

**CMA Submission:**

**Supporting the enactment of  
Bill C-14, *Medical Assistance in Dying***

**Submission to the House of Commons Standing Committee on  
Justice and Human Rights**

**May 2, 2016**

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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.

## **CMA Supports Legislative Objectives**

The CMA strongly supports the objectives of Bill C-14, *Medical Assistance in Dying*, as detailed in the legislative preamble.

In this submission to the House of Commons Standing Committee on Justice and Human Rights, the CMA's feedback is focused on three of the legislative objectives of Bill C-14, given their relevance to the CMA's *Principles-based Recommendations for a Canadian Approach to Assisted Dying*.

### ***i) Robust Safeguards***

First, the CMA supports the legislative objective of ensuring a system of robust safeguards to the provision of medical assistance in dying. The safeguards proposed by Bill C-14 include: patient eligibility criteria, process requirements to request medical assistance in dying, as well as monitoring and reporting requirements.

### ***ii) Consistent, Pan-Canadian Framework***

Second, the CMA supports the legislative objective that a consistent framework for medical assistance in dying in Canada is desirable. In addition to robust safeguards, key measures proposed by Bill C-14 support the promulgation of a consistent framework across jurisdictions include legislating definitions for "medical assistance in dying" and "grievous and irremediable condition."

The CMA's *Principles-based Recommendations* reflect on the subjective nature of what constitutes "enduring and intolerable suffering" and a "grievous and irremediable condition" as well as the physician's role in making an eligibility determination.

### ***iii) End-of-Life Care Coordination System***

Thirdly, the CMA supports the objective to develop additional measures to support the provision of a full range of options for end-of-life care and to respect the personal convictions of health care providers. The fulfilment of these commitments with federal non-legislative measures will be integral to supporting the achievement of access to care, respecting the personal convictions of health care providers, and developing a consistent, pan-Canadian framework.

The CMA encourages the federal government to rapidly advance its commitment to engage the provinces and territories in developing a pan-Canadian end-of-life care coordinating system. It will be essential for this system to be in place for June 6, 2016. At least one jurisdiction has made a system available to support connecting patients with willing providers. Until a pan-Canadian system is available, there will be a disparity of support for patients and practitioners across jurisdictions.

### ***iv) Respect Personal Convictions***

Finally, it is the CMA's position that Bill C-14, to the extent constitutionally possible, must respect the personal convictions of health care providers. In the *Carter* decision, the Supreme Court of Canada emphasized that any regulatory or legislative response must seek to reconcile the Charter rights of patients wanting to access assisted dying and physicians who choose not to participate in medical assistance in dying on grounds of conscientious objection.

The CMA's *Principles-based Recommendations* achieves an appropriate balance between physicians' freedom of conscience and the assurance of effective and timely patient access to a medical service. From the CMA's significant consultation with our membership, it is clear that physicians who are comfortable providing referrals strongly believe it is necessary to ensure the system protects the conscience rights of physicians who are not.

While the federal government has achieved this balance with Bill C-14, there is the potential for other regulatory bodies to implement approaches that may result in a patchwork system. The CMA's position is that the federal government effectively mitigate this outcome by rapidly advancing the establishment of the pan-Canadian end-of-life care coordinating system.

## **CMA Supports Cautious Approach for “Carter Plus”**

The CMA must emphasize the need for caution and careful study in consideration of “Carter Plus”, which includes: eligibility of mature minors, eligibility with respect to sole mental health conditions, and advance care directives. The CMA supports the federal government's approach not to legislate these issues, rather to study them in greater detail.

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