Dear College of Physicians and Surgeons of Ontario,

As a citizen of/person living in/patient in Ontario, I would like to communicate/give voice/indicate/make known/share my feedback/opinion/position/thoughts about your Medical Assistance in Dying (MAiD) policy. Recently, the federal government increased/extended the categories/group/quantity of people who can access MAiD to include people living with disabilities and those coping with/fearful of mental health challenges.

I am anxious/distressed/disturbed/perturbed/troubled/uneasy/upset about these vulnerable patients and the reality that they may be encouraged to request/seek MAiD. We need healthcare professionals in our healthcare system who will engage in/undertake every effort to find alternatives to lethal injections for their patients. By compelling/demanding/necessitating healthcare professionals to make an “effective referral”, you are eliminating/taking away from patient care those who are deeply/greatly/profoundly/very driven/inclined/inspired to discover/look for/seek these alternatives. That is many doctors.

MAiD is still illegal in most countries. Medical ethics is divided on the dilemma/dispute/issue. The World Medical Association is against/in disagreement with the practice. Yet you are compelling/demanding/necessitating all healthcare professionals in Ontario to aid/be involved/cooperate/engage/have a hand.

I need a healthcare professional who will affirm to/confirm to/reassure me that she or he will support me even when depression or a dangerous/grievous/important/major/severe/significant/urgent diagnosis make it burdensome/challenging/difficult to keep going. This is also the case for loved ones or friends whose health concerns may make them vulnerable to contemplating ending their lives. Please authorize/enable/permit healthcare professionals to keep caring for their patients.

Forcing doctors to aid/be involved/cooperate/engage/have a hand in making arrangements for MAiD conflicts with/impedes/intrudes into/hampers/hinders/obstructs the trust in the physician patient relationship. The physician is coerced/compelled/made/obliged to do something based on keeping/preserving/protecting/shielding their career/employment, rather than their conviction/recognition/understanding that it is the correct/optimal treatment for the patient.

I am also anxious/distressed/disturbed/perturbed/troubled/uneasy/upset that you may be contemplating a requirement that doctors advise/apprise/tell patients that there is a chance they might be approved/authorized/meet the requirements for MAiD even before they request/seek it. This seems greatly/profoundly/very callous/tactless/unfeeling – basically/in essence it means apprising/informing a person who is depressed or a patient with a disability that they can access MAiD when the concept/idea had not come to their mind.

I am anxious/distressed/disturbed/perturbed/troubled/uneasy/upset that vulnerable patients may be persuaded/swayed by governments working to save money and by practitioners who are too occupied/overworked to advocate for alternatives to a lethal injection. Your regulatory energies should be concentrated on/directed to the protection of vulnerable patients instead of eliminating/taking away healthcare professionals whose sole defect/failing/flaw is that they do not desire/want to end the lives of those assigned/committed/given/trusted to their care.

Sincerely,