



Catholic Health Alliance of Canada
Alliance catholique canadienne de la santé

Physician-Assisted Death Position Paper October 2015

Introduction

The Catholic Health Alliance of Canada is comprised of 12 organizations. Together, these organizations sponsor 110 Catholic hospitals, community health centres, nursing homes, and long-term care facilities across Canada. These organizations operate almost 18,000 care beds; employ over 60,000 staff with operating budgets in excess of \$6 billion. More information, including its mission, vision and values, is attached as Appendix “A” to this document.

The Alliance has prepared this paper on physician-assisted death to provide information to member organizations, our partners in our various communities, and to other individuals and groups who have questions and grave concerns for the citizens of Canada surrounding this issue. We are opposed to, and will help in advocating to minimize the harm posed by, physician-assisted death.

This paper will form the basis for any of the Alliance’s advocacy efforts, including submissions to officials and panels, or other similar processes put in place to address this matter.

Background

As an intervener, the Alliance set out its position against physician-assisted death to the Supreme Court of Canada, and our organization will continue to advocate this position. Nevertheless, on February 6, 2015 the Supreme Court of Canada struck down Criminal Code provisions prohibiting physician-assisted death. In their decision they stated that the provisions infringed on the right to life, liberty and security of the person under Section 7 of the Canadian Charter of Rights and Freedoms (*Carter v. Canada*).

Parliament was given a year to draft legislation. If that does not happen, and an extension is not applied for and granted then:

- The decision allows physician-assisted death for competent adults who clearly consent to the termination of life and who have a “*grievous and irremediable medical condition that causes intolerable and enduring suffering*”.
- The decision provides for physicians to assist but does not obligate them to hasten the death of a patient who is dying.

Summary of the Alliance's Position

In summary, the Catholic Health Alliance of Canada:

1. Believes that, as Catholic health care providers, the deliberate taking of a human life goes against the dignity of the human person. It violates the foundational principle of right reason and the belief that all human life is sacred. Neither providing nor participating in assisted death aligns with the principles and values of Catholic health care, as set out in the *Health Ethics Guide*. The Guide is fundamental to respecting our core beliefs and values while outlining the ethical framework for the provision of the health care service we offer to Canadians.
2. Expects that Catholic health organizations will not participate in physician-assisted death – in any form and under any title.
 - a. As indicated previously, it is not in keeping with our fundamental values as well as the *Health Ethics Guide*, which provides direction in ethical matters.
 - b. In most jurisdictions, Catholic health organizations across Canada have agreements in place with funding agencies that provide exemptions from delivering a particular health service that does not respect the philosophy or ethics of our Catholic tradition.
3. Believes that supporting individuals who are in the dying process, their family members and health care workers is our privilege and moral obligation. We believe that professional palliative care makes this possible, not by prolonging life at all costs, but by respecting the rights of patients and families to:
 - a. Make informed decisions about their end-of-life care.
 - b. Decline or cease life-sustaining interventions they deem overwhelming or too burdensome.
 - c. Receive effective pain management to relieve the pain and other physical symptoms of illness.
 - d. Have access to high-quality palliative care and hospice care that encompasses support for the physical, spiritual, emotional and psychological dimensions of the end-of-life experience.

Access to effective end-of-life care including palliative care will require changes throughout the system. Catholic health organizations have been pioneers in this area and will continue to offer leadership in the development and delivery of effective palliative care across Canada. It is our belief that palliative care does not include physician-assisted death.

4. Insists that the conscience and religious freedom of health care providers (individuals and organizations) must be protected. While the Supreme Court decision does not obligate individuals to participate, it is imperative that any legislation or regulation around this issue specifically protect and respect the decision of health care providers (individuals and organizations) to not be involved in physician-assisted death or euthanasia on the basis of conscience or religious convictions.
5. Advocates to minimize the harm that physician-assisted death will create for:
 - a. Patients/residents/clients in the health care system – Access to physician-assisted death must have restrictions to limit its harm. Those vulnerable and disabled in our care must never feel threatened into making such a decision. Those in our care who are considering physician-assisted death, as an option, must not be abandoned.

- b. Health service providers – physicians, nurses, other providers – They must never be coerced or in any way compelled to be involved in any form of physician-assisted death if it contravenes their conscience or religious convictions.
- c. Health service organizations – Any institution that offers health services, whether publicly funded or not, must never be coerced or compelled to be involved in any form of physician-assisted death if it contradicts their stated institutional values and mission.
- d. Society – If physician-assisted death is to be made available in Canada, it must be strictly limited to reduce the harm it will cause to society in general through the inevitable diminishment in respect for the value and dignity of human life at all stages.

In Appendix “B” there are some suggested provisions that have been made to the Alliance to limit the harm of physician-assisted death. The Alliance believes physician assisted death should not occur, however these specific provisions may reduce the harm to the above noted groups. They are not endorsed by the Alliance but are included for discussion and consideration when faced with the reality of decriminalization of physician-assisted death in Canada.

Basis for Advocacy

The members of the Alliance are all officially connected to the Catholic Church through various governance structures. Therefore, the Alliance’s engagement through advocacy with the government must not be interpreted as our being complicit in the legalization of euthanasia and physician-assisted death. It is rather an attempt to limit the harm that will come from the legalization of assisted death. The Alliance has no intention of becoming directly involved in specific negotiations around the terms under which physician-assisted death may be provided or in the drafting of guidelines and regulations for it to occur anywhere in Canada.

Advocacy

The Alliance strongly supports the notion that more time is required in responding to the decision of the Supreme Court. It has been suggested that additional time to engage Canadians could be achieved through:

- Invoking the “notwithstanding clause”.
- Seeking an extension of the one-year timeframe that the Supreme Court set out in its decision.

The Alliance will make its views known to the:

- Federal expert panel that has been established to study this matter. The Alliance has been invited to present to the Panel, as it was an intervener in the Supreme Court case.
- Provincial-Territorial Expert Advisory Group that is gathering information relative to the implementation within the health system.
- Federal officials following the federal election.

The Alliance encourages member organizations, affiliated organizations, and individuals to advocate through their own channels to inform and educate the citizens of Canada on the harm of physician-assisted death. It also encourages those organizations to advocate for the development of legislation and regulations to protect the rights of vulnerable groups in society and health care providers (individuals and organizations).

Summary

The Catholic Health Alliance of Canada has grave concerns over the legalization of physician-assisted death, in any form, in our Canadian society. Our first concern is for the safety and security of our current and future patients, residents, clients and their families. We are also concerned for providers of health services – that their legitimate autonomy is not compromised in the rush to implement the Supreme Court’s ruling on this matter.

Appendix “A”

Catholic Health Alliance of Canada

Organizational Information

The Alliance is comprised of 12 Sponsor* organizations. Together, these organizations sponsor approximately 110 Catholic hospitals, community health centres, nursing homes, and long-term care facilities throughout Canada.

Mission

Inspired by the Gospel and grounded in shared beliefs and values, the Alliance is a forum for Catholic health and social services Sponsors in Canada, to exchange ideas and develop shared strategic initiatives that support their ability to strengthen the healing ministry of Jesus.

Vision

We are called upon to lead, collaborate, innovate and influence to improve health care in Canada and serve where the needs are greatest – especially the poor, vulnerable and marginalized.

Values

Spirituality: Together we recognize and nurture the God-given creativity, love, and compassion that dwell in each of us.

Fidelity: Together we foster and strengthen the long tradition of Catholic health care in Canada in new and complex circumstances.

Solidarity: Together we work to share experiences, expertise and resources in a common commitment to Catholic health care in Canada.

Collaboration: We work in concert with others in promoting the common good, mindful of our commitment to act in communion with the Church.

Justice: Together we advocate for national health and social policy that ensures the respect and dignity due all persons.

* Definition of Sponsor / Sponsorship - “Sponsorship of a health care ministry is a formal relationship between an authorized Catholic organization [juridic person in the Church] such as a religious congregation, diocesan Bishop or the Holy See (the Vatican), and a legally formed organization entered into for the sake of promoting and sustaining Christ’s healing ministry to people in need.”

Appendix “B”

Specific Measures Suggested to the Alliance that may limit the harm caused by legislation/regulation in the implementation of physician-assisted death

The Alliance notes only those measures that are germane to its key concerns for information and discussion on specific ways to limit the harm that would occur with physician-assisted death:

1. It has been suggested that the reality of physician-assisted death should not be part of the health care system in Canada. The suggestion is that the federal government should amend Sections 14 and 241 of the Criminal Code to provide exemptions from prosecution for those assisting others with suicide. This approach has been applied in other circumstances in federal law. Detailed regulation could be established that would govern the granting of exemptions and how the resulting act would be enforced.
2. It is suggested that physician-assisted death should not be carried out in hospitals at all. This is the case in some of the jurisdictions where the practice already exists.
3. If the act of physician-assisted death is required to be offered through the health system, there are many definitions, standards and provisions that must be determined. It has been suggested that an effective way to deal with many of the related issues around such a decision is to create a central agency that would deal with requests for physician-assisted death. Having such an agency would allow patients and their families to make an informed decision and also enable those within the health care system who conscientiously object to such an act (individuals and institutions) to provide a source of information to their patients without directly referring them for physician-assisted death. It would also aid in addressing much of the misinformation currently in the public domain and permit physicians, nurses and health care workers to not violate their conscience in the transfer of care for their patients.
4. It is suggested that the process, regulations, guidelines and procedures to request physician-assisted death should be well defined and comprehensive in safeguarding the patient’s right to choose end-of-life care without coercion or duress in order to ensure their freedom and dignity. In some existing jurisdictions, patients are required to be in a defined palliative care program before they become eligible to consider physician-assisted death. It is suggested that this would ensure that individuals would have been properly assessed and provided information on alternatives to physician-assisted death in the course of their decision making.