"The experience of death is going to get more and more painful, contrary to what many people believe. The forthcoming euthanasia will make it more rather than less painful because it will put the emphasis on personal decision in a way which was blissfully alien to the whole problem of dying in former times. It will make death even more subjectively intolerable, for people will feel responsible for their own deaths and morally obligated to rid their relatives of their unwanted presence. Euthanasia will further intensify all the problems its advocates think it will solve."

- René Girard

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St. Paul's Hospital

An ethics newsletter for Catholic health care organizations in Saskatchewan

SaskEthics

Physician Assisted Suicide - Part 2: Current Developments and the need to Protect & Support Palliative Care

Over the next few months, I am visiting Catholic homes and hospitals to discuss the types of issues boards and staff of Catholic hospitals will need to be aware of in relation to the issue of Physician Assisted Suicide. In this edition of SaskEthics, I would like to give an update and outline some of them as an introduction to the topic. Firstly, an update: The federal justice department has joined with others to seek an injunction to delay the introduction of the Quebec protocol on assisted suicide less than two weeks before it was to go live. This may highlight a desire on the part of the government to give the issues deeper consideration. Last week, while listening to the radio, I heard the Attorney General Jody Wilson-Raybould, stating that the issues would need to be considered carefully. Although Wilson -Raybould was non-committal in the interview, it is expected that she will seek an extension from the Supreme Court of Canada regarding legalization of physician-assisted suicide. She has stated "we need to be incredibly respectful and that we provide the most substantive end-of-life care that we can. I recognize and acknowledge the (Supreme Court) decision that came out in (in the case of Kay Carter) and we, in adhering to it, need to ensure that my experience with my grandmother and the experiences of people who are dealing with these critical matters are taken into account and incorporated."[1] It seems, at least on the surface, that the Attorney General is deeply concerned with how we care for the dying.

The second issue I would like to report on is the Saskatchewan College of Physicians and Surgeons who approved a policy which protects physician conscience (the right to conscientious objection) regarding performing an assisted suicide and referring for same. The policy does require that physicians provide "timely access to another physician or resources, or offering the patient information and advice about all medical options available." The approval of this policy places Saskatchewan Catholic health care organizations in a better position to deal with assisted suicide than those in Ontario where the College of Physicians and Surgeons of Ontario have mandated that doctors with a conscientious objection to physician assisted suicide will have to make a referral for assisted suicide (this is currently under legal challenge in that province).

In previous SaskEthics, I reported the talks by Dr. Margaret Somerville at St. Paul's Hospital in October 2014. One of the issues raised was the importance of ensuring Canadians have access to high quality palliative care. From a societal perspective, it is essential that Canadians have access to the care they need through every stage of an illness including its dying phases. Good palliative care is holistic which means it focuses not only on the amelioration of physical symptoms, but on the patient's emotions, relationships and spiritual needs. To achieve it requires a multi-disciplinary approach. Doctors, nurses, allied health care workers, including spiritual care workers have a role to play. It recognizes that the process of dying can be one of personal and spiritual growth as the person becomes focused on the 'work of dying'. In my experience of

working with the folks at St. Paul's hospital, who provide palliative care, I have seen this model provide effective, compassionate care for patients and their families. In Canada, an increased focus on resources for the care of the dying is needed, including training more doctors in the provision of palliative care. Further, palliative care should be protected from the encroachment of ideas which would seek to change its mandate from the provision of holistic care which neither intentionally hastens death nor lengthens life, to one which might include assisted suicide. For this reason, those working in Catholic health care may need to take action to protect the services they provide, particularly where they are provided in collaboration with other organizations. Given that an extension to consider the issues surrounding assisted suicide will likely be sought, there may be more time to lobby local members and government regarding the need to better resource palliative care. There will likely also be more time to ensure palliative care is protected and supported at the local level. The approach to this issue will be different for each long term care home and hospital given their roles and governance responsibilities.

Communication regarding the issue of assisted suicide is going to be important in our homes and hospitals. It will involve the home or hospital thinking through how service is provided, the communications required with physicians, health care workers and within our health regions. Also, we will need to think through the kinds of communication our patients and residents will need and at what point that communication will be required. These are complex issues for boards and management and consideration of them should be underway. As Catholic health care providers we don't want to abandon those who come to us for care but want to show all our patients and residents compassion and concern regardless of their choices. Homes and hospitals may want to give consideration to hosting a session or two for the public on assisted suicide at this point in time. At St. Paul's hospital we have seen a burgeoning interest in this topic among staff and members of the public. Further, while some staff may be well-informed about the ethics of end of life care, many new staff have entered into the system in the past few years and may not be as well-informed about these issues. There is also confusion among the public about ethics at end of life, partly because of some of the terminology which has been used in the assisted suicide debate. I would be more than happy to provide public presentations by arrangement on the topic of assisted suicide and also the ethics of end of life care. Please do not hesitate to contact me if you would like to arrange a time and date for such a presentation.

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[1] 'This is where I'm supposed to be' http://www.thestar.com/news/canada/2015/11/13/this-is-where-im-supposed-to-be-justice-minister-jody-wilson-raybould-says.html

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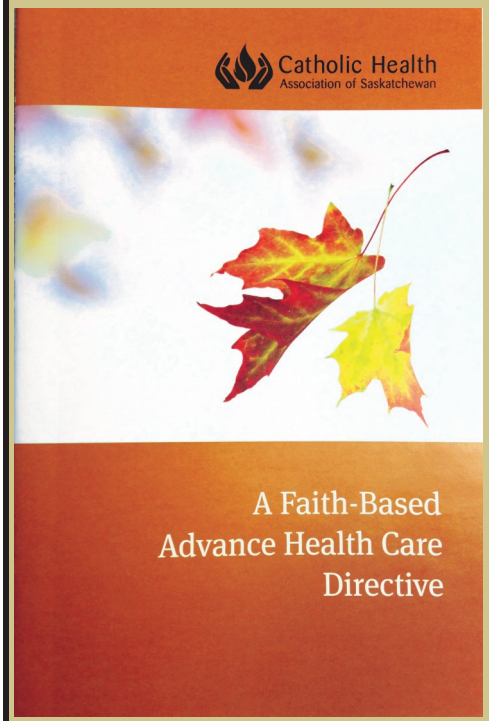

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To purchase a booklet, please call CHAS at 306-655-5330 and if your organization or group would benefit from an educational session on end of life issues and Advance Care Directives, please contact Joy Mendel directly at 306-655-5197 or email her to request.

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