To Whom it May Concern:

Thank you for the opportunity to respond to the CPSO Policies on MAiD, Professional Obligations and Human Rights Policies. In providing this response, it is important to reiterate the fundamental opposition that Catholic health care has to “MAiD” in general as well as to Bill C-7 specifically. This opposition remains a starting point for our response to the CPSO policies. As such, our response endorses the Catholic Health Alliance of Canada’s statement of March 17, 2021 regarding Bill C-7 below.

“Catholic health care has a long-standing moral tradition of compassionate care that neither prolongs dying nor hastens death. Catholic health care promotes the dignity of the person and is founded on the belief that all life is sacred.

There is an essential ethical difference between allowing death to occur and intentionally ending a person’s life. Catholic health organizations do not provide medical assistance in dying (“MAiD”) because it is not in keeping with our fundamental values, ethical guidelines, mission, and religious purpose. Bill C-7 does not change this position, and in fact calls us to be more diligent about the obligation of Catholic health care to serve vulnerable populations and to address issues of systemic inequalities particularly at the end of life.

We respond to any patient who has questions about physician assisted death with compassion and sensitivity, without discrimination or coercion to understand their situation and motivation. We witness to the fact that “MAiD” is not the only option and, in adhering to the importance of informed consent, we continue to engage in conversations with patients in our care and ensure that any underlying issues such as pain management, psychological, or spiritual concerns are addressed by the appropriate members of the health care team such as palliative care, chaplains, and psychologists.

We stand in solidarity with the Canadian disability-rights community in denouncing Bill C-7 as an affront to the equality of rights of people with disabilities. As a society, we have a duty to protect those amongst us that are most vulnerable, and ensure they have a voice. We can and must do better.

Catholic health care will continue to offer leadership in the development, delivery, and
equitable access of excellent palliative and end-of-life care across Canada.”

In keeping with the commitment of Catholic Healthcare to palliative care. We also endorse the March 31, 2021 response of the Canadian Society of Palliative Care Physician to the CPSO policies wherein they highlight four important issues for consideration:

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
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.”
No doubt there may be more specific clinical issues which individual physicians and institutions will be raising in their individual responses to CPSO.

Thank you again for the opportunity to engage in this important dialogue.