North Simcoe Muskoka Hospice Palliative Care Network

Position Paper on Euthanasia, Medical Aid in Dying or Physician-Assisted Suicide

Our Position:

"Euthanasia, physician-assisted dying or assisted suicide is not considered a part of the practice of hospice palliative care."[i]

Purpose of this position:

- To promote the distinction between euthanasia and palliative care in any future legislation
- To provide reliable information to the public about this increasingly divisive topic
- To ensure that high quality, palliative care remains available
- To reduce fear about end-of-life pain and suffering
- To encourage discussion and planning around end of life (advance care planning)

Background:

- 90% of people will die after a period of declining health that may last days or years. All of these people require high quality palliative care. In the event that euthanasia is legalized, the small minority of people choosing to access it will still require good palliative care, which will improve quality of life between diagnosis and death.
- If euthanasia becomes part of the palliative care service system, people who are opposed to euthanasia may be fearful about obtaining palliative care.
- Euthanasia will not reduce the need for palliative care.

Euthanasia in the News:

Increasingly, Euthanasia, under many different names has been in the news. Most significantly:

- June 2011: BC Supreme Court granted an exemption on the ban on assisted suicide to Gloria Taylor; allowing her to pursue euthanasia
- September 2013: Dr. Lowe makes a public plea to legalize assisted suicide
- January 2014: Supreme Court of Canada has agreed to hear an appeal of the 1993 Rodriguez case which upheld the ban on assisted suicide.
- June 5, 2014: Quebec passed Bill C-52 legalizing "Medical Aid in Dying" as part of "An Act Respecting End-of-Life Care".

Issues:

1. Quebec's Bill 52 includes euthanasia as part of palliative care; in fact the bill is titled "An Act Respecting End-of-Life Care." This may prevent people from accessing high quality palliative care if they fear that palliative care will include euthanasia.
2. Bill originally 52 required palliative care units and Hospices to participate in euthanasia. This would create fear for people who wish to die naturally; may create funding issues if donors do

not wish to contribute to euthanasia and may be traumatizing to staff who are morally opposed to euthanasia.

3. Discussion about euthanasia often paints a picture of people dying in agonizing pain. This creates fear. In fact, almost all symptoms can be managed at end of life.
4. People view euthanasia as an alternative to palliative care. However few people will receive a diagnosis and immediately opt for euthanasia. Most people will benefit from good palliative care from the time of diagnosis through death.

Definitions:

"Euthanasia" is the deliberate act undertaken by one person with the intention of ending the life of another person in order to relieve that person's suffering.[ii] Currently euthanasia is legal in the Netherlands, Belgium, and Luxembourg.

"Assisted suicide" is the act of intentionally killing oneself with the assistance of another person who provides the knowledge, means or both.[iii] Assisted suicide is legal in Switzerland, Germany, Albania, Colombia, Japan and in the US states of Washington, Oregon, Vermont, New Mexico and Montana.

"Cessation of Treatment" is the discontinuation of treatment for a disease. The treatment could be in the form of medication, such as discontinuing medication for heart disease; a machine such as receiving dialysis or ventilation or other treatment such as chemotherapy or radiation. Cessation of treatment is currently legal in all parts of Canada. Competent people are entitled to cease treatment or to refuse treatment; even where that treatment could prolong life.

"Do Not Resuscitate" (DNR): An order not to perform CPR or ACLS in the event the patient stops breathing or his/her heart stops beating. DNR orders are legal in all parts of Canada.

"Advanced Care Directive" (or Advance Care Plan): A written direction regarding the extent to which the individual wishes life-sustaining treatment. A Directive would be used only if the person was not competent to make a decision.

"Palliative Sedation" is the intentional lowering of a patient's level of consciousness in the last days of life. It involves the proportional and monitored "use of sedative medications to relieve intolerable suffering from refractory symptoms by a reduction in patient consciousness". (5) The patient experiences symptom relief until death occurs by the natural course of the underlying disease, usually within hours to days.[iv]

Hospice palliative care is the active total care of patients whose prognosis is limited due to progressive, far-advanced disease. Its purpose is to relieve suffering and to help patients live as actively as possible, enhancing quality of life, neither hastening nor postponing death. [v]

Let's Talk About Palliative Care First:

A good death addresses the following four dimensions:

1. **Physical** (pain control, breathing, fatigue, bedsores),
2. **Spiritual** (accepting death, doing a life review, seeing meaning on one's life, finding peace),

3. **Social** (being conscious; communicating with family/friends, care workers; communicating needs, wishes; sharing thoughts, feelings; having closure; saying farewell; a quiet, private atmosphere) and
4. **Emotional/psychological needs** (accepting help; not being a burden; being peaceful; having self-esteem; enjoying simple pleasure by releasing hope by gaining peace; making choices." [vi]

Palliative care addresses all four dimensions.

Virtually all end-of-life symptoms can be managed with high quality palliative care.

Palliative care does not attempt to extend or to shorten life. Its goal is to maximize the quality of life of individuals for as long as possible.

Currently, in Canada, people have the right to refuse treatment that is intended to extend life. They may discontinue medications.

End-of-life planning:

End-of-life planning should include directives about whether or not to continue and/or implement life-sustaining treatments including medications; technology and resuscitation.

People should be clear with a substitute decision-maker about their wishes regarding continuing long term life-extending medications (for example diuretics); introducing potentially life-sustaining medications (i.e. antibiotics) use of mechanical life support (for example dialysis) as well as about resuscitation under specific circumstances.

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[i] Let's Talk about Hospice Palliative Care First

[ii] http://www.parl.gc.ca/content/lop/researchpublications/2011-67-e.htm#a1

[iii] http://www.parl.gc.ca/content/lop/researchpublications/2011-67-e.htm#a1

[iv] http://www.fraserhealth.ca/media/RefractorySymptomsandPalliativeSedationTherapyRevised_Sept%2009.pdf

[v] http://www.who.int/cancer/palliative/definition/en/

[vi] http://ontarioseniors.blogspot.ca/2013/09/hospice-palliative-care-helps-loved.html