

Submission to Panel on Physician-Assisted Death from the Manitoba League of Persons with Disabilities (MLPD)

November 1, 2015

The Manitoba League of Persons with Disabilities (MLPD) is a united voice of people with disabilities and their supporters that promotes equal rights, full participation in society, and which facilitates positive change through advocacy and public education.

MLPD upholds the fundamental principles for physician-assisted death in Canada developed by the Council of Canadians with Disabilities and the Canadian Association for Community Living as follows:

A comprehensive regulatory system is required to protect persons who are vulnerable to being induced to commit suicide in times of weakness.

People are made vulnerable as a result of social or economic circumstances that diminish their resiliency. Conditions such as poverty, isolation, discrimination, devaluation and lack of needed supports are therefore highly relevant in determining whether a person may be vulnerable to inducement.

Persons with disabilities and their representative organizations have much at stake in the design, delivery and evaluation of any system developed to protect persons who are vulnerable from being induced to request physician-assisted death.

Guidelines for Legislative and Policy Response

Assisted suicide must be available only to competent adults with a terminal illness that is the cause of enduring suffering that is intolerable to the individual.

Requests for physician-assisted death must be reviewed and authorized by an independent review panel with sufficient information to determine if the necessary criteria are met. Ontario's Consent and Capacity Board is an example of a model for the review panel.

In making its decision the Review Panel must consider the following information:

- The person's request and reasons for the request;
- A clinical evaluation by a qualified physician regarding whether the person meets the medical criteria;
- A clinical evaluation by a qualified physician regarding whether the condition is irremediable in the sense that it is likely to cause death within twelve months;
- A clinical evaluation by a qualified physician that the person is competent to make the decision;
- An assessment of whether the request is informed and voluntary;

- An assessment of potential alternative courses of action that might reduce the person's suffering. This assessment must be conducted by a qualified professional in consultation with the patient, and must address a full range of alternatives to physician-assisted death including medical treatment, counselling and disability related supports.

There must be a means by which an interested party can intervene in the proceedings of the review panel. An interested party would have a real and material interest, including but not limited to a public interest standing, concerning the possibility of coercion or discrimination.

A monitoring and public reporting system must be in place to track and report on:

- the number of requests;
- the reasons given;
- medical condition, socio-economic circumstances and demographic factors associated with persons making requests, and those whose requests are authorized or denied;
- availability and acceptance or refusal of alternative courses of action identified;
- efficacy of alternative interventions including access to medical treatment and palliative care;
- outcome of requests authorized and denied.

These principles will assist legislators, policy makers and regulators attain a balance between dignity, autonomy and inclusion for all Canadians with disabilities. Monitoring and reporting mechanisms must be put in place to guide ongoing evaluation and adaptation of the system as may be needed to ensure compliance with underlying values, principles and guidelines. Developing and implementing a system for regulating physician-assisted death must be a coordinated legislative, policy and program development priority involving provincial/territorial and federal governments and the community.

The MLPD Provincial Council and Ethics Committee believe that one such system for regulating physician-assisted death would be an end-of-life Review Panel to deal with requests from physicians for physician-assisted death. Such a panel would refocus the alleged sole power invested in doctors to make decisions regarding physician-assisted death to a community-based body with the jurisdiction to review such cases and determine the best interests of patients and physicians facing such dilemmas. We would endorse such a panel and strongly suggest it be composed of key stakeholders, including physicians, clinical ethicists, nurses, and members of the disability community with expertise on end of life issues.