ASSOCIATION MÉDICALE CANADIENNE — CANADIAN MEDICAL ASSOCIATION

October 1, 2009

Ms. Francine Lalonde, MP
Member of Parliament
La Pointe-de-l'Île
House of Commons
Ottawa, ON K1A 0A6

Canadian Medical Association comments on Bill C-384

Dear Madame Lalonde:

The Canadian Medical Association (CMA) has been following with great interest and concern the progress of your Private Member's Bill C-384, *An Act to amend the Criminal Code (Right to die with dignity)*,in the House of Commons. We note this is the third Parliament in which this Bill has been introduced with the stated purpose of allowing a medical practitioner, subject to certain conditions to aid a person…to die with dignity once the person has expressed his or her free and informed consent. CMA's policy on this matter is clear: "Canadian physicians should not participate in euthanasia or assisted suicide."

As stated in our policy (attached), euthanasia and assisted suicide must be distinguished from the withholding or withdrawal of inappropriate, futile or unwanted medical treatment or the provision of compassionate palliative care, even when these practices shorten life. The CMA does not support euthanasia or assisted suicide and urges our members to uphold the principles of palliative care. Euthanasia and assisted suicide are opposed by almost every national medical association and prohibited by the law codes of almost all countries.

While our policy also makes it clear that "it is the prerogative of society to decide whether the laws dealing with euthanasia and assisted suicide should be changed," several concerns must be addressed before this can take place. These include:

1. **Adequate palliative-care services must be made available to all Canadians.** In 1994, our members approved a motion calling on Canadian physicians to uphold the principles of palliative care. The public has clearly demonstrated its concern with our care of the dying. The provision of palliative care for all who are in need is a mandatory precondition to the contemplation of permissive legislative change. Efforts to broaden the availability of palliative care in Canada must be intensified.

2. **Suicide-prevention programs should be maintained and strengthened where necessary.** Although attempted suicide is not illegal, it is often the result of temporary depression or unhappiness. Society rightly supports efforts to prevent suicide, and physicians are expected to provide life-support measures to people who have attempted suicide. In any debate about providing assistance in suicide to relieve the suffering of persons with incurable diseases, the interests of those at risk of attempting suicide for other reasons must be safeguarded.

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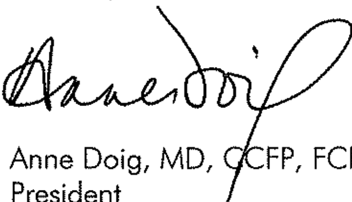
3. **A Canadian study of medical decision-making during dying must be undertaken.** We know relatively little about the frequency of various medical decisions made near the end of life, how these decisions are made and the satisfaction of patients, families, physicians and other caregivers with the decision-making process and outcomes. Hence, a study of medical decision-making during dying is needed to evaluate the current state of Canadian practice. This evaluation would help determine the possible need for change and identify what those changes should be. If physicians participating in such a study were offered immunity from prosecution based on information collected, as was done during the Remmelink commission in the Netherlands, the study could substantiate or refute the repeated allegations that euthanasia and assisted suicide take place.

4. **Consideration should be given to whether any proposed legislation can restrict euthanasia and assisted suicide to the indications intended.** Research from the Netherlands and Oregon demonstrate that a large percentage of patients who request aid in dying do so in order to maintain their dignity and autonomy.

If euthanasia, assisted suicide or both are permitted for competent, suffering, terminally ill patients, there may be legal challenges, based on the Canadian Charter of Rights and Freedoms, to extend these practices to others who are not competent, suffering or terminally ill. Such extension is the "slippery slope" that many fear.

CMA's policy was developed to help physicians, the public and Parliamentarians participate in any re-examination of the current legal prohibition of euthanasia and assisted suicide and arrive at a solution in the best interests of all Canadians. CMA supports enhancing access to palliative care and suicide prevention programs, undertaking a study of medical decision-making during dying and a fulsome public debate on this issue, however, we cannot support Bill C-384.

Sincerely,



Anne Doig, MD, CCFP, FCFP
President

cc: All Members of Parliament
Provincial/Territorial medical association presidents

Enclosure: (1)