

One of the reasons that I am involved in the end of life initiative currently gaining huge support across Canada is that I observed my mother-in-law spend 13 years (completely uncommunicative in a diaper and completely demented) in a fetal position, in a bed in a home. I also came to know Dr. Don Lowe during the SARS epidemic when I was leading the OMA and have great admiration for his public death bed pleading to make choice available to everyone (“We have the technology to provide compassionate and dignified end of life choice, so why are we not making it available?”). I believe it is only a matter of time before the courts or government makes choice available. In my view, given the 86% popular support for choice, it should be government and not the court that makes the decision. You are undoubtedly aware of the current two divergent approaches. The first, a SCC appeal from BC based on the Federal Charter, and second, the Quebec Bill 52 which takes the different position that end of life is just that...the final act in the continuum of care provided by the Provincial health care system. Of course the current Federal government is challenging both approaches...in spite of up to 86% public support for choice in regular polls. The recent Federal Liberal policy convention voted 90% in support of changing the law so that choice exists...so that if a Liberal Federal government is elected, it will be changing the law. British Columbia, has established a Select Standing Committee on Health which is to consider end of life options in its deliberations and Ontario is doing some research into the issue. As well, the Canadian Medical Association recently cleared the way for physician participation in delivering end of life assistance by over 90%...it is professionally acceptable and does not offend medical policies if a physician chooses to be involved. **I emphasize that the individual physician also has the CHOICE of not participating in any end-of-life process.** It seems like the entire system is set to move in the direction that several European and American states have chosen to go and offer the choice of a dignified end of life choice to Canadians. While **this is clearly not a physician issue, but rather a patient issue**, the public constantly pleads with the medical associations to openly support patients in achieving their objective of individual choice. This request was delivered by many participants at all of the recent MacLeans/CMA sponsored Town Hall meeting across Canada. Physicians need to align themselves with their patients and instead of treading water to see what others are doing, should be assisting in the drafting of the careful language that will be required to ensure and protect individual patient CHOICE and Consent when the law inevitably changes. Otherwise, the profession will be caught unprepared and it will not be seen as having a meaningful leadership role as requested by patients. Personally, I cannot remember an issue that had such overwhelming public support...it seems an unusual opportunity for government to respond in a truly democratic fashion.

The enclosed materials “The Choice-Consent Model” represents a check list outline of a possible model of end of life care. I trust you will find it useful and I would be pleased to provide any further input or assistance for the initiative.