CMA Submission

Federal Monitoring and Reporting Regime for MAID

Submission to Health Canada

May 15, 2017
The Canadian Medical Association (CMA) is the national voice of Canadian physicians. Founded in 1867, the CMA’s mission is helping physicians care for patients.

On behalf of its more than 83,000 members and the Canadian public, the CMA performs a wide variety of functions. Key functions include advocating for health promotion and disease/injury prevention policies and strategies, advocating for access to quality health care, facilitating change within the medical profession, and providing leadership and guidance to physicians to help them influence, manage and adapt to changes in health care delivery.

The CMA is a voluntary professional organization representing the majority of Canada’s physicians and comprising 12 provincial and territorial divisions and over 60 national medical organizations.
**Substantive recommendations**

1. **Protection and disclosure of the information**
   This is a foundational component of any regulatory framework for both practitioners and patients/requestors. The CMA recommends placing greater emphasis on the protection of privacy by
   a. conducting a privacy impact assessment, with input from the Federal Privacy Commissioner (if that hasn’t already been done).
   b. requiring, as part of the regulations, privacy/data sharing agreements in instances when
      o data is shared to meet the objectives outlined (p. 2); and
      o information collected under the framework will be made available to designated provincial and territorial government bodies for their use (p. 3). This is particularly important given that this involves the collection of identifiable (private) information about practitioners and patients/requestors.
   c. using aggregate data where applicable.
   d. providing greater detail on how the “Rigorous protection of all personal information (patient and practitioner) will be a paramount feature of the monitoring regime” – such detail is essential even in the preliminary stages of developing a monitoring and reporting system.

2. **Further specification of what constitutes a request**
   As is currently stated, what constitutes a request is not sufficiently defined, i.e., what constitutes a “written request”? Is any written request a request? What about for those who can’t (or who can no longer) write? Further specifying what constitutes a request is especially important since the practitioner has to document the circumstances of the request in every instance, including where follow-up is required and a report has to be filed as part of a follow-up.

3. **Timeframe**
   A timeframe of 10 days to file a report is alarmingly short. It is commonly known that physicians already feel burdened by paperwork and it is highly likely that they would find it nearly impossible to meet this requirement. This could conceivably deter physicians from choosing to provide assistance in dying or participate in an assessment under threat of criminal sanction, potentially significantly impacting patient access.

**Procedural recommendations**

4. **Ineligibility**
   Information required for this category includes “results of the eligibility assessment”. It should be required to explicitly include reasons why the patient/requestor was deemed ineligible.

5. **MAiD self-administered**
   a. The application of safeguards should be a specific category requiring reporting (and not simply used as an example).
   b. To assess (in)consistency of emerging practices and the variability of provincial legislative or regulatory requirements, it would be worthwhile to require stating whether the practitioner was present during the self-administration.
6. **Coroners and medical examiners**
When the monitoring regime (periodically) requests information from Chief Coroners or Medical Examiners:
   To assess (in)consistency of emerging practices and the variability of provincial legislative or regulatory requirements, it would be worthwhile to gather data on who completes the death certificate and the information included on the death certificate.