Key messages regarding PAD

Issue

Yesterday, Dec. 3rd, the Federal Department of Justice requested a 6 month extension of the suspension by the Supreme Court of Canada of the effects of its decision in the Carter v. Canada case regarding physician-assisted death. Unless an extension is granted to the deadline imposed on Parliament by the Supreme Court in Carter vs Canada, legal access to physician assisted death in Canada will be in place by February 6, 2016, whether or not new federal legislation is passed.

As a Catholic healthcare organization, Emmanuel Care recognizes that the issue of physician assisted death is complex and raises many questions. Nevertheless, Emmanuel Care is committed to remain engaged throughout this time.

Key messages

How will Emmanuel Care respond to the Supreme Court's decision on PAD and Euthanasia?

The Supreme Court ruling, while regrettable and morally problematic, is nevertheless a reality in which Emmanuel Care facilities which have consistently opposed assisted death and euthanasia, must now legally recognize. To this end, we have engaged in a series of consultations with our clinicians about how we would respond to such requests in our facilities, that neither risks abandoning the person in our care, nor abandoning clinician or organizational integrity (conscience rights; faith/morals) in the process.

What is the appropriate role for healthcare organizations like Emmanuel Care?

While Emmanuel Care facilities will care for patients who request PAD, we will not compromise our institutional integrity and actually provide assisted suicide or voluntary euthanasia. We believe that staying engaged with the patient in a non-judgmental, non-coercive way, and helping to explore the nature of a person's request for PAD is completely consistent with our moral and ethical tradition, even if we do not provide the service or directly refer for same. It is our assumption that, while a minority of patients will ever request PAD, an even smaller number of people will intend and follow through with this request. While we will never condone or participate in an activity that is deemed unacceptable from a Catholic moral perspective, we wish to propose defensible strategies seeking to minimize harm, and to engage the provincial government, regulatory bodies and others to ensure adequate safeguards are in place, without compromising our Catholic, institutional identity.

Who should govern PAD?

Ideally, having a consistent legislative approach nationally will reduce the risk of public confusion, and potential misunderstanding among providers and institutions. Otherwise different terminology, practices, and safeguards among provinces would be highly problematic. Hence, we believe that PAD should be regulated by Provincial legislative framework to ensure consistent practice and protections provincially. We do not recommend it should be left for individual physicians and patients to govern.

What eligibility criteria should be considered?

As a way of minimizing potential harm given the gravity of such a contemplated decision, we believe a cautionary approach should be taken. Therefore, we feel that under no circumstance patients who are 18 years of age or younger (the age of 18 is the age defined by The Age of Majority Act of Saskatchewan as the age at which a person ceases to be a minor) shall be considered to access PAD. Furthermore, under no circumstance should individuals who lack competency (to consent or to rescind consent) be eligible for PAD. We believe it will be a challenge to consistently define "grievous and irremediable medical condition" given the subjective nature and unique variables shaping a person's experience. This underscores that a response is required to explore, in a non-judgmental way, the nature of the person's request, and to seek to understand underlying needs/concerns that may be inherent but potentially remaining unaddressed. Engaging these conversations with patients will require discernment and a reflective stance.

What safeguards should be in place?

It is our assumption that the verbalization of a request may not necessarily connote an actual intent to pursue PAD, and thus it needs to be explored in a respectful and compassionate way. Physicians and health professionals best suited to respond should work with the patient to explore the nature of the person's request, disclosing all factually relevant information including access to palliative and hospice care so that a person can make a free and informed choice. At all times, these conversations should be conducted in a supportive way, without judgment or coercion. From an Emmanuel Care, and Catholic health care perspective, while there will remain moral boundaries in what we cannot provide the patient, it is our experience that respectful, open-ended conversations will often reveal much more that we can and must do to support patients.

Should there be a mandatory waiting period?

Yes, there should be a cooling off period of some reasonable time interval. We recognize that consent is a process; for some this may require multiple conversations and exploration over a longer period of time. If either the attending or consulting physician believes the patient may be suffering from a psychiatric or psychological disorder or depression causing impaired judgment, they must refer the patient for counseling. During this time of exploration, it is important the person is not abandoned and that every effort is made to seek to understand the nature of the person's request and be sensitive to other possible reasons motivating the request, and therefore, other appropriate options to offer the person if indicated.

Should physicians have the right to refuse PAD for reasons of conscience?

Yes. In keeping with our moral and ethical beliefs, we support the exercise of conscience, insofar that "the exercise of conscientious objection must not put the person receiving care at risk of harm or abandonment" (Health Ethics Guide, #165). We have a positive moral obligation to stay engaged with the patient, and to provide factually relevant information to support the process of informed consent. This may require informing the person of other options for care (HEG #165).

What resources should be provided for physicians and health professionals?

Along with resources to support conscience and legal protection, physicians and other health care providers should be provided with training to facilitate end-of-life conversations, as well as dispute resolution/mediation support. It is important providers are confident in having such value-laden discussions in which their own biases and moral boundaries will likely surface.

What resources should be provided to patients?

There already is a lack of basic public education regarding end-of-life care in general, and now with the introduction to PAD there is the added risk of confusion and misunderstanding around terminology. The current focus on developing the legislative and regulatory frameworks will definitely assist providers and institutions, but public messaging is also required to support patient and families. From an informed consent perspective, the public needs to understand the difference between palliative and hospice care with that proposed by PAD. Emmanuel Care does not and will not include PAD in its definition and model of palliative, hospice, and end-of-life care.

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Other relevant document

1. Pastoral Letter Pastoral Letter to the Catholic Faithful on the Legalization of Assisted Suicide and Euthanasia – Catholic Bishops of Saskatchewan http://saskatoonrcdiocese.com/sites/default/files/bishop/letters/pastoral_letter_re_legalization_of_assisted_suicide_and_euthanasia.pdf
2. Statement on Assisted Suicide issued by the Plenary Assembly of the Canadian Conference of Catholic Bishops http://www.cccb.ca/site/images/stories/pdf/Statement_on_assisted_suicide_-_september_2015_-_EN.pdf
3. A Catholic Perspective on Health Decisions and Care at the End of Life: This document developed by the Catholic Health Alliance reflects on the meaning of a "good death," and dispels many myths about the Catholic position on end of life care.
4. The Alliance's Statement on the Supreme Court of Canada's Judgement on Carter vs Canada. http://www.chac.ca/homepage/Alliance%20Briefing%20Paper%20Physician%20Assisted%20Death.pdf
5. Health Ethics Guide --- Third edition 2012, Catholic Health Alliance of Canada.