



Canadian Critical Care Society

THE VOICE OF CRITICAL CARE

20 Crown Steel Dr. Unit 6
Markham, ON L3R 9X9
Phone: 905-415-3917
Website:
www.canadiancriticalcare.org

August 24, 2022

To Whom It May Concern,

RE: The revision of the College of Physicians and Surgeons of Ontario's (CPSO) policy on Decision-Making for End-of-Life Care

We are writing to provide input into the revision of the College of Physicians and Surgeons of Ontario's (CPSO) policy on *Decision-Making for End-of-Life Care*, which replaces the current *Planning for and Providing Quality End of Life Care*. The Canadian Critical Care Society (CCCS) is the National Specialty Society, representing Adult and Pediatric Critical Care Medicine clinicians across Canada. Our mission is to promote and enhance Critical Care Medicine in Canada. We espouse the philosophy of collaborative multidisciplinary practice to promote excellence in Critical Care research, education, and patient care.

Although this policy covers many aspects of end-of-life care, most of the discussion regarding the policy has focused on disputes around provision or non-provision of Cardiopulmonary Resuscitation (CPR) and life sustaining measures. As the voice of critical care practitioners, and specifically critical care physicians, the CCCS is keen to provide input into any current or future revisions of this policy, as they directly impact our mission and care providers.

As part of the initial consultation conducted last year by the CPSO, we submitted a letter that included three suggestions for the revised policy.

- Revise the policy to allow physicians to write orders that reflect the care they intend to provide (i.e., a "No CPR order") and to be clear about therapies that will not be offered.
- An effective, fair, transparent and timely mechanism to resolve disputes about the appropriateness of CPR and life-sustaining measures for individuals who are nearing the end-of-life. Our current mechanism includes the Consent and Capacity Board and the courts. Past experiences have clearly highlighted that these mechanisms are not well-suited to addressing these important questions pertaining to medical standards in a timely manner.



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- A policy option to include the offering of a clearly defined ‘trial of critical care therapy (ies)’ for specific cases. This option would simultaneously allow clinicians to respond to requests for life-sustaining measures for individuals who are nearing the end-of-life and align with the Healthcare Consent Act. Moreover, this option would allow clinicians to offer a limited trial of life-sustaining therapy as a compromise to resolve disputes that cannot be resolved before the patient either dies or is admitted to an ICU with the expectation of receiving full critical care support.

We recognize that the revised policy adopted our first suggestion but did not include the second and third suggestions. We note that the timing of the written order in this draft policy - i.e. whether it should occur before or after communicating with the patient/family - depends on whether resuscitation would be considered medically futile or simply not justifiable on the basis of a risk-benefit analysis. The distinction between these two situations may not always be clear and a physician, acting in good faith in making a clinical judgement regarding medical futility, may write an order regarding resuscitation prior to communication with the family, only to later acquire further knowledge that would have changed this judgement.

We recognize that the development of a new dispute-resolution mechanism (to replace the CCB and the courts) would involve complicated and unprecedented policies whose development would require the active participation of politicians and public stakeholder groups. Since they could not readily be achieved by the CPSO alone, we understand why the CPSO chose not to incorporate these suggestions. However, we wish to underscore our commitment to working with the CPSO to develop a policy that enshrines the ‘trial of critical care therapy(ies)’ for cases of genuine prognostic uncertainty. When the pandemic circumstances allow, we feel that our membership, the public and all other stakeholders would benefit from this development.

Canada, and specifically Ontario, has been at the centre of several end-of-life medico-legal discussions over the past two decades. From our Healthcare Consent Act, to discussions around withholding and withdrawal of life sustaining measures, implementation of Medical Assistance in Dying and conscientious objection, and most recently to triaging critical care resources in a pandemic, Ontario has been a world leader in establishing innovative and transparent law and policy in all of these areas. We applaud the revised policy developed by the CPSO for placing a heavy emphasis on transparent and open communication while still ensuring that physicians are able to provide care that respects the limitations of life-sustaining measures.



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We also appreciate that physicians will be able to write orders limiting CPR when appropriate, so that other physicians and allied health professionals are able to provide care that respects the limited role of resuscitation in the care of patients who are nearing the end-of-life.