



## **Dying With Dignity Canada Letter-Writing Toolkit: Tell MPPs at Queen's Park to make Bill 84 put patients first**

Right now, MPPs at Queen's Park are studying a piece of legislation that could have a big impact on access to medical assistance in dying in the province of Ontario.

[Bill 84, the \*Medical Assistance in Dying Statute Law Amendment Act\*](#), was introduced by Ontario Health Minister Eric Hoskins in Dec. 2016. While the bill includes a number of proposals that, if approved, may improve access for Ontarians exploring their legal end-of-life options, other elements raise serious concerns. In fact, it's a yet-to-be-tabled Opposition amendment to the bill that should cause the greatest alarm for supporters of fair choice. We must speak out against rules that would impose additional barriers upon Ontarians at end of life and raise a loud voice for a compassionate, patients-first approach.

### **What you can do?**

Bill 84 has already gone through two readings in the legislature. Now, the bill is going to be studied by the eight MPPs on the legislature's Standing Committee on Finance and Economic Affairs. The Liberal-dominated committee will be reviewing the bill line by line and proposing changes to the bill before it goes to final vote. Providing feedback to the committee is likely the best opportunity we have to ensure that Ontarians' rights are reflected in the final bill.

DWDC has put together a toolkit designed to help you make a submission to the committee. The document explores the pros and cons of specific proposals in the bill and outlines other things to note. Please read through the toolkit and then refer to the template letter (located at the end of this document) as you draft a powerful statement in favour of patient rights.

When you've finished writing your letter, please send it to Eric Rennie, the clerk for the provincial Standing Committee on Finance and Economic Affairs. Here's his contact information:

- Email: [erennie@ola.org](mailto:erennie@ola.org)
- Mailing address: Procedural Services Branch, Standing Committee on Finance and Economic Affairs, 99 Wellesley Street W, Room 1405, Whitney Block Queen's Park, Toronto, ON, M7A 1A2 (Telephone: 416-325-3500)

The committee is expected to commence hearings on Bill 84 any day now, so please submit your letter as soon as possible. When you're done, please let us know by sending an email to [consultation@dyingwithdignity.ca](mailto:consultation@dyingwithdignity.ca). Not only do we love hearing from our supporters, but your feedback helps us gauge the effectiveness of our advocacy human rights advocacy efforts. Thank you for your commitment!

## Background

### Concerns associated with Bill 84

**#1. Progressive Conservative health critic, Jeff Yurek, plans to introduce an amendment that would undermine the College of Physicians and Surgeons of Ontario's (CPSO) effective referral policy, which requires physicians who conscientiously object to assisted dying to refer patients who request it to another agency or provider. The proposed amendment would allow clinicians who object to MAID to essentially abandon their patients with a self-referral mechanism.**

**DWDC's viewpoint:** While Bill 84 does not currently have a clause related to conscientious objection, DWDC supports the effective referral policy set by the CPSO. It strikes the appropriate balance between a physician's right to conscientious refusal and a patient's right to compassionate care.

Even with this policy in place, many patients continue to report that their doctors are refusing to discuss, let alone provide a referral for, MAID. Some patients are told to find a clinician on their own. This is akin to patient abandonment and it imposes a heavy burden on vulnerable Ontarians in their greatest time of need. If MPP Yurek's amendment is accepted, it will allow objecting clinicians to ignore the rights and wishes of desperately ill Ontarians who want to end their lives in peace with a doctor's help.

We are especially concerned because a coalition of anti-choice groups claim to have sent more than 6,000 e-mails, letters and phone messages to speak out against the effective referral policy. We must not let this small but vocal group drown out the voices of millions of Ontarians who believe in fair choice at end of life.

**#2. Bill 84 amends the Freedom of Information and Protection of Privacy Act and the Municipal Freedom of Information and Protection of Privacy Act so that a Freedom of Information request cannot be done for information that identifies a person, clinician, or facility providing MAID.**

**DWDC's viewpoint:** While protecting the privacy of patients and individual practitioners is essential, public healthcare facilities have no right to hide their policies. These institutions receive public funds and should be accountable for the delivery of public healthcare. Medical assistance in dying is part of public healthcare. This proposed amendment favours the rights of the institutions over the rights of the community it serves and the individual patients who access their services. Institutional policies on MAID should be publicly available to identify which institutions refuse this form of public healthcare and create barriers to access for vulnerable patients.

The problematic nature of this proposed amendment materialized late last year when DWDC sought information on Ontario institutions. When DWDC filed a Freedom of Information (FOI) request, the response received in October, 2016 from the Ministry of Health stated that it "does not collect the information you are requesting. You may wish to contact each hospital directly." If Bill 84 passes as is, civil society organizations will no longer be able to collect this information from individual hospitals through

FOI requests. The lack of transparency will only create an additional cloud of uncertainty for patients about end-of-life healthcare in their community.

In addition, the Ontario government just passed Bill 41, which allows religiously-affiliated hospitals to opt-out of following directives from the Health Minister related to policies and procedures that are contrary to their religious beliefs. Ontarians need to be able to find out which public healthcare facilities support their *Charter* right to an assisted death and which do not.

**#3. Bill 84 amends the Coroners Act so that the doctor or nurse practitioners who provide MAID shall give notice of death and any other necessary information to the coroner. The coroner shall investigate the circumstances of the death and may hold an inquest, if it is the coroner's opinion to do so.**

**DWDC's viewpoint:** Provincially, coroners are required to investigate deaths that are either sudden or suspicious. Assisted deaths are neither, due to the safeguards and planning that is involved when accessing an assisted death.

This requirement risks stigmatizing the choice to have an assisted death and could create a chill for clinicians who want to help their patients achieve a peaceful death. The involvement of the coroner may cause additional burdens for the families of patients since they will not know until after the assisted death has been reported to the coroner whether or not there will be an investigation. This is unnecessary and difficult, especially for families who are grieving a recent loss.

Coroner involvement will also not help to track important information and MAID-related data. For example, the number of people who:

- Make requests for MAID
- Are denied for MAID, and what are the underlying medical conditions
- Are approved for MAID and do not receive it. Did the patient change their mind, did they die suddenly, or did they lose capacity unexpectedly?
- Have received terminal palliative sedation
- Have voluntarily stopped eating and drinking

Given the experience of New Brunswick, which recently passed legislation to move the practice of MAID out of the coroner's office, it is clear that coroner involvement is both unnecessary and ineffective.

Instead, DWDC proposes that a post-review commission be implemented and coordinated with the federal government to ensure more effective data collection.

## **Positive aspects of Bill 84**

The issues listed above are extremely troubling; however, there are two positive aspects of Bill 84:

**#1. Bill 84 amends the Excellent Care for All Act, 2010, so that a physician, nurse or other person assisting in the provision of MAID shall be immune from a court action for damages, unless he/she is found to have been negligent.**

**DWDC's viewpoint:** Bill 84 provides protection for any person assisting the physician or nurse practitioner who is providing an assisted death. This means that healthcare providers can feel supported by their medical teams when assessing and providing MAID. DWDC supports this proposed amendment.

**#2. Bill 84 amends the Excellent Care for All Act, 2010, so that a person receiving MAID shall not be denied a benefit or right which would otherwise be provided under contract or statute.**

**DWDC's viewpoint:** This amendment would make it illegal to use assisted dying as a justification for refusing to pay benefits on a legitimate insurance claim. DWDC supports this amendment and believes that life insurance should be paid out fully in the event of MAID deaths.

## Letter-writing template

*Dear Members of the Standing Committee on Finance and Economic Affairs,*

### **Executive summary:**

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

- *The following proposed amendments in Bill 84 are concerning because...*
- *To ensure that patients are informed and that their choices are respected, the following proposed amendments should be removed from Bill 84...*
- *Transparency in healthcare is important to Ontarians, but this value is not reflected in Bill 84. The following changes must be made to the bill...*

### **Body of your Letter:**

In clear, concise language, outline the pieces of Bill 84 that you feel are especially concerning.

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

#### **1. The CPSO's policy on effective referral**

- MPPs should support the effective referral policy because it strikes an appropriate balance between respecting a physician's conscientious objection and guaranteeing patients' right to compassionate end-of-life care
- Patients who request MAID are already being disregarded by clinicians who refuse to discuss the topic. Further allowing these clinicians to refuse to provide medical information exacerbates an already emotional and possibly difficult experience for those trying to navigate their end-of-life options including their right to an assisted death
- Providing an effective referral is a part of a fair and well-reasoned process in allowing patients to access MAID. A website or a phone number is no replacement for the assistance

that a dying person may need from their healthcare provider. To say otherwise is to allow clinicians to abandon their patients at the most vulnerable times in their lives

## **2. Institutional policies for MAID**

- DWDC believes that public healthcare facilities have no right to hide their policies and should not be exempt from providing their MAID policies when they receive Freedom of Information requests, or requests from the public
- By hiding this information from the public, an additional barrier to access is created for patients
- Institutional rights should not override the rights of the patient. The Ontario government has already overridden patient rights in favour of institutional rights. The recently passed Bill 41 allows religiously-affiliated hospitals to opt-out of following directives from the Health Minister related to policies and procedures that are contrary to their religious beliefs

## **3. Coroner involvement**

- Assisted deaths are neither sudden nor suspicious due to the safeguards and planning that are involved when accessing MAID; therefore, DWDC believes that coroner involvement is unnecessary
- Mandatory coroner involvement stigmatizes a person's choice to access MAID; coroners are not required to investigate other end-of-life choices such as palliative or terminal sedation, so it should not be required for MAID
- Coroner involvement creates an additional burden for families who are already grieving
- The coroner would not be tracking the important information that is necessary as we learn more about MAID in Canada. The number of people in the following situations would not be tracked:
  - Made requests for MAID
  - Are denied for MAID, and what are the underlying medical conditions
  - Are approved for MAID and do not receive it. Did the patient change their mind, did they die suddenly, or did they lose capacity unexpectedly?
  - Have received terminal palliative sedation
  - Have voluntarily stopped eating and drinking
- New Brunswick tried this approach, but has since moved the practice of MAID out of the coroner's office after finding that it was unnecessary and ineffective
- A post-review commission, as seen in Quebec, would be more effective at important information gathering

## **4. Legal protection for healthcare professionals**

- Protection for the healthcare team is essential
- DWDC supports this part of the bill, as it ensures that the full healthcare team is protected and providers of MAID have added support

## 5. Life insurance

- This amendment is supported by DWDC since it would ensure that life insurance would still be paid out in the event of a MAID death

### **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 Committee for their consideration. We encourage DWDC supporters to communicate courteously in all of their interactions with public decision-makers.

*Sincerely,*  
*[Your name]*