they voted on private member's Bill C-384, introduced by the late Bloc MP Francine Lalonde.

Ask for Action

Ask about your MP's stance on a number of key recommendations laid out in the Joint Committee's report. Stress the importance of upholding the recommendations proposed by the Joint Committee and the importance of keeping patient choice front and centre when thinking about new rules for assisted dying.

Follow Up

Send a thank you email or letter to your MP and let the DWDC National Office know the results of your discussion. Email us at: political@dyingwithdignity.ca



What to Tell Your Federal Representatives about Dying With Dignity Canada:

Please tell your representatives a little bit about our organization. Here are several key points:

- Dying With Dignity Canada is the national organization committed to improving quality of dying, expanding end-of-life choices and helping Canadians avoid unwanted suffering.
- We advocate for compassionate end-of-life choices, and work to accurately inform the public about the constitutional right of physician-assisted dying.
- We advocate for patient-centred rules for assisted dying that embrace the spirit of the Supreme Court's ruling in *Carter v. Canada*.
- We strongly support the implementation of safeguards for assisted dying that protect the most vulnerable Canadians and that also ensure that patients who are eligible for aid in dying under the criteria laid out by the Supreme Court aren't unfairly denied access to their rights.

Questions to Ask Your Federal Representatives:

Question #1: Advance Consent

What are your thoughts on advance consent? Do you support the recommendation that competent patients should be able to make an advance request for assisted dying, that would be carried out when the patient is no longer competent, so long as certain pre-stated conditions are met?

DWDC's Viewpoint:

Support for this issue is broad, with poll results suggesting that 80% of Canadians are in favour. A provincial breakdown of support can be found here:

% of Canadians who say patients with 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%

Without the option of advance consent, seriously ill patients who want aid in dying are faced with a cruel choice: accessing assisted dying too early while they are still competent, or waiting until it's too late.



The Joint Committee compassionately recommended that still-competent patients with a diagnosis for serious, incurable illnesses such as dementia be allowed to make advance requests for assisted dying, to be carried out when they are no longer competent, so long as certain pre-stated conditions are met. Dying With Dignity Canada strongly agrees with this recommendation.

Question #2: Effective Referrals

How do you think the referral process should be handled? Should physicians be required to make an effective referral?

DWDC's Viewpoint:

At end of life, patients should not have to seek out a new physician in the event that theirs refuses to provide. While DWDC respects a physician's right to conscientiously object, sick and dying patients should not be abandoned under any circumstance. The Joint Committee has proposed that a referral mechanism be set up to ensure that patients receive, at minimum, an effective referral.

Question #3: Institutional Obligations

Do you think publicly funded healthcare institutions, including hospitals, hospices and long-term care facilities, have a duty to allow assisted dying on their premises?

DWDC's Viewpoint:

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. This viewpoint is consistent with the recommendation laid out by the Joint Committee report, which states that the Government of Canada must work with provinces and territories to ensure that all publicly funded healthcare institutions provide medical assistance in dying. Dying With Dignity Canada is pleased with this recommendation. While individual doctors have a right to conscientiously object, entire bricks-and-mortar institutions do not.

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.

Question #4: Protection of Other Healthcare Providers

What do you think the role of nurses and nurse practitioners should be? Should they be able to provide PAD?



DWDC's Viewpoint:

DWDC believes that nurse practitioners, registered nurses and pharmacists should have a role in physician-assisted dying, under the supervision of a doctor. This is consistent with the recommendation laid out by the Joint Committee that the law be broadened to ensure that these healthcare professionals are exempted from sections 14 and 241(b) of the *Criminal Code*. To fully protect members of the healthcare system, it is critical that the important roles these professionals play are acknowledged in legislation.

By widening the scope, PAD could be practiced using a more patient-centred, team-based approach while also lessening the barriers to access encountered by those in rural communities. These residents, with perhaps a shortage of doctors in their community, would then be able to access medical aid in dying through a nurse or nurse practitioner.

Question #5: List of Conditions

Do you think there should be a list of conditions that qualify a person to receive a physician-assisted death?

DWDC's Viewpoint:

Compiling a list of qualifying medical conditions is unnecessary and potentially harmful. Patients with unendurable 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 qualifying conditions.

Question #6

How long do you think a patient should have to wait between requesting and accessing PAD?

DWDC's Viewpoint:

There should not be a one-size-fits-all approach when it comes to wait times. Each condition and each patient's experience is very different. Suffering is unique to the individual. The Joint Committee has also suggested that reflection periods be flexible.

Question #7

How should data on physician-assisted dying be collected?

DWDC's Viewpoint



The provinces must work together with the federal government to ensure that comprehensive data is collected and made public. This will help ensure that the system is being monitored and that the processes are working properly. The Joint Committee advocates for a process for *“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, however, we also stress that data be collected *after* the patient’s death. The Joint Committee affirms this in recommendation 15 where they advise that *“the process to regulate medical assistance in dying does not include a prior review and approval process.”*