

**Presentation by the Coalition for HealthCARE and Conscience
to Special Joint Committee on Physician-Assisted Dying (PDAM)**

February 3, 2016

His Eminence Thomas Cardinal Collins, Archdiocese of Toronto

Good evening, and thank you for allowing us this opportunity to provide input on such a profoundly important subject.

I appear today on behalf of the Coalition for HealthCARE and Conscience. Joining me is Larry Worthen, Executive Director of the Christian Medical and Dental Society of Canada.

We are like-minded organizations committed to protecting conscience rights for health practitioners and facilities. In addition to the Catholic Archdiocese of Toronto and the Christian Medical and Dental Society of Canada, our members include the Catholic Organization for Life and Family, the Canadian Federation of Catholic Physicians' Societies, the Canadian Catholic Bioethics Institute, and Canadian Physicians for Life.

I will address two issues: conscience protection for health care workers, and palliative care and support services for the vulnerable.

For centuries, faith-based organizations and communities have cared for the most vulnerable in our country, and they do so to this day. We know what it is to journey with those who are facing great suffering in mind and body, and we are committed to serving them with a compassionate love that is rooted in faith and expressed through the best medical care available.

We were brought together by a common mission:

- To respect the sanctity of human life, which is a gift of God;
- To protect the vulnerable; and,
- To promote the ability of individuals and institutions to provide health care without being forced to compromise their moral convictions.

It is because of this mission that we cannot support or condone assisted suicide or euthanasia.

Death is the natural conclusion of the journey of life in this world. As the author of the Book of Ecclesiastes wisely observed long ago: "the dust returns to the earth as it once was, and the life breath returns to the God who gave it." (Ecclesiastes 12:7) Death comes to us all, and so patients are fully justified in refusing burdensome and disproportionate treatment that only prolongs the inevitable process of dying. But there is an absolute difference between dying and being killed. It is our moral conviction that it is never justified for a physician to help take a patient's life, under any circumstances.

We urge you to consider carefully the drastic negative effects physician-assisted suicide will have in our country:

Killing a person will no longer be seen as a crime, but instead will be treated as a form of health care. According to the Supreme Court, adults at any age, not just those who are near death, may request assisted suicide. Following the lead of some European countries whose experience with assisted suicide and euthanasia we disregard at our peril, the Provincial-Territorial Expert Advisory Group has already gone beyond the restriction of assisted suicide to adults, and has proposed that children be included. The right to be put to death will, in practice, become in some cases the duty to be put to death, as subtle pressure is brought to bear on the vulnerable. Those called to the noble vocation of healing will instead be engaged in killing, with a grievous effect both upon the integrity of a medical profession committed to do no harm, and upon the trust of patients in those from whom they seek healing.

Even those doctors who support this legalization in principle may be uneasy when they experience its far reaching implications.

The strong message from the Supreme Court is unmistakeable: some lives are just not worth living. We passionately disagree.

In light of all this, it is clear that reasonable people, with or without religious faith, can have a well-founded moral conviction in their conscience that prevents them from becoming engaged in any way in the provision of assisted suicide and euthanasia. They deserve to be respected.

It is essential that the government ensure that effective conscience protection is given to health care providers, both institutions and individuals. They should not be forced to perform actions that go against their conscience, or to refer the action to others, since that is the moral equivalent of participating in the act itself. It is simply not right or just to say: you do not have to do what is against your conscience, but you must make sure it happens.

Our worth as a society will be measured by the support we give to the vulnerable. People facing illness may choose to end their lives for reasons of isolation, discouragement, loneliness, or poverty, even though they may have years yet to live. What does it say about us as a society when the ill and vulnerable in our midst feel like burdens? Often, a plea for suicide is a cry for help.

Society should respond with care and compassionate support for these vulnerable people, not with death.

Proper palliative care to date is not available to the majority of Canadians. It is a moral imperative for all levels of government in our country to focus attention and resources on providing that care, which offers effective medical control of pain, and even more importantly, loving accompaniment of those who are approaching the inevitable end of life on earth.

Larry Worthen, Executive Director, Christian Medical & Dental Society of Canada

Thank you, Cardinal Collins.

Ladies and gentlemen of the committee, His Eminence has provided you some insight into our concerns about how legalizing physician-assisted suicide or euthanasia will impact vulnerable patients.

Provided they can consent, people with disabilities such as rheumatoid arthritis, paraplegia or those with mental health problems can qualify for assisted death according to the criteria set down by the courts. Often people who have these challenges are struggling in a world of many barriers. The danger is that they will choose assisted death because of the failure of our society to provide the necessary support.

Through increased access to palliative care, disability, chronic disease and mental health services, Canada can significantly reduce the number of people who see death as the only viable option to end their isolation, their feeling of being a burden and their sense of worthlessness.

Our concern for our patients extends to our concern for conscience protection. Recently the College of Physicians and Surgeons of Ontario passed a policy requiring referral for assisted death. A referral is a recommendation or a handing over of care to another doctor on the advice of the referring physician. The requirement to refer forces our members to act against their moral conviction that assisted suicide or euthanasia will harm their patients. If they refuse to refer, they will risk disciplinary action by the College.

When a proposed practice calls into question such a foundational value of the common good of society, and a foundational value of the very meaning of a profession, a healthcare worker has the right to object. A healthcare worker does not lose their right to moral integrity just because they choose a particular profession.

In the landmark Carter case, the Supreme Court of Canada said that no physician could be forced to participate in assisted death. They also said that this was a matter that engaged the Charter freedoms of conscience and religion. It is not in the public interest to discriminate against a category of people based on their moral convictions. This does not create a more tolerant, inclusive or pluralistic society, and it is ironic that this is being done in the name of choice.

Fortunately, six other Colleges have not required referral. We have enumerated several possible options for the federal government to ensure that these Charter Rights are respected all across the country. If the federal government does not act, we are risking a patchwork quilt of regulatory practices, and a serious injustice being done to some very conscientious, committed and capable doctors.

Despite our concerns, members of our coalition will not obstruct the patient's decision, should this legislation be put in place. The federal government could establish a mechanism allowing patients direct access to a third-party information and referral service that would provide them with an assessment once they have discussed assisted death with their own doctor and clearly decided they

wish to seek it.

Our members do not wish to abandon their patients in their most challenging moments of vulnerability and illness. When we get a request for assisted death, we will probe to determine the underlying reason for the request, to see if there are alternatives for management. We will provide complete information about all available medical options, including assisted death.

However, our members must "step away" from the process allowing the patient to seek the assessment directly once they have made a firm commitment to take this path.

Like our coalition, the Canadian Medical Association has stated that doctors should not be required to do referrals for assisted suicide or euthanasia. No other foreign jurisdiction requires physician compliance in assisted death through referral.

In closing we highlight four areas of serious concern:

- The need for improved patient services, including palliative and mental health care and support for people with disabilities;
- Protection for the vulnerable;
- Provisions that physicians, nurses and other health care professionals not be required to refer for, or perform, assisted death or be discriminated against because of their moral convictions;
- Protection for health care facilities like hospitals, nursing homes and hospices who are unable to provide assisted death on their premises because of their organizational values.

Thank you for your time and consideration.