

Committee Appearance –  
Senate Legal and Constitutional  
Affairs Committee:

Bill C-7 – An Act to Amend the  
Criminal Code (medical  
assistance in dying)

November 23, 2020

Dr. Sandy Buchman  
Past President of the Canadian Medical Association  
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#### Speaking Remarks

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Thank you, Madam Chair.

I appear before the committee today as the past president of the Canadian Medical Association with the honour and responsibility of speaking for all our members - the frontline physicians.

My name is Dr. Sandy Buchman. I am a palliative care physician in Toronto. I am also a MAiD Assessor and Provider.

It is incumbent upon us now to consider the effects that the passing of Bill C-7 will have on patients, 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.

Nicole Gladu, whose name is now inextricably tied to the government's decision on MAiD, spoke as unequivocally 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."

Perhaps not everyone agrees with this sentiment. Few can argue, though, that it is a powerful reminder of the real stakeholders when it comes to considerations of this bill. This applies no less critically to those who are currently MAiD providers or those who will become providers. These practitioners are our members. But we can't overlook the fact that there must be complete support of both patients and providers.

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.

Through our consultations however, we learned that many physicians felt there is a lack of overall clarity. Recent federal efforts to provide precision 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, and care and resources for those suffering from chronic illness, and for persons with disabilities, to ensure that all patients have access to other, appropriate health care services is crucial.

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

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

We also believe that the rights of vulnerable Canadians must be protected. This demands strict attention to safeguards.

And we believe that an environment must exist that fosters the insistence that practitioners abide by their moral commitments.

Each of these three tenants is equally unassailable.

Our members are in strong support of 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.

Expanding data collection to provide a more thorough account of MAiD in Canada is important. However, this effort must not create an undue administrative burden on physicians.

The CMA views some of the language in the bill as precarious. The CMA recommends amending the language in section 2.1 which states “mental illness is not considered to be an illness, disease or disability” to avoid the unintended consequence of having a stigmatizing effect. The legislation should also clearly indicate that the exclusion is for mental illness as a sole underlying medical condition, not mental illness as a comorbidity.

To be clear, the CMA is not recommending a revision to the legislative intent. 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. We must move forward, though, by ensuring that practitioners are given the tools that will be required to safely administer MAiD on a wider spectrum. Support for developing clinical practice guidelines that aid physicians in exercising sound clinical judgment are a prime example. 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. Sharing the perspective of Canada’s physicians is a privilege. That together we pursue a painless and dignified end-of-life is noble. The assurance that the providers of this practice are supported is an ethical imperative.