December 15th, 2015

CPSO Policy Department  
College of Physicians and Surgeons of Ontario  
80 College Street  
Toronto, Ontario  
M5G 2E2

Via Email: interimguidance@cpso.on.ca

Dear CPSO Policy Department:

Thank you for the invitation to provide feedback on the draft CPSO interim guidance document on Physician-Assisted Death.

We recognize and support the CPSO’s role to serve and protect the public and appreciate the privilege that we are afforded as physicians and surgeons to be a self-regulated profession. We appreciate that the CPSO has a difficult and very important role in preserving the standard of care by ensuring physician judgment and objectivity is not compromised by the existence of personal or close relationships.

We have reviewed the draft proposal and do have some specific feedback.

As a general statement, we would like to note that we were very pleased to see the CPSO moving quickly to provide guidance in an area that has great nuance.

Guidance provided that we found particularly helpful:
• We appreciate the inclusion of "the treatment options discussed with the patient must include all reasonable and available palliative care interventions".
• We appreciate the inclusion of the "Professional Obligations and Human Rights" link under the conscientious objection section.

Areas that we felt merited further guidance and should be added:
• As per the Supreme Court Decision, "Adult" was not defined. However, as has been pointed at previously, clarity around this point will be important as the CPSO provides guidance to physicians. Regulatory authorities will certainly be consulted by the federal government as they write new legislation and it would be helpful to know which direction they will be recommending - particularly since teenagers and mature minors are often deemed to be competent to make their own healthcare decisions - and they can certainly have "grievous and irremediable medical conditions".
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• There is no mention in the document of physicians receiving appropriate training in Physician-Assisted Death. We believe that this is a serious deficiency in the interim guidelines. We believe training should consist of:
  o Clear goals and objectives - highlighting how every CanMEDS role is clearly involved, as we believe they are.
  o An explicit module on palliative care, advanced directive and physician-assisted death education and counseling.

• There is no mention of the potential impact on the treating physician and the importance of self-care. We know how difficult it is when patients die in our care and acknowledge the importance of having support systems in place to manage that. With physician-assisted death we believe it will become even more important that systems be in place to support those physicians who choose to care for patients who are seeking physician assisted death. The CPSO should ensure that it is included in both their Interim Guidance and final policy once legislation is finalized.

• We wondered whether the College should explore a role for inter-professional care potentially during the patient capacity assessment or during the presentation of options.

• We believe the interim guidelines should be very clear about who (patient, physician, other) is empowered and/or responsible to initiate the physician-assisted death discussion.

• More clarity from the College with regards to the assessment of competence in psychiatric patients and the appropriateness of physician-assisted death in patients struggling with mental illness would be very helpful.

• We believe that the CPSO Guidelines should provide clarity around the mechanics of physician-assisted death is. The College has proposed a helpful pathway based on what is done in other jurisdictions; however, we felt the references for how to administer physician-assisted death are quite sparse. For example, identifying which specialties might be best suited to deliver this service? What sort of technical skills and knowledge is required? How might resident physicians be involved in physician-assisted death. Suggestions in this realm would be extremely helpful to ensure more consistent practice across the province.
We do, as always, appreciate being included in the CPSO's consultative process.