Committee Appearance – Justice and Human Rights:

Bill C-7 – Amending the Criminal Code Regarding Medical Assistance in Dying

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ASSOCIATION MÉDICALE CANADIENNE
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President of the Canadian Medical Association
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Thank you, Madam Chair.

It's my honour to appear before you today. I'm Dr. Ann Collins. Over the past three decades practising medicine, I have taught family medicine, run a family practice, served with the Canadian Armed Forces and worked in nursing home care. Today, in my capacity as President of the Canadian Medical Association, I represent our 80,000 physician members.

In studying Bill C-7, it is incumbent upon us now to consider the effects on patients that the passing of this bill will have, but also the effects on the medical professionals who provide medical assistance in dying - MAiD.

When the original MAiD legislation was developed as Bill C-14, the CMA was a leading stakeholder. We have continued that commitment with Bill C-7. Having examined Bill C-7, we know that, in a myriad of ways, the results of our extensive consultations with our members align with the findings of the government's roundtables.

Fundamentally, the CMA supports the government's prudent and measured approach to responding to the Truchon-Gladu decision. This thoughtful and staged process undertaken by the government is consistent with the CMA's position for a balanced approach to MAiD.

Nicole Gladu, whose name is now inextricably tied to the decision, spoke as pointedly as perhaps anyone could when she affirmed that it is up to people like her, and I quote, "To decide if we prefer the **quality** of life to the **quantity** of life." Not everyone may agree with this sentiment, but few can argue that it is a powerful reminder of the real stakeholders when it comes to considerations of this bill. This applies just as critically to those who are currently MAiD providers and those who will become providers. They are *our* members, but we can't lose sight of the fact that we must *all* support both patients and providers.

Through our consultations, we learned that many physicians felt that clarity was lacking. Recent federal efforts to provide greater clarity for physicians are exceedingly welcome. The CMA is pleased to see new non-legislative measures lending more consistency to the delivery of MAiD across the country. The quality and availability of palliative care, mental health care, care for those suffering from chronic illness, and persons with disabilities, to ensure that patients have access to other, appropriate health care services is crucial.

The CMA holds firm on our convictions on MAiD from Bill C-14 to C-7.

We believe firstly that the choice of those Canadians who are eligible should be respected.

Secondly, we must protect the rights of vulnerable Canadians. This demands strict attention to safeguards.

And lastly, an environment must exist that insists practitioners abide by their moral commitments.

These three tenants remain equally valid.

Our consultations with members demonstrate strong support for allowing advance requests by eligible patients who may lose capacity before MAiD can be provided.

The CMA believes in the importance of safeguards to protect the rights of vulnerable Canadians and those who are eligible to seek MAiD.

The CMA also supports expanding data collection to provide a more thorough account of MAiD in Canada, however, this effort must not create an undue administrative burden on physicians.

The CMA views the language in the bill, which explicitly excludes mental illness from being considered an "illness, disease or disability," problematic and has the potential to be stigmatizing to those living with a mental illness. We trust that Parliament will carefully consider the specific language used in the bill.

Finally, the CMA endorses the government's staged approach to carefully examine more complex issues. However, we must move forward to ensure practitioners are given the tools that will be required to safely administer MAiD on a wider spectrum, such as support for developing clinical practice guidelines which aid physicians in exercising sound clinical judgment. Such guidance would also serve to reinforce consistency in the application of the legal criteria.

In conclusion, Madam Chair, allow me to thank the committee for the invitation to participate in today's proceedings and to share the perspective of Canada's physicians. The pursuit of a painless and dignified end-of-life is a noble one. The assurance that the providers of this privilege are supported is an ethical imperative.