

## Choice/Consent model of medically assisted end-of-life

1. The fundamentals of the model are fully contained in the 2 words CHOICE and CONSENT
2. These 2 concepts provide complete answers to all issues if applied rigorously
3. An individual person would have the right to CHOOSE whether or not to obtain medical assistance to precipitate a peaceful and dignified end to his/her life
4. The absolutely critical requirement to implement this request is CONSENT
5. CONSENT must be clearly defined and rigorously applied
6. WITHOUT APPROPRIATE CONSENT MEDICAL ASSISTANCE WILL NOT BE AVAILABLE
7. The eligibility factors (which need to be defined but include being diagnosed as terminally ill by at least 2 physicians. Patients would be encouraged to sign an advanced directive plan while still competent. Existing models in the US and Europe provide operational models.
8. Physicians also would have the right to CHOOSE whether or not to participate in any end-of-life procedure...the Canadian Medical Association has just passed an advisory motion by a 90% majority to leave it up to the individual physician to have the choice (a reversal of prior position)
9. The up to 86% of Canadians supporting the right to CHOOSE are not imposing anything on the 14% who oppose CHOICE. The CHOICE/CONSENT requirements protect the minority who objects for any reason (religious, Hippocratic Oath) including disabled individuals. NO CONSENT; NO ASSISTANCE
10. The fact that there is up to 86% public support (with the minority protected) should be a clear direction for a government to follow ...it is truly democratic. It is also clear evidence that this should be a government decision and not one coming from the courts (the retired SCC Judge (Major) who was part of the Rodriguez 5-4 split (one of the 5 majority) has changed his mind publically and urged the government to act. He indicated that the 5-4 split was intended to send a message to government to act which it has not.
11. Given four metrics...( 90% of the CMA physicians support physician choice; up to 86 % of Canadians support individual choice; current Liberal policy convention supports choice; all parties in Quebec support choice (Bill 52)...it is hard to imagine a clearer message to government. This is not a doctors' decision or a judicial matter...it is a public/government issue.
12. In the recent CMA-Macleans town hall meetings across Canada, there were repetitive requests from public participants asking the medical associations in Canada to support choice and to urge government to change the law allowing choice
13. I strongly support palliative care but while it provides relief for many patients, it is not the end-of-life answer since there are many circumstances it will not control and there are many patients who do not want to go through the associated agony of some kinds of some kinds of palliative care. The CHOOSE/CONSENT model should either be a final option in the palliative care spectrum or a clear alternative for the consenting patient.
14. Recently a couple in their 80s held hands and jumped off an 18 storey balcony in Toronto. She had uncontrollable pain and he couldn't live without her. A neighbour said they were best friends and deeply in love. Voluntary deaths occur daily and sadly often in gruesome ways. Car accidents, shooting, plastic bags over head, drug overdoses, running the car in a garage etc. Even worse, those with an awareness of early stage dementia often end their lives prematurely

(sometimes by years) so they don't lose control to end their lives themselves...as the current law requires. Surely anyone would rather have a loved one die peacefully and with dignity, surrounded by family rather than finding them alone and dead in a shower or garage.

15. We are free to voluntarily choose our health care decisions during our lives, why are we denied the choice of final care decisions?