College of Physicians and Surgeons of Ontario  
80 College Street  
Toronto, Ontario  
M5G2E2

Attention: Policy Department

Re: CPSO Interim Guidance on Physician-Assisted Death

The Board of Directors of the Ontario Long Term Care Physicians has discussed the CPSO Interim Guidance on Physician-Assisted Death. Based on our discussion and questions we have received from our members, who are attending physicians and medical directors in LTC homes, we would like to see changes to the section of the document on Conscientious Objection.

The CPSO has chosen to import into this document a general policy on conscientious objection, without considering whether a referral is necessary for a patient to access physician-assisted death.

The comprehensive regime to govern provision of physician-assisted death in the province does not yet exist. That, however, is not a reason to oblige physicians to do a referral when the availability of the service is not clear. The requirement for a referral would be viewed by some physicians as making them complicit in provision of a service which they have a moral objection to. A referral is a request made to another physician for provision of investigation or treatment; agreement with the request is implied in the act of referring.

We do not think that a referral should be necessary at all, since the assessment of the patient for this service, including consideration of risks, benefits, and alternatives, is the responsibility of the provider. The attending physician in a nursing home is obligated to explain all of the palliative care options. After discussion with their attending physician, if the resident wishes to explore or have a physician-assisted death, they should inform the facility of this request. The facility could then arrange for access, or the options for access to physician-assisted death may be then given to the patient for them to access directly. The physician could provide medical history and other relevant information to the physician/facility providing physician-assisted death, but not a referral.

It is entirely possible that physician-assisted death will not be available in long term care homes where all of the attending physicians have a conscientious objection to provision of the service. This is particularly true in smaller communities, where there may not be any physicians willing to take this on. If they have no one to refer to in their community, what are they supposed to do? Just as a physician should not be forced to kill a patient, a group of physicians cannot be forced to do so either.