Joint Submission to the Council of Canadian Academies' Expert Panel on Medical Assistance in Dying

- on behalf of Canadian Physicians for Life, Canadian Federation of Catholic Physicians' Societies and Christian Medical and Dental Society of Canada - October 6, 2017[1]

Our main concern about the proposed expansion of the MAID criteria is the protection of vulnerable patients. In order for a patient to qualify for MAID, the current legislation requires that the patient's death must be "reasonably foreseeable". This clause is being litigated in British Columbia, and has already been redefined in a high profile case in Ontario.[2] If this clause is struck down, reinterpreted, or if the MAID criteria are expanded, the main surviving test will be whether the patient has a "grievous and irremediable condition". This is not a medical term, and does not have a precise definition. The *Carter* decision and subsequent legislation have defined irremediable as a condition that cannot be treated *by any means that is acceptable to the patient*. As the requirement for intolerable suffering is also subjective, physicians conducting assessments will be hard pressed to refuse MAID requests since there will no longer be objective benchmarks to measure criteria. *The end result will be state sponsored suicide on demand.* The expansion of the MAID criteria to include each of these groups of vulnerable patients needs to be considered in this context.

CHILDREN

When providing medical care to children and adolescents, a key concern is that capacity may not be present. According to the standards of Canadian medicine, acting on decisions made by a patient without capacity is not ethical conduct. Capacity is the ability to understand and appreciate the consequences of a decision. The standard for capacity is higher than usual when decisions are life altering or life threatening. Factors influencing capacity in minors include immature neurophysiological development, which results in biologically mediated difficulty with appreciating future consequences, psychological immaturity, ongoing evolution of identity, and vulnerability to peers and the media.[3] Previous experience demonstrates that the process of determining capacity in minors (such as children refusing life-saving chemotherapy) is a high-resource and painful endeavor. Capacity assessment of minors often requires expertise from clinical ethics, psychiatry, child protection, and the law. It is an emotionally charged issue for

[1] Canadian Physicians for Life, Canadian Federation of Catholic Physicians' Societies, and Christian Medical and Dental Society of Canada represent 5,000 physicians in Canada. This response was drafted by physician members and friends of our organizations, who treat patients who are children, have psychiatric conditions, or who have an advanced directive (vulnerable people).

[2] See article on the AB case https://www.thestar.com/news/crime/2017/08/10/woman-at-centre-of-ontario-assisted-death-case-dies.html The following article explains how the AB case is already being used as justification for MAID when the patient does not have a terminal condition. http://www.cbc.ca/news/canada/british-columbia/assisted-dying-law-canada-moro-1.4294809?cmp=rss&partner=skygrid

[3] Casey BJ, Jones RM, Hare TA (2008). The adolescent brain. Ann N Y Acad Sci 1124: 111-126. Johnson SB, Blum RW, Giedd JN (2009). Adolescent maturity and the brain: The promise and pitfalls of neuroscience research in adolescent health policy. J Adolesc Health. 45: 216-221.

families, medical staff, and the general public. Determining capacity around the issue of medical assistance in dying is a high-stakes decision that is more serious than discontinuing treatment; as MAID involves actively taking a human life. In addition, previously identified general concerns about MAID, such as wrongful deaths in other permissive jurisdictions, are of greater concern in minors, given society's obligation to protect our most vulnerable. Overall, there is much less experience with MAID for minors on an international level, resulting in less reassurance regarding governments' ability to mediate potentially negative consequences. Furthermore, we are concerned that extension of MAID to minors would jeopardize a population already known to have a high incidence of both suicidal ideation and peer pressure, and that effects might be particularly pronounced in subsets of young people with special vulnerabilities.[4]

Society recognizes the lack of neuroanatomical maturation in areas like voting and driving. Proponents for MAID for minors will need to answer why children are incapable of voting or driving, but yet are capable of choosing to die.

PATIENTS WITH A PRIMARY DIAGNOSIS OF MENTAL ILLNESS

Suicidal ideation is normally an indicator of serious mental illness. Society has given physicians the legal right to admit someone to hospital against their will to be treated for suicidal ideation. Keeping a patient against their will, while extremely rare in other circumstances, is allowed in the case of the suicidal patient because their desire to harm themselves is evidence of their irrationality and incompetence. Suicidal ideation and refusal of treatment are consequences of under-treated mental illness.

Depression afflicts those who have both long-term mental health diagnoses and the remainder of the population intermittently.[5] Its effects are pervasive; it affects the brain, the mind and the way that people think and feel. Thinking patterns of depressed people are distorted; they are prone to pessimism, all or nothing thinking and often cannot see past the current moment. A key determinant of eligibility for MAID is how the patient perceives his/her situation, but in a depressed individual, perception is seen through a dark lens. At the same time, it is possible to be erroneously deemed competent while

---

[4] Among Canadians aged 15 to 34, suicide is the second leading cause of death. *Cf*. Navaneelan T (2017). Suicide rates: An overview. Statistics Canada. Accessible at www.statcan.gc.ca/pub/82-624-x/2012001/article/11696-eng.htm.
Gould M, Wallenstein S and Kleinman M (1990). Time-space clustering of teenage suicide. *Am J Epidemiol* **131:** 71-78.
D'Augelli AR, Herschberger SL, Pilkington NW (2001). Suicidality patterns and sexual orientation-related factors among lesbian, gay, and bisexual youths. *Suicide Life-Threatening Beh* **31:** 250-265.
Kielland N and Simeone T (2014). Current issues in mental health in Canada: The mental health of First Nations and Inuit communities. Library of Parliament Research Publications. 2014-02-E.www.statcan.gc.ca/pub/82-624-x/2012001/article/11696-eng.htm

[5] One particularly high-risk population is First Nations communities. Some First Nations communities have suicide rates that are 800 times the national average. *Cf*. Kielland N and Simeone T (2014) (ibid.) Approval of MAID for people who have mental health challenges may be seen as a government endorsement of suicide. The lack of sufficient mental health services puts those communities at great risk.

suffering from depression. Patients can be rational about some aspects of their lives, and not others, so the request for MAID may appear to be a rational decision. Competence assessments are often suboptimal,[6] and unless the assessor has an appropriate level of suspicion, he/she may not recognize the cognitive distortion. Furthermore, depression often involves rigid and restricted thinking, such that an individual who wants something other than what he/she is experiencing, may insist on being euthanized, for lack of being able to conceive of another option.[7] Similar concerns exist for other psychiatric diagnoses as well.

Offering death for mental illness is unwise, since the most common reason for a request is clinical depression, which almost always resolves without medication within 6 months to two years. [8] Other jurisdictions, such as Belgium, require the illness to be unresponsive to all possible treatments, while Canada currently does not require the patient to undertake any treatment.

When a patient is receiving mental health care, the greatest treatment their physician can provide is hope, caring for them, and imparting the message that life is worth living. How can the physician conduct an assessment to prevent suicide and provide care when that same assessment may also be used as a means to provide suicide?[9] "Safeguards" will not protect people suffering solely from psychological illness because the tools mental health professionals use to protect and treat these individuals will be rendered ineffective in a permissive regime.

ADVANCE DIRECTIVES:

Advance directives pose additional problems. It is impossible to predict one's experience of the illness trajectory. Palliative care professionals observe patients' perceptions about dependence on others becoming less negative as they become more dependent.[10] Moreover, dementia patients have stable quality of life ratings as their

---

[6] Appelbaum, P.S. 2007. Assessment of Patients' Competence to Consent to Treatment. *New England Journal of Medicine:*357:1834-1840. There is no standard assessment process or specific measures of competence.

[7] Clarke, D. M.(1999);*Journal of Medical Ethics* 25(6), 457-462.

[8] J. L &Lacasse, J.R.2012. The controversy over Antidepressant Drugs in an era of evidence-based practice. *Social Work in Mental Health* 10:445-463.

[9] This concern is emphasized in the following excerpt: "For many psychiatrists, however, assisting patients to die is incompatible with the way in which the therapeutic relationship between physician and patient should function to contain, understand, and manage despair and suicidality (Koerselmans, 1995, 2011). Indicating that they are willing to consider a patient's assisted suicide request after a therapeutic intervention were to fail would undermine the therapeutic process from the beginning."
Pols, H., Oak, S. 2013. Physician-assisted dying and psychiatry: Recent developments in the Netherlands. *International Journal of Law and Psychiatry*. 36:506-514 [p. 511].

[10] Canadian Society of Palliative Care Physicians. "Submission to Special Joint Committee on Physician-Assisted Dying." (January 27, 2016) Retrieved from http://www.cspcp.ca/wp-content/uploads/2014/10/CSPCP-Submission-to-the-Special-Joint-Committee-on-Physician-Assisted-Dying-National-Secretariat.pdf

disease progresses. In the Netherlands, possessing an advance directive for euthanasia does not predict completion of euthanasia,[11] and such advance directives are rarely carried out for incompetent patients because of difficulty assessing the presence of voluntariness and unbearable suffering in this population.[12,13] Patients may resist euthanasia when they reach their previously-defined conditions for it. In this case, would we respect the patient's previously anticipated wish and ignore her current subjective experience because it is deemed to come from an incompetent mind? Would this not be an annihilation of the rights of the incompetent person? The implications of a scenario in which a proxy ultimately decides to proceed with the euthanasia of another person must be fully evaluated. Proxy ratings of quality of life (QOL) for dementia patients tend be worse than patients' own ratings,[9,14,15]and caregiver ratings of patient QOL have been associated with caregiver mood.[16] Moreover, the assessment of QOL in dementia in general is acknowledged in the literature to be problematic.[13,14,17] These factors render an autonomous decision about euthanasia impossible to achieve via advance directives, and introduce significant risk that factors other than the best interests of the patient will motivate decision-making where the potential for secondary gain exists.

CONCLUSION

The expansion of the MAID mandate to include these vulnerable patients challenges the main philosophical underpinning of the legalization of euthanasia and assisted suicide – autonomy. Autonomy is only one of the four factors that make up modern medical ethics. Beneficence is another. If a patient tells their care team that they want to die what does it mean to do good for the patient? Does it mean to give them a lethal injection or to find an alternative?[18] To simply let the patient decide begs the question.

---

[11] Bolt, E., Pasman, R., Deeg, D., Onwuteaka-Philipsen, B. 2016. From Advance Euthanasia Directive to Euthanasia: Stable Preference in Older People? *Journal of the American Geriatrics Society. 64(8):* 1628–1633.

[12] Kouwenhoven, P. et al. 2015. Opinions about euthanasia and advanced dementia: a qualitative study among Dutch physicians and members of the general public. *BMC Medical Ethics.* 16:7

[13] Hertogh, C., de Boer, M,, Droes, R., Eefsting, J. 2007. Would We Rather Lose Our Life Than Lose Our Self? Lessons From the Dutch Debate on Euthanasia for Patients With Dementia. *The American Journal of Bioethics*, 7(4): 48–56.

[14] Parker B, Petrou S, Underwood M, et al. Can care staff accurately assess health-related quality of life of care home residents? A secondary analysis of data from the OPERA trial. BMJ Open 2017;7:e012779. doi:10.1136/bmjopen-2016- 012779.

[15] Buckley et al, "Predictors of Quality of Life Ratings for Persons with Dementia Simultaneously Reported by Patients and their Caregivers: The Cache County (Utah) Study", *Int Psychogeriatr*. 2012 July ; 24(7): 1094–1102.

[16] Schiffczyk, C., et al. 2010. Generic quality of life assessment in dementia patients: a prospective cohort study. *BMC Neurology.* 10:48

[17] Hongisto et al. 2015. Self-Rated and Caregiver-Rated Quality of Life in Alzheimer Disease with a Focus on Evolving Patient Ability to Respond to Questionnaires: 5-Year Prospective ALSOVA Cohort Study. Am J Geriatr Psychiatry 23(12): 1280-1289.

[18] This was played out in Quebec when emergency physicians were faulted for not treating patients who came to their emergency department after having attempted suicide because they were "confused" about their duties. (*Cf*. Hamilton, G. "Some Quebec doctors let suicide victims die though treatment was available: college", *National Post*, March 17, 2016. http://nationalpost.com/news/canada/some-quebec-

Various personal vulnerabilities and influences can make the patient unable to act in their own best interests. The current system of MAID assessment requires two physicians, neither of whom need to be intimately acquainted with the patient, to determine whether or not the patient is capable of consent and whether or not there is coercion. Coercion can be subtle and difficult to detect. Competency measures are very difficult to assess with each of these three groups of patients. It is not practically possible to expand the MAID mandate without a significant risk of wrongful death for some patients. In the end, it is not worth the risk.

A list of relevant articles are included after the endorsements.
The following three physicians' organizations have jointly submitted this document. Together they represent approximately 5,000 Canadian physicians. 247 individuals have asked that their names be attached to the document as a personal and public endorsement. *Reference to positions held by individuals does not imply organizational endorsement.*

1. Faye Sonier, Executive Director
Canadian Physicians for Life
Ottawa, ON

2. Dr. James Lane, President
Canadian Federation of Catholic Physicians' Societies
Family Physician
Vancouver, BC

3. Dr. Donato Gugliotta, President
Christian Medical and Dental Society of Canada
Family Physician
Trenton, ON

4. Dr. Thomas Bouchard MD
Family Medicine Physician
Calgary, AB

5. Dr. Lilian Lee Yan Vivas MD
Physical Medicine and Rehabilitation Resident
Toronto, ON

---

doctors-let-suicide-victims-die-though-treatment-was-available-college) "*Psychiatrists who fail to take reasonable care that their patients do not commit suicide, including by failing to order their involuntary hospitalization in order to prevent them committing suicide, can be liable for medical malpractice (negligence), unprofessional conduct (they lose their medical licenses), and even, in extreme cases, criminal negligence.*" (Somerville, M, *Bird on an Ethics Wire* [McGill-Queen's University Press, 2015], pg. 131)

6. Dr. Anthony Marchie, MD, MPhil, FRCSC
Orthopaedic Surgeon
Richmond Hill, ON

7. Dr. Natalia Novosedlik MD, CCFP(PC)
Family Physician
Toronto, ON

8. Dr. Davina Lansing MD, CCFP
Family Physician
Bowmanville, ON

9. Dr. Kiely Williams MD, CCFP
Family Physician
Calgary, AB

10. Dr. Betty Anne Story MD
Family Physician
Brantford, ON

11. Dr. Maria Wolfs MD, MHSc, FRCPC
Endocrinology
Toronto, ON

12. Dr. Ewan Goligher MD, PhD, FRCPC
Intensivist
Toronto, ON

13. Dr. Jonathan Chia-ho Lee, MD, FRCPC
Toronto, ON

14. Dr. Will Johnston, MD
Vancouver, BC

15. Dr. Sandra Tigchelaar MD, CCFP, FCFP
Family Medicine
Orillia, ON

16. Dr. Wesley J. Reimer, MD, FCFP, MSc
Family Medicine
St. Catherines, ON

17. Phil Drijber MD, PhD, CCFP (F), CBOM (associate)
Family Medicine
St. Catherines, ON

18. Dr. Mary Ellen Haggerty, MD
Edmonton, AB

19. Dr. Thomas Barry, MD
Chief of Medicine
Horizon Heath Network
Fredericton, NB

20. Dr. Althea Burrell MD, FRCP(C)
Adult Respirology
Markham, ON

21. Dr. Linda Gagnon, MD, FCFP
Family Medicine
Dartmouth, NS

22. Dr. Lucas Vivas, MD, FRCPC
General Internal Medicine
Brampton, ON

23. Dr. Nora Pope ND
Naturopath
Toronto, ON

24. Dr. Joseph Clarke, MD
Ottawa ON

25. Dr. Richard R.J. Smyth MBBS, FRCS, FRCS(C)
Adjunct Professor in Faculty of Science, Thompson Rivers University
Clinical Instructor in Otolaryngology, UBC
Vancouver, BC

26. Dr. Margaret M Cottle, MD, CCFP (CAC Palliative Care)
Palliative Care Physician
Clinical Assistant Professor, UBC, Faculty of Medicine
Vancouver, BC

27. Dr. Michael Koke MD, CCFP, CoE
Waterloo Region, ON

28. Dr. Sandra Brickell MD, FRCPC
Waterloo Region, ON

29. Dr. Jane Dobson MD, CCFP
Family Physician
Hamilton, ON

30. Dr. David Chan MD, CCFP
Family Physician
Hamilton, ON

31. Dr. Christine Cserti-Gazdewich MD, FRCPC
Hematologist
Toronto, ON

32. Dr. Martin Owen MD (H), CCFP
President Calgary Catholic Medical Association
Vice President Canadian Catholic Physicians
Family physician
Red Deer, AB

33. Dr. Rene Leiva MD CM, CCFP, FCFP (CoE)
Palliative Care
Ottawa, ON

34. Dr. Melissa Ng MD
Family Medicine Resident
Markham, ON

35. Helen McGee RN, MN, CPMHN(C)
Psychiatric Nurse
Toronto, ON

36. Dr. Dale Hoffman MD
General Practice
Delta, BC

37. Dr. Duncan Etches MD
Family Medicine
Vancouver, BC

38. Dr. John Kraulis, MD
General Surgeon
Toronto, Ontario

39. Dr. Adrienne Vraets MD, MSc, FRCPC
Anesthesiology
Hamilton, Ontario

40. Dr. Paul Yong MD, PhD, FRCSC
Chronic pelvic pain specialist
Vancouver, BC

41. Dr. Jillian Lusina MD
Family Medicine
Vancouver, BC

42. Dr. Cyril Chan MD
Family Physician (Retired)
Vancouver, BC

43. Dr. James Yeung MD, FRCPC
Richmond, BC

44. Dr. Bevan Voth MD, CCFP FCFP
Family Medicine
Chilliwack, BC

45. Dr. G. Vivian Walker MD, CCFP (CAC - PC)
Palliative Care physician
Saskatoon, SK

46. Harry D Mueller MD, MA(Bioethics), FRCS(C)
OB/GYN
High River, AB

47. Dr. Adrianus Mol, MD
General Practitioner
Athabasca, AB

48. Dr. John McLeod MD, CCFP
Hospitalist
Burnaby BC

49. Dr. Eileen Cochien MD
Family Medicine
Vancouver, BC

50. Dr. H. Edward Wiens MD
Family Medicine
Calgary, AB

51. Dr. Terence McQuiston MD
Geriatrics
Toronto, ON

52. Dr. Shawn Crewe MD, FRCPC
Internal Medicine
Orillia, ON

53. Dr. Alice Ho MD
Family Practice
Vancouver, BC

54. Dr. Robert Matthew Billinghurst MD
Family Physician
Victoria, BC

55. Dr. Cynthia Chan MD
Family Practice
Vancouver, BC

56. Dr. Lester Liao MD
Pediatrics Resident
Edmonton, AB

57. Dr. Douglas Maskall MD, FRCPC
Clinical Associate Professor, UBC Faculty of Medicine
Child and Adolescent Psychiatry
White Rock, BC

58. Dr. David Hook MD, FRCPC
Anesthesiologist
Timmins, ON

59. Dr. Andrea Loewen MD, FRCPC
Diplomate ABIM Sleep Medicine Respiratory and Sleep Medicine University of Calgary
Calgary, AB

60. Dr. Stephen Vander Klippe MD
Family Medicine
Wingham, ON

61. Dr. Alison F Wilcock, MD
Family Practice
Maple Bay, BC

62. Dr. Paul Galessiere, MD
General Surgery
Steinbach, MB

63. Dr. Andrea Milne-Epp MD, CCFP
Clinical Associate Professor, University of Alberta
Family Medicine
Edmonton, AB

64. Dr. Martin Andreae, MD
Family Physician
Powell River, BC

65. Dr. Peter Daley MD, MSc, FRCPC, DTM+H
Associate Professor, Disciplines of Medicine and Laboratory Medicine
Memorial University
Medical Microbiologist
St. John's, Newfoundland, Canada

66. Dr. Thomas McBride MD
Family Practice, Anaesthesia
Powell River, BC

67. Dr. Patrick Stel MD
Family Medicine
Victoria, BC

68. Dr. Don H. Klassen, MD, CCFP, FCFP
Assoc. Professor, Department of Family Medicine, University of Manitoba
Family Medicine
Winkler, MB

69. Dr. Andrew Taylor MD
Emergency Room Physician
Perth, ON

70. Dr. Barbara Powell MD, CCFP, FCFP
General Practice, Psychotherapy
Ottawa, ON

71. Dr. A. Maria Chung MDCM, FRCPC
Clinical Associate Professor
Geriatric Medicine
Vancouver, BC

72. Dr. Beth Payne MD
Family Physician and Hospitalist
Port Coquitlam, BC

73. Dr. Kevin Sclater MD, CCFP(PC)
Family and Palliative Care Physician
Port Coquitlam, BC

74. Dr. Cheryl Wilson MD
Obstetrics and Gynecology
Surrey, BC

75. Dr. Robert Kidd MD, CM
General Practice
Renfrew, ON

76. Dr. Vincent Tang MD
Family Medicine
Vancouver, BC

77. Dr. Robin Cottle MD
Ophthalmology
Vancouver, BC

78. Dr. Victoria Haines MD
Family Medicine
Revelstoke, BC

79. Dr. Kami Kandola
Deputy Chief Public Health Officer
Family Medicine and Public Health
Yellowknife, NWT

80. Dr. Robert W Adams MD
Family Medicine (Resident)
Hamilton, ON

81. Dr. Kelley Minish MD, CCFP
Family Practice
Victoria, BC

82. Dr. Don Paetkau MD, FRCP(C)
Anesthesia
Winnipeg, MB

83. Dr. Bryan Dias MD, FRCPC
Cardiologist
London, Ontario

84. Dr. Joel Emery MD
Gastroenterology and Hepatology
Kamloops, BC

85. Dr. Brad Burke MD, FRCPC
Physical Medicine & Rehabilitation
Windsor, ON

86. Dr. Bill McKelvie, MD
Family Physician
Mirpur Khas, Pakistan/ Whitbourne, NL

87. Dr. Lisa M Sennewald MD, CCFP
Family Medicine- Mental Health and Substance Use
Surrey, BC

88. Dr. Ed Dubland MD, CCFP(PC), AAHPMc
Palliative Care Consultant
Vancouver, BC

89. Dr. Paul Graham MD, CCFP
Chilliwack, BC

90. Dr. Darrell Hamm MD, CCFP
Kelowna, BC

91. Dr. Philippe Violette MSc. MD CM, FRCSC
Assistant Professor, Departments of Health Research Methods Evidence and Impact, and Surgery, McMaster University
Adjunct Professor, Department of Surgery, Western University
London, ON

92. Dr. Edmond Kyrillos B.Eng, MD, CCFP
General Practitioner
Edmonton, AB

93. Dr. Sherry Chan, MD, CCFP
General Practitioner in Oncology, BC Cancer Agency
Clinical Instructor, Department of Family Practice, University of British Columbia
Vancouver, BC

94. Dr. Michelle Korvemaker MD, CCFP
Emergency Physician, Woodstock Hospital
Palliative Care Physician, Oxford Elgin Outreach Team/Sakura House Hospice
Locum Rural Family Medicine
Adjunct Associate Professor Family Medicine
University of Western Ontario
Woodstock, ON

95. Dr. Theresa Szezepaniak MB, ChB, DRCOG, Dip.IMC (RCSEd)
Hospitalist
Abbotsford, BC

96. Dr. Quentin Smith MBChB, MD, CCFP, FCFP
Family Physician, Clinical Assistant Professor, UBC Family Practice
Chilliwack, BC

97. Dr. Constant H. Leung MD CCFP (COE) FCFP
Family Physician
Vancouver, BC

98. Dr. Melad Marbeen MBChB, CCFP
Family Medicine
London ON

99. Dr. Bao Dang MD, FRCPC
Internal Medicine & Respirology
Calgary, AB

100. Dr. Elizabeth Thakkar MD
Family Medicine
Calgary, AB

101. Dr. W. Joseph Askin MD, FCFP
Somnologist (ESRS)
Calgary, AB

102. Dr. Kristin Harris MD, CCFP
Family Physician
Winnipeg MB

103. Dr. Donald J. Peters MD, FRCPC
Anesthesiology
Winnipeg, MB

104. Dr. Judith Kwok MD
Family Medicine Resident Physician
Vancouver, BC

105. Dr. Anna Borowska MD
Psychiatry
Vancouver, BC

106. Dr. Ken Kliewer MD
Family Physician (retired)
Altona, MB

107. Dr. Kathleen Baergen MD, CCFP
Family Physician
Edmonton, AB

108. Dr. Eleanor Foster MD, CCFP (PC)
Palliative Care Physician
Calgary, AB

109. Dr. Elaine Drysdale MD, FRCPC
Clinical Professor, Faculty of Medicine, UBC
Psychiatry
Vancouver, BC

110. Dr. Louise Ryding MClSc, MD, CCFP
Family Physician
Ottawa, ON

111. Dr. Bruce Gay MD, FRCS(C)
General Surgeon
Ottawa, ON

112. Justin Perrier
Medical Student
Kelowna, BC

113. Dr. Isabel Nunes MD
Family Medicie
Welland, ON

114. Dr. William O'Mahony MD
Medical Director, Afton Nursing Sarnia
Family Practice
Corunna, ON

115. Dr. Lauren Mai MD, FRCPC
Neurologist
Hamilton, ON

116. Dr. Geoff Friderichs MD
Family Medicine Resident Doctor
Abbotsford, BC

117. Dr. Alyssa Wang MD
Resident, PGY3 Psychiatry
Hamilton, ON

118. Dr. Gisela Macphail MD, MPH, FRCPC
Infectious Diseases
Calgary, AB

119. Dr. Joyce Lui MD
Family Medicine Resident
Toronto, ON

120. Dr. Katherine Hutchings MD, FRCSC
General Surgery
Sioux Lookout, ON

121. Dr. Diane Haak MD, CCFP, FPA
Anesthesia
Orillia, ON

122. Dr. Ron Starra MD, FRCP(C)
Internal Medicine
Gatineau,QC

123. Dr. Angela Guderian MD, CCFP
Family Practice
North Bay, ON

124. Dr. Merville Vincent BA, MD, FR.CP.(C)
Kelowna,BC

125. Dr. Ramona Coelho MD
Family Physician
London, ON

126. Dr. N. Dcunha MD
Family Physician
Toronto, ON

127. Dr. Andrew Zaleski MD, FRCP(C)
Diagnostic Radiologist
Chilliwack, BC

128. Dr. Alvin Loh MD
Medical Chief of Staff, Surrey Place Centre; Assistant Professor, Department of Paediatrics, University of Toronto
Developmental Paediatrics
Toronto, ON

129. Dr. David J. Ponesse MD
Walkerton, ON

130. Dr. Jackie Chou MD, CCFP
Family Medicine-Emergency Medicine Resident
Regina, SK

131. Dr. Kasie Kelln MD, CCFP
Family Physician
Saskatoon, SK

132. Dr. J Zondervan MD, MSc, FRCS(C)
Plastic and Reconstructive Surgery
Saskatoon, SK

133. Dr. Paul Thistle BSc (Hon), MD, FRCSC, LL.D
Obstetrics and Gynaecology
Toronto, ON

134. Dr. David Neima MD, FRCS
Ophthalmology
New Westminster, BC

135. Dr. D.Bruce Snyder MD
General Practitioner
Cambridge, ON

136. Dr. Allan Ronald OC, OM, MD ,FRCPC
Emeritus Professor, University of Manitoba
Specialty Internal Medicine and Infectious Diseases
Winnipeg, MB

137. Dr. Don Wagar MD
Family Practice
Langley, BC

138. Dr. Robert Porter MD
Associate Professor, Discipline of Pediatrics, Memorial University of Newfoundland
Family Medicine
St. John's, NL

139. Dr. Stephen M Mann MD
Orthopaedic Surgery (Assistant Professor)
Kingston, ON

140. Dr. Garvin W Pierce MD, BSc Med., FRCP(C)
Diagnostic Radiology
Winnipeg, MB

141. Dr. Ross Dunbar MD, CCFP
Family Medicine
Spruce Grove, AB

142. Dr. Warren Terry MD, MEd, CCFP(EM), FRCSC
Orthopedic Surgeon
Fort St. John, BC

143. Dr. Gene Marcoux MD, FRCPC
Clinical Professor of Psychiatry
Psychiatry Chronic Care
Saskatoon, SK

144. Dr. Jerome Harvey MD, CCFP
CEO Medical Equipment Modernization Opportunity(MEMO)
Thunder Bay, ON

145. Dr. Kevin Ramsey MD, FRCSC
Kelowna, BC

146. Dr. Wi-Guan Lim MD
Family physician
Vancouver, BC

147. Dr. Christin Hilbert MD, CCFP, FCFP
Family Medicine
Calgary, AB

148. Dr. Linda Baker MD
Family Physician (retired)
Rosthern, SK

149. Dr. Ben Sawer MD, FRCS (C)
General Surgery
Yellowknife, NT

150. Boudewijn J.M. vanNoppen MD CCFP
Family Physician
Perth, ON

151. Dr. Ruth Brooks MD
Family medicine
Toronto, ON

152. Dr. Rose Zacharias MD
Family/ER/Hospitalist
Orillia, ON

153. Dr. James Warkentin MD
Family Physician
Abbotsford, BC

154. Dr. Mark J. Jany BA, MD, FRCPC
Respiratory Medicine
St. Catharines, ON

155. Dr. Sheryl Mclaren MD
Obstetrician Gynecologist
Nelson, BC

156. Dr. Geoffrey Purdell-Lewis MB, FRCPC
Clinical Professor, Dept. Anesthesia, McMaster University.
Anesthesia (Chronic pain medicine)
Hamilton, ON

157. Dr. Zoltan Horvath MD, FRCPC, FAAP
Clinical Assistant Professor UBC
Paediatrics
Langley, BC

158. Dr. Shannon Rabuka MD
Anesthesiology
Calgary, AB

159. Dr. Caleb De Putter MD
Family Medicine Resident
Lethbridge, AB

160. Dr. George Worthen MD
Internal Medicine Resident
Halifax, NS

161. Dr. Dirk Breugem MD, MBCHB, CCFP
Family Physician
Salmon Arm, BC

162. Dr. Frank Ewert MD, FRCP(C)
Assistant Professor University of Manitoba
Faculty of Medicine
Clinical Instructor
Department of Anesthesiology
Health Sciences Centre and the WRHA
Winnipeg, MB

163. Dr. James Krahn MD, CCFP, FCFP
Family Practice
Winnipeg, MB

164. Dr. Jane Hosdil MD
Family Physician (retired)
Rockwood, ON

165. Dr. James A. Holmlund BA, MA, MD, FRCP(C)
Consultant Psychiatrist
Prince Albert, SK

166. Dr. Helen Montgomery MD, CCFP
General Practice, Dermatology
Calgary, AB

167. Dr. Myra Butler MD, MHSc
Ophthalmology Resident
Vancouver, BC

168. Dr. Douglas L Haberstock DDS, MDS
Orthodontics
Edmonton, AB

169. Dr. Sharon Dell MD
Full Professor, University of Toronto
Pediatrics
Toronto, ON

170. Dr. Andrew Lawe MD, FRCS
General Surgery
Trail, BC

171. Dr. Alison Leggett
Hospitalist
Calgary, AB

172. Dr. Jason Bailey MD
Palliative Care Physician
Guelph, ON

173. Dr. Wendy S. Willmore BSc MD FRCS(C)
General Surgery
Fort Erie, ON

174. Dr. Sheila Rutledge Harding MD, MA, FRCPC
Haematologist
Saskatoon, SK

175. Dr. Andrew S. Johnson MD, FRCPC
Adult Infectious Diseases
Program Director, Adult Infectious Disease Residency Training Program
Clinical Assistant Professor, University of Calgary, Department of Medicine, Division of Infectious Diseases
Calgary, AB

176. Dr. Elmer Thiessen DDS
Family Practice
Williams Lake, BC

177. Mr. Wei Sim
Medical Student
Kingston, ON

178. Dr. Ray Deobald MD
Assistant Clinical Professor
General Surgery & Surgical Oncology
Saskatoon, SK

179. Dr. John Harvey, MD FRCSC
Opthamology
Hamilton, ON

180. Dr. John Gordon Murray Robertson MD
OBGYN
Chilliwack, BC

181. Dr. Jana Nigrin MD, FRCP(C)
Medical Microbiology
Edmonton, AB

182. Dr. Edward J. Rzadki MD, FRCPC
Psychiatrist
Toronto, ON

183. Dr. Karen Mason MD
Family Physician (retired)
Volunteer at Langley Hospice
Langley, BC

184. Dr. Jane Pritchard MD, CCFP, FCFP
Toronto ON

185. Dr. Mikulas Pavlovsky MD
Family Physician (retired)
Regina, SSK

186. Dr. Shauna Burkholder MD, FRCPC
Pediatric Intensivist
Calgary, AB

187. Dr. W.E.Schneider MD, FCFP, FCBOM
Assistant Clinical Professor, University of Alberta
Edmonton, AB

188. Dr. Alanna Fitzpatrick MD
PGY5 Plastic Surgery Resident
Hamilton, ON

189. Dr. Jeannette Furtak DPM
Podiatrist
Edmonton, AB

190. Dr. Howard Bright MD, CCFP
Chilliwack, BC

191. Dr. Luke Chen MD, FRCPC, MMEd
UBC Hematology Training Program Director and Hematologist
Vancouver, BC

192. Dr. Hans Wu MD
Family Physician
Vancouver, BC

193. Dr. Eric Mulder MD, FRCPC
Psychiatry
Barrie, ON

194. Dr. Simon Woo MD, FRCPC
Specialty Psychiatry
Vancouver, BC

195. Dr. Cindy Lou MD, CCFP
Coquitlam, BC

196. Dr. Joyce Wonmi Choi MD, CCFP (COE)
Family Medicine/Care of the Elderly
Vancouver, BC

197. Dr. Mary-Magdalene Ugo Dodd, MD
Ophthalmologist
Saskatoon, SK

198. Dr. Maarthen Reinders MD, CCFP
Orillia, ON

199. Dr. Julia Bright MD
Family Physician
Chilliwack, BC

200. Dr. Iris Liu MD, CCFP
Clinical instructor at UBC and Site Faculty of Behavioural Medicine and Scholarship
Abbotsford, BC

201. Dr. Matthew McRae MD, FRCSC
Plastic Surgeon
Hamilton, ON

202. Dr. Mark McRae MD, FRCS(C)
Assistant Professor, Department of Surgery, McMaster University
Plastic Surgery
Hamilton, ON

203. Dr. Ralph Kyrillos MD, FRCSC
Ophthalmology
Sacramento, California - Fellowship training

204. Dr. Alana Cormier MD, CCFP
Family Physician
Halifax, NS

205. Dr. Rodolfo Domínguez MD, CCFP
Family Medicine
Toronto, ON

206. Dr. Fok-Han Leung MD, CCFP, FCFP, MHSc
Family Physician
Toronto, ON

207. Dr. Warren Molberg MD, CCFP(EM)
Emergency Medicine
St Albert, AB

208. Dr. Nathan Schneidereit MD
Colorectal and General Surgery
Nanaimo, BC

209. Dr. W Wayne Weston MD, CCFP, FCFP
London, ON

210. Dr. Geoff Protheroe MD
Family Physician
Calgary, AB

211. Dr. Brad Burke MD, FRCPC
Physical Medicine & Rehabilitation
Windsor, ON

212. Dr. Dan Reilly MD
Obstetrician & Gynecologist
Fergus, ON

213. Dr. Jessica Kwapis MD, FRCSC
General Surgeon
Sensenbrenner Hospital
Kapuskasing, ON

214. Dr. Alice Chen MD, CFPC, FCPC, MAR, MA (Mental Health Counseling)
Family physician and psychotherapist
Toronto, ON

215. Dr. Anthony Kerigan MD
Palliative Care Physician
Hamilton, ON

216. Dr. François Primeau MD FRCPC FCPA
Geriatric Psychiatry
Lévis, QC

217. Dr. Agnes Tanguay MD
Family Medicine
Ottawa, ON

218. Dr. Vanessa Sweet MD
Anesthesiology
Dartmouth, NS

219. Dr. Renata Leong MD
Toronto, ON

220. Dr. Wendy Berghuis-Hummel BSc, MD, CCFP, FCFP
General Practice, Psychotherapy
Ottawa, ON

221. Dr. Kevin H.M. Kuo, MD MSc, FRCPC
Clinician-Investigator and Staff Hematologist
Red Blood Cell Disorders Program
Therapeutic Apheresis Program
Division of Medical Oncology and Hematology, Department of Medicine, University Health Network
Assistant Professor
Division of Hematology, Department of Medicine, University of Toronto

222. Dr. Francesca Lobo MD, FRCPC
Hamilton, ON

223. Dr. Doug Wiebe MD
Occupational Rehabilitation & Pain Management Physician
Port Moody, BC

224. Dr. Amy Megyesi MD
Family Medicine
Salmon Arm, BC

225. Dr. Bruce Hiller MD
General Internal Medicine
Comox, BC

226. Dr. Chris Newcombe MA
Emergency Medicine
Nanaimo, BC

227. Dr. Patrick MacGillivray MD, MSc, CCFP
Family Medicine
Ottawa, ON

228. Dr. Chantale Demers MD, CCFP (CAC Palliative Medicine)
Palliative Care
Winnipeg, MB

229. Dr. Timothy Dowdell MD, FRCPC, CCFP
Associate Professor, University of Toronto
Radiologist-in-Chief
St. Michael's Hospital
Toronto, ON

230. Dr. Vanessa Sweet MD, FRCPC
Anesthesiology & Perioperative Medicine
Dartmouth, NS

231. Dr. Frank Fornasier MD, FCFP
Family Medicine, Hospitalist
Burlington, ON

232. Dr. Kenneth Fung MD, MB., FRCS (Lon)
Agincourt, ON

233. Dr. Mary C.Y. Lee MD, FRCP
Rheumatologist
Toronto, ON

234. Dr. Nisha Fernandes MD
Associated Department of Medicine
Internal Medicine
Markham, ON

235. Dr. Lubomir Alexov MD, CCFP(PC)
Family Physician
Scarborough, ON

236. Dr. Natalia Pastuszewska MD
Brantford, ON

237. Dr. Mary de Porres Ilo MD, CCFP-EM
Brantford, ON

238. Dr. Anne C Halstead MD, FRCP(C)
Vancouver, BC

239. Dr. Tony (J. A. S.] Marriott MB, ChB, DPM, FRCP(C)
Psychiatrist
Millgrove, ON

240. Dr. Jeffrey Betcher MD, FRCPC, MA (Bioethics)
Departments of Anesthesiology and Critical Care
Department Head and Medical Director, Critical Care
Regina Qu'Appelle Health Region
Clinical Assistant Professor, College of Medicine, University of Saskatchewan

241. Dr. Janice Halpern MD, FRCPC
Psychiatrist
Toronto, ON

242. Dr. Michael Varelas MD
Neurologist
Vancouver, BC

243. Dr. Philip Quinlan MD
Family Practice
Burford, ON

244. Dr. Christopher J Ryan MD
Family Physician
Vancouver, BC

245. Dr. Luke Savage BKin(Hons), MD, CCFP
Rural Family Medicine Physician
Three Hills, AB

246. Dr..Vincent Fung MD
Vancouver, BC

247. Dr. Mary OConnor MD
Family Physician
Ottawa, ON

The following resources may be helpful in the deliberations of the committee. We are providing them in the form of an annotated bibliography for ease of use.

1. **De Lima, L., Woodruff, R., Pettus, K., Downing, J., Buitrago, R., Munyoro, E., et al. (2017). International association for hospice and palliative care position statement: Euthanasia and physician-assisted suicide. *Journal of Palliative Medicine, 20*(1), 8-14. doi:10.1089/jpm.2016.0290 [doi]**

   This is the most current position statement from the International Association for Hospice and Palliative Care.

2.
   a. **Foley, K. M. (1991). The relationship of pain and symptom management to patient requests for physician-assisted suicide. *Journal of Pain and Symptom Management, 6*(5), 289-297.**
   b. **Foley, K. M. Pain (1995) Physician-assisted Suicide, and Euthanasia. *Pain Forum* 4(3): 163-178**
   c. **Foley, K. M. (1997). Competent care for the dying instead of physician-assisted suicide. *The New England Journal of Medicine, 336*(1), 54-58. doi:10.1056/NEJM199701023360109 [doi]**

   In these papers by Dr. Foley, she essentially makes an argument that the application of proper palliative care makes physician assisted suicide unnecessary. She is a world leader in the area of palliative care (writing extensively on the topic).

3. **Jones, D. A., & Paton, D. (2015). How does legalization of physician-assisted suicide affect rates of suicide? *Southern Medical Journal, 108*(10), 599-604.**

   This paper finds there is an increased rate of suicide in jurisdictions where physician assisted suicide is practiced.

4. **Keizer, A. A. (2013). Euthanasia in advanced dementia: A moral impossibility. [Euthanasie bij gevorderde dementie: een morele onmogelijkheid] *Nederlands Tijdschrift Voor Geneeskunde, 157*(25), A6407.**

5. **Kissane, D. W.; Kelly, B. J. Demoralisation, depression and desire for death: problems with The Dutch guidelines for euthanasia of the mentally ill (2000) *Australian and New Zealand Journal of Psychiatry*; 34:325–333.**

   This paper concludes that "Dutch guidelines for physician-assisted suicide in the mentally ill generate serious concern given the uncertainty of prognosis, potential range and variability of outcome of treatments of suicidality and the boundary violations that are involved for the psychiatrist. The guidelines have the potential to dangerously alter the practice of psychiatry and should be condemned".

6. **Mendelson, D., & Haywood, I. (2014). Minors' decision-making capacity to refuse life-saving and life-sustaining treatment: Legal and psychiatric perspectives. *Journal of Law and Medicine, 21*(4), 762-773.**

   The capacity of minors to make decisions related to euthanasia is questioned in this paper.

7. **Oduncu, F. S., & Sahm, S. (2010). Doctor-cared dying instead of physician-assisted suicide: A perspective from germany. *Medicine, Health Care, and Philosophy, 13*(4), 371-381. doi:10.1007/s11019-010-9266-z [doi]**

   The authors conclude that: "Euthanasia and PAS as practices of direct medical killing or medically assisted killing of vulnerable persons as "due care" is to be strictly rejected. Instead, we propose a more holistically-oriented palliative concept of a compassionate and virtuous doctor-cared dying that is embedded in an ethics of care."

8. **Somerville, M. A. (1999). Euthanasia is wrong: Legalizing it would have a dangerous impact on society *The Gazette*; Montreal, Que. [Montreal, Que]15 May: B5.**

9. **Van Norman, G. A. (2014). Physician aid-in-dying: Cautionary words. *Current Opinion in Anaesthesiology, 27*(2), 177-182.**

   This paper warns that vulnerable populations maybe at risk with PAS and euthanasia policies.