January 5, 2015

By E-mail: interimguidance@cpso.on.ca

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

Dear Sir or Madam:

Re: Interim Guidance on Physician-Assisted Death

Thank you for providing the College of Nurses of Ontario (CNO) with the opportunity to provide feedback on CPSO’s Interim Guidance on Physician-Assisted Death.

We have formulated our response in accordance with questions identified on your consultation web page.

Q. 1 Does the draft interim guidance document provide useful guidance?

Overall the document provides useful guidance; however, there are a few areas that could be addressed in order to provide additional clarity:

- Lines 6/7 states, “This is often termed physician-assisted death”. The term “physician-assisted dying” is used in *Carter v. Canada* and described as “the situation where a physician provides or administers medication that intentionally brings about the patient’s death, at the request of the patient”. We recommend a stronger statement referencing this terminology. Stating “this is the term often used” implies that other terms are equivalent to “physician-assisted dying”. Using multiple terms could lead to confusion.

- Line 69 - states , “At this time, the College advises that Ontario physicians should only provide physician assisted death to residents of Ontario, who are insured under the Ontario Health Insurance Plan (OHIP).” This statement does not account for reciprocity between facilities that cross provinces and territories when patients who have no access to services in their area may need to receive services in Ontario.

- Stage 1 – First Request states, “The patient makes the first request for physician-assisted death to the attending physician.” In practice, it is likely that the first informal request could be received by another member of the health care team (e.g., nurse, social worker, unregulated care provider). It is suggested that the guidance document acknowledge and incorporate the potential for informal requests to come to the attention of the attending physician. Also, it may be beneficial to clarify that the statement at Stage 1 that refers to the first request as an entry point to access PAD support is made directly to the physician.

- Stage 3 – bullet three refers to two peer reviewed journal articles that physicians may wish to consult. Although these are two examples of protocols physicians may use, we recommend stating that physicians should use the best available evidence to support their clinical decision making (the first statement in this paragraph only refers to exercising professional judgement). This would account for emerging evidence that is not included in your document.

Q. 2 Are there issues not addressed that should be addressed even in the interim?

If so, what are they?

It is recommended the following issues be addressed:

- Clarify that delegation of physician-assisted dying is not permissible at this time.

- Line 98 - “The patient must understand and appreciate the certainty of death upon taking…”. It is implied that the client can self-administer the medication to end their life. It would be beneficial to clarify if the physician must be present at the time of death. Also, if the client is self-administering it is not clear how they will obtain the medication or what will happen to unused medications following death.

- Who is accountable for pronouncing death and completing the certificate of death?
- If the physician does not have to be present at the time of death, there should be processes to deal with an unsuccessful attempt to end life or any unintended consequences.

Q.3 Are there other ways in which the draft interim guidance document should be improved?

- Line 210 - “Sample Process Map”. The word “sample” may be interpreted to mean that the requirements in the steps in the process are not binding. Perhaps using the term “interim” (e.g. Interim Process Map) may be stronger.
- Stage 1 - Second request, bullet three advises that a number of people should not witness the written request. Instead, perhaps have a statement that describes what you are trying to achieve with this. For example, “To ensure the best interests of the patient and remove bias the following should not act as witnesses ...”. The list could be used for examples.