



CSPCP submission to CPSO Consultation on MAiD and  
Professional Obligations & Human Rights policies

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Palliative care strives to alleviate suffering but does not intentionally end life. It is internationally and nationally recognized as a practice distinct from MAiD (1-10). Palliative care physicians have long been on the forefront of navigating requests for hastened death as part of the work we do to provide support for persons facing life-limiting and life-threatening diagnoses.

Since legalization of assisted death in 2016 as Medical Assistance in Dying (MAiD), the Canadian Society of Palliative Care Physicians (CSPCP) has worked carefully to understand, navigate and articulate the complexities of the clinical and ethical-legal environments around MAiD and its impact on palliative care.

The CSPCP has developed several key documents on MAiD and palliative care that have relevance to your current CPSO consultation, including:

- [Key Messages on Assisted Death 2015](#),
- [Key Messages on MAiD and Palliative Care 2019](#),
- [Joint Statement by the Canadian Hospice Palliative Care Association and Canadian Society of Palliative Care Physicians on MAiD and Palliative Care](#),
- [Submissions to the House of Commons and Senate committees studying Bill C7](#).

We would like to highlight 4 important issues from this body of work that we hope you will take into consideration to revise the CPSO policies on MAiD and Professional Obligations and Human Rights. These issues significantly impact our roles and ability to maintain our professional integrity as palliative care physicians and have implications for the safety of our patients. They include:

1. MAiD is a health care system responsibility.
2. Physicians must have their conscience rights protected.
3. MAiD must be a patient-initiated request.
4. MAiD and palliative care are distinct practices.

**1. Medical Assistance in Dying is a health care system responsibility.**

MAiD needs to be a responsibility of the health care system, rather than the responsibility of individual practitioners, with a separate and parallel system to provide awareness, information, counselling and linkages to the appropriate service(s) that can be directly accessed by patients, families, non-medical health care professionals and institutions, without the requirement of a referral. Other provinces in Canada have taken this into consideration and have systems that work. The Alberta and Manitoba systems for MAiD coordination are examples of such systems. If a patient requests information on MAiD, a physician can readily fulfill their professional obligations to the patient by ensuring they have information to understand MAiD and how to access it if they wish to pursue it.

**2. Physicians must have their conscience rights protected.**

Physicians who do not wish to participate directly or indirectly in MAiD should have their integrity and fundamental freedoms, including freedom of conscience, protected. Although conscience is often simply portrayed as “for” or “against” MAiD, in practice it is much more nuanced. Each individual physician may have inherent values, grounding professional expertise, and moral beliefs that determine their level of participation or non-participation which must be respected.

Objections to MAiD are not solely a matter of personal views. Many doctors may not think MAiD is indicated from a professional medical perspective when other evidenced-based options have not been tried or are not truly accessible. In addition, MAiD goes against the core philosophy and goals of palliative care which sees dying as a normal part of life and does not intend to hasten death. Thus, for many palliative care physicians, objections to participating in MAiD are a result of their grounding medical expertise and are a matter of professional integrity not personal views.

The CSPCP supports the need for an effective CPSO policy that provides meaningful conscience protection for physicians with respect to MAiD. Physician conscience protection is supported by the Ontario Medical Association and the Canadian Medical Association.

### **3. MAiD must be a patient-initiated request.**

To safeguard against any possibility of subtle or overt pressure on patients, physicians should not initiate a discussion about MAiD or suggest the option of MAiD unless brought up by a patient. The expectation that physicians introduce MAiD in the absence of a request from a patient, may be all that is needed to push that patient to choose MAiD. In Canada, we have seen many examples in the media, and firsthand testimonies presented to parliament, of Canadians who felt pressured to pursue MAiD by a healthcare professional suggesting it.

In other jurisdictions where physician assisted death is legalized, this risk of coercion due to the power imbalance and differential of expertise present in the physician-patient relationship is addressed directly in the law or policy regulating assisted death. For example, in Victoria Australia, legislation states that a healthcare practitioner must not initiate a discussion or suggest assisted death (MAiD) to a patient, precisely because of the risk of coercion (11).

Given that regulation of MAiD in Canada falls under Federal Criminal Code exemption but physician regulation is provincial under medical regulatory authority jurisdiction, we urge the CPSO to set policy that reduces the harm to vulnerable patients who may feel pressured to choose MAiD by requiring discussions about MAiD to be *patient-initiated*.

### **4. MAiD and palliative care are distinct practices.**

Provision of MAiD is a practice distinct from the provision of palliative care.

Palliative care must remain distinct from MAiD to ensure clarity and to avoid the risk of confusion and the potential for people to refuse palliative care services. This does not, however, preclude people who contemplate, request, or opt for MAiD from receiving palliative care. This is particularly vital for people in communities that have an underlying distrust of the healthcare system who decline palliative care because they may confuse it with MAiD.

The CSPCP strongly advocates for the prioritization of, adequate investment in, and enhancement of palliative care services as a separate service from MAiD. Without access to high quality palliative care, some patients who are suffering may feel that MAiD is their only option because their suffering has been inadequately addressed or they perceive that they are an excessive burden.

## References:

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