

# Protecting Choice & Safeguarding Inclusion

## Proposed Policy Framework for Access to Physician-Assisted Suicide and Voluntary Euthanasia

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### A. Policy Objective

Adults may gain access to physician-assisted suicide or voluntary euthanasia only on the basis of real and informed choice. They must be free from abuse and vulnerability to lack of support, disrespect, discrimination and devaluation. The system must respect, promote and safeguard inclusion of all persons in society, regardless of their disability or other differences.

### B. Core Values

1. Autonomy – The system must make sure that people really *are* making self-determined choices.
2. Dignity – The system must protect individual autonomy in order to protect the dignity that comes with individual choice; and safeguard inclusion of vulnerable groups in order to protect dignity of people with disabilities and older persons in making autonomous choices to live and thrive in the community.
3. Inclusion – The system must preserve life of people who may be vulnerable to being induced to commit suicide, and must ensure supports and options are available for alternative courses of action to physician-assisted suicide or voluntary euthanasia.

### C. Principles and Guidelines

1. Informed consent on the basis of legal independence;
2. Disability, in and of itself, is not a grievous and irremediable condition;
3. Clinical input from at least two physicians;
4. Vulnerability lens and assessment applied in every case
5. Advance authorization by an independent review panel to consider: reasons, eligibility, timeliness, decisional capacity, and assessment of alternative courses of action;
6. Monitoring and annual reports to Parliament and provincial/territorial legislatures;
7. Provision for an expedited process to ensure compassion can be exercised in situations where criteria are clearly met and death is imminent or in the near future;
8. Distinguishing physician-assisted suicide and voluntary euthanasia from palliative care.

#### **D. Mandatory Vulnerability Assessment in Informed Consent**

1. A 'vulnerability lens' must be applied in all cases.
2. Where risk of vulnerability to inducement is identified, steps must be taken to explore and provide appropriate supports for people who may request assistance to die, but who are in fact vulnerable to being induced to commit suicide because of exclusion, devaluation and abuse.
3. A qualified assessor is needed to undertake a full vulnerability assessment and consideration of alternative courses of action, many of which will be of a community and social support nature.

#### **E. Advance Independent Review and Authorization**

1. Advance independent review and authorization of requests for physician-assisted suicide and voluntary euthanasia to ensure:
  - a. principles of autonomy, dignity and inclusion are applied in every case;
  - b. adequate assessment of vulnerability and alternatives;
  - c. decisions about whether to authorize or report a death are out of the hands of physicians;
  - d. ongoing trust of family physicians by removing them from authorization of the interventions;
  - e. an expedited process where warranted;
  - f. protection against loosening criteria for eligibility.

#### **F. Independent Monitoring and Public Reporting**

1. On an annual basis, independent review bodies in each province and territory report on requests and outcomes to their respective legislatures.
2. A federal authority reports annually to Parliament.

#### **G. Shared Jurisdiction, Investment, Coordination and Engagement**

1. Federal *Criminal Code* amendments to mandate consistent standards across the country for eligibility, informed consent, vulnerability assessments, waiting periods, and advance independent review and authorization.
2. Provincial/Territorial statutory framework to regulate access and advance authorization, independent review boards, health professions, health care services, vulnerability assessment, informed consent, adult protection, and legal capacity.
3. Coordinated Investment Strategy – to ensure adequate and coordinated investment for palliative care and needed disability-related supports.
4. Government-Community Engagement – to guide development, implementation and investment – with representation from health professions, disability and older person communities.