ONTARIO
HOSPITAL
ASSOCIATION

200 Front Street West, Suite 2800
Toronto, ON M5V 3L1
Tel: 416 205 1300 Fax: 416 205 1301
www.oha.com

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College of Physicians and Surgeons of Ontario
80 College Street
Toronto, ON M5G 2E2

Re: Feedback on *Decision-making for the End of Life* Draft Policy

The Ontario Hospital Association (OHA) appreciates this opportunity to provide input to the College of Physicians and Surgeons of Ontario (CPSO) regarding its draft policy, *Decision-making for the End of Life*.

The OHA is committed to supporting hospitals in ensuring that patients receive quality end of life care. Like the CPSO, it recognizes the important role that physicians play in planning for and providing quality end of life care. The OHA also appreciates the sensitivities and challenges that physicians, patients and caregivers or families may face around end-of-life treatment decisions.

The direction provided to physicians in the draft policy addresses key issues surrounding quality end of life care in a balanced and relevant way. In particular, the OHA supports the CPSO's expectation that physicians should assist patients in identifying meaningful and realistic goals of care – by considering the clinical standard of care, managing various patient needs, collaborating effectively with other health care team members, and incorporating patients' wishes, values and beliefs.

Based on feedback from member hospitals, the OHA would also like to offer the following comments for consideration:

Nature and Timing of Advance Care Planning Discussions

Advance care planning is an important component of providing quality end of life care, particularly in helping to ensure that the care received is consistent with patients' preferences, treatment goals and values. The OHA supports the CPSO's advice that physicians should initiate advance care planning discussions with their patients at an early stage; that advance care plans should be made known to caregivers and family members; and that advance care plans should be reviewed throughout the course of a patient's life.

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It may be of assistance to provide further guidance in the draft policy regarding the nature and timing of advance care planning discussions, specifically with respect to a more context-sensitive approach to communication. Physicians who care for patients across a wide range of ages or life circumstances may be more selective in choosing to initiate advance care planning discussions only with appropriate patients; for example, they may not engage in such discussions with healthy teenagers or young adults. As such, the draft policy could be clarified to indicate that physicians should exercise professional judgment in deciding on when and how to engage in advance care planning with patients.

Responses to Wishes or Requests to Hasten Death

A patient's wish or request to hasten death may give rise to clinical, emotional and/or ethical difficulties for those involved. In these situations, it is important to assess and address the patient's underlying motivations and concerns. The OHA affirms the CPSO's guidance on engaging patients in a sensitive manner regarding such wishes or requests – specifically with the aim of resolving any issues that can be treated or otherwise addressed.

As the CPSO is aware, the Supreme Court of Canada recently provided guidance on physician-assisted death in its decision in *Carter v. Canada (Attorney General)*,[1] which was released after the draft policy. With a view to comprehensiveness, the OHA suggests that the CPSO consider the legal significance of this decision for end of life care, and the balance between patient and physician rights.

Life-saving Treatment and Life-sustaining Treatment

Life-saving treatment and life-sustaining treatment are clinical interventions that should be offered to patients in appropriate circumstances. The OHA agrees with the CPSO's expectation that physicians must involve patients and/or substitute decision-makers in the assessment of treatment options, and that treatment decisions should be re-assessed as the patient's condition changes.

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[1] *Carter v Canada (Attorney General)*, 2015 SCC 5

The draft policy currently indicates that physicians are not obligated to propose or provide life-saving or life-sustaining treatments that are not within the standard of care. It also requires that physicians obtain consent from patients and/or substitute decision-makers before placing a "Do Not Resuscitate" (DNR) order on the patient's chart. The draft policy could be interpreted to mean that in the absence of a DNR order on the patient's chart, a physician could be obligated to perform cardiopulmonary resuscitation (CPR), regardless of whether or not CPR falls within the standard of care for that patient. Given this potential conflict in interpretation, the OHA suggests that the wording of the policy be changed to clarify the intent of the policy in this area.

Other Aspects of the Draft Policy

Palliative care is an integral part of a patient's quality of care, and the OHA supports the CPSO's emphasis in the draft policy. In light of this focus, the OHA encourages the CPSO to strengthen recommendations and provide further guidance on the importance of inter-disciplinary approaches and connections to community resources for palliative care.

For further information, the CPSO may wish to refer to the Ministry of Health's *Declaration of Partnership and Commitment to Action*[2] for palliative care in Ontario; as well as the work underway by the Ontario Hospice Palliative Care Provincial Steering Committee.

Thank you again for the opportunity to provide feedback on the draft policy. The OHA looks forward to working with key stakeholders, including the CPSO, to improve the patient experience with respect to end of life care.

[2] Ministry of Health and Long-Term Care, Advancing High Quality, High Value, Palliative Care in Ontario: A Declaration of Partnership and a Commitment to Action, http://health.gov.on.ca/en/public/programs/ltc/docs/palliative%20care_report.pdf