January 12, 2016
College of Physicians and Surgeons of Ontario
Interim Policy on Physician Assisted Dying

RE: Feedback – Interim Policy on Physician Assisted Death

Hamilton Health Sciences applauds the leadership shown by the CPSO early on in the process of adapting to recent decisions by the Supreme Court of Canada. As demonstrated by the response to the Interim policy clearly this is a challenging task of balancing many factors.

By way of background, Hamilton Health Sciences (HHS) is the only hospital system in Ontario providing specialty care to people throughout the entire life cycle, from pre-birth to old age. HHS serves the densely populated south central region of Ontario and is also a referral centre for patients from elsewhere in the province. With six hospital sites, HHS has the largest hospital-based workforce in Ontario - 15,000 staff, physicians and volunteers.

In addition to providing excellent patient care, Hamilton Health is also an international leader in hospital-based research and is recognized as one of the top two healthcare research institutions in Canada. That research extends specifically to End of Life care and recently several projects on the readiness and needs of our staff related to Physician Assisted Death (PAD).

We have several items related to the Interim policy we would like the College to consider.

1) Section 4.C Contentious Objection. We have heard clearly from our physicians concerns about the “requirement” to provide an effective referral to a provider willing to provide PAD. There are 2 main considerations:
   a. Knowledge about referral pathways and ‘willing providers’ is not reasonably accessible to physicians (or patients).
   b. An appropriate balance of the rights of patients to access PAD and of physicians to contentiously object to PAD will require novel methods for referral and access to be created. A capacity for self-referral, centralized information about access, and alternatives could be provided through a central body (i.e. the CPSO, hospitals
or LHINs). Access to accurate, high quality information and continuity of care could be ensured in this way. The Collège des médecins du Québec has supported this as an appropriate alternative to the CPSO current opinion.

2) There are concerns about the Process Map and requirements.
   a. Required 15 days waiting period is arbitrary and not patient specific. There are times when waits of longer or shorter than 15 days would be in the best interest of the patient. We suggest this be left open-ended and include only a requirement of “a second request separated in time based on the best interests of the patients clinical needs”.
   b. The criteria for witnesses is stringent to the point of excluding patients who, due to social isolation or cultural taboo may not have a non-family, non-physician, non-employee acquaintance capable of complying with the policy. Healthcare professionals and family members being critical supports for many patients ought to be included in this process or the requirement for a witness be reconsidered in its entirety. The requirement for 2 medical opinions, separated in time, is a sufficient and reasonable safeguard.

Recently, the Collège des médecins du Québec in conjunction with Ordre des pharmaciens du Québec and the Ordre des infirmières et infirmiers du Québec produced a very thorough and reasonable policy dealing with Physician Aid in Dying. We encourage the CPSO to review this document in particular during your deliberations.

Thank you for the opportunity to provide feedback on this important policy document.