



CSMD – 143M
C.G. – Question
de mourir dans
la dignité

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Attention: Anik Laplante
Fax: 418 643-0248
csmd@assnat.qc.ca

**Brief to the National Assembly of Québec
Select Committee on the Issue of Dying with Dignity**

I am pleased to submit the attached brief to the National Assembly of Québec Select Committee on the Issue of Dying with Dignity.

If you have questions or comments on the brief, please contact Gordon Self, Vice-President, Mission, Ethics and Spirituality. You can reach him by phone at 780.735.9596 or by email at gordon.self@covenanthealth.ca

Thank you for the opportunity to present this submission. We look forward to hearing the results of your deliberation.

Sincerely,

Greg Hadubiak
Senior Vice President

I. Identification of Author

Covenant Health is Canada's largest Catholic provider of health care, building on a 146-year history of service in Alberta.

Our organization draws on the rich legacy of eight communities of Catholic Sisters who founded our health care ministries across Alberta and effectively laid the groundwork for Alberta's health care system beginning in 1863. Covenant Health was formed on October 7, 2008 with the merger of 16 Catholic facilities in 11 communities across Alberta under a single board and administration. The goals of the consolidation were to establish a bold new direction for Catholic health care in Alberta, maximize the strengths and contributions of each facility, improve operational effectiveness, and ensure a coordinated approach to working within an integrated provincial health care system.

Covenant Health has a budget of over \$600 million and a team of approximately 14,000 staff, physicians and volunteers.

We serve as a significant partner in Alberta's integrated health system. Funded by Government through Alberta Health Services, Covenant Health provides a range of services—including acute care, continuing care, assisted living, palliative care, hospice, rehabilitation, respite care, and seniors' housing in urban and rural settings.

End of life care takes place in all of our facilities across Alberta. We have 73 designated palliative care beds, including a 20-bed Tertiary Palliative Care unit for Albertans with high symptom needs. The majority of admissions to the Tertiary Palliative Care unit are for suffering related to severe psycho-social and spiritual distress.

Palliative care is a strategic initiative for our organization. Our end-of-life strategy endeavours to meet the needs of dying Albertans by:

- Educating healthcare professionals, volunteers and the general public
- Conducting research
- Implementing end-of-life clinical pathways
- Supporting frontline providers with consultation services

Our Mission

We are called to continue the healing ministry of Jesus by serving with compassion, upholding the sacredness of life in all stages, and caring for the whole person—body, mind and soul.

Our Vision

Covenant Health will positively influence the health of Albertans and be of greater service to those in need by working together with compassion, quality and innovation.

Our Values

As a Catholic organization, we are committed to serving people of all faiths, cultures and circumstances, according to our values:
Compassion, Respect,
Collaboration, Social Justice,
Integrity, Stewardship

We are grateful for this opportunity to present to the Select Committee of the National Assembly of Québec on the issue of dying with dignity. We believe this is a very important societal issue that we must understand more fully, both as recipients and providers of health care services. Despite the recent defeat in the House of Commons of Bill C-384 - An act to amend the Criminal Code (right to die with dignity), this issue is not far from public consciousness. We follow with keen interest the commitment of your government to debate this issue publicly and hope to contribute in some way to the outcome of this process through our own submission.

While health care is a provincial jurisdiction and accountability which we honour, certainly the implications of the issue being debated are significant for all Canadians. Our attention to such public policy debates that hold national significance have been heightened by our own merger experience. The consolidation of Catholic health care facilities in Alberta in 2008 has made Covenant Health the largest Catholic provider in Canada. Our perspective has been widened by the diversity of views and perspectives within our own organization, and even more so when advocating with other Catholic health care providers nationally.

Although we are a newly consolidated organization, together, we have a long history in providing quality palliative care and hospice services. The Roman Catholic sisters who founded our institutions were widely known for the compassionate and holistic care in which they ministered to the dying. In fact, it was due in part to the leadership of the Grey Nuns congregation in responding to an unmet need that contributed to the establishment of the Tertiary Palliative Care Unit at the Grey Nuns Community Hospital in Edmonton in 1995. Today, this is a world renowned teaching centre in palliative medicine, pain and symptom management, and research.

Our commitment to palliative care is reflected in our end-of-life strategy, a key priority in our strategic plan. As we face an aging population presenting with ever more complex end-of-life needs, we are well positioned to provide comprehensive palliative and hospice services and be of greater service to vulnerable populations. As an organization, Covenant Health advocates comprehensive care and end of life resources. We are vehemently opposed to the legalization of euthanasia and physician assisted suicide.

Arguments for euthanasia are based on the rights of the individual and the right to have suffering relieved. The argument is that we have a moral right to do something, including euthanasia, in order to relieve suffering. Yet the strongest voices against legalizing euthanasia and physician-assisted suicide in our organization are the palliative care practitioners who work with the dying. They believe society has not adequately addressed the needs of the dying and their families. Euthanasia is viewed as a means to an end.

In the Roman Catholic tradition, euthanasia and assisted suicide represents the ultimate failure of compassion and expression of solidarity, revealing the seeming incapacity in being truly present to one another's suffering. It has been said that if anyone in the community hurts, then the entire community hurts along with them. For the person confronting their mortality and the spiritual, psychological and existential questions often triggered during this process, having someone to accompany them and to listen to their experience is as important as the appropriate pain and symptom management that is provided.

It seems that whenever physical or psycho-spiritual needs are not appropriately attended together in a comprehensive and holistic manner the interest in euthanasia and assisted suicide grows. This is unfortunate, and we believe the lack of public education that seeks to dispel fears of people dying in abject pain or spiritual distress no doubt contributes to this misperception, which Bill C-384 and previous private member's bills appeared to capitalize on.

Suffering requires the mobilization of a community of interdisciplinary health care professionals trained in the skills to support those who suffer deeply. These skills include an ability to help the person explore the depths of their being and the source of the existential suffering. Legalization of euthanasia is not a substitute for such support. A society that permits euthanasia will not remain committed to such high

standards of palliative care. There can be meaning in suffering but only if there is a support for those who suffer.

Clearly we are opposed to the use of euthanasia or physician assisted suicide for those who are dying and have argued that excellence in palliative/end of life care is essential to relieving individual suffering and should be the right of every Canadian. We are also gravely concerned about the greater societal implication if euthanasia was legalized. If Canadians, as individuals, believe that we have the moral right to self determination including the right to request euthanasia or physician assisted suicide it does not necessarily follow that there is nothing morally wrong with doing it. If we believed that an individual has the right to decide and request euthanasia why are safe guards required? Based on identified safeguards, a healthy person requesting euthanasia would have been denied, but why does this person not have the right to decide? This rationale suggests that we have a different value of the life of someone who is terminally ill versus someone who is healthy. The message is euthanizing someone who is healthy is wrong and yet euthanizing someone who is dying is acceptable. We are essentially saying we value the life of someone who is dying less than those who are well. There is something objectionable about the very act of deciding if a life is worthless and valueless. The legalizing of euthanasia, in effect sanctions the practice of society deciding value. Persons who request euthanasia are suffering and while it is important to understand the nature and cause of the distress, it is equally important that we do not assign value to the person's life.

Roman Catholic values establish the moral imperative to protect human life. Life is sacrosanct and every human life has intrinsic value despite perceived quality. If we believe life is sacrosanct then to intentionally end any life is morally wrong. Legalizing euthanasia could change our moral grounding. Euthanasia is not a private act; it devalues lives of the disabled, the elderly, and the chronically and terminally ill and becomes a declaration about our society. As well, euthanasia has the potential to desensitize society and distort ideas about compassion.

The availability of euthanasia would redirect resources and energies away from the reason someone requests euthanasia and ultimately the relief of their suffering. Those who are proponents of euthanasia believe that it would only be given to those who ask for it with clear, lucid, free, uncoerced consent. How would it be possible to eliminate coercion from the equation? The prevailing research shows that psychological and spiritual distress, suffering and burden are the reasons people request euthanasia.

The concept of burden has been well articulated as a reason individuals request euthanasia. Thus we are deeply troubled that Bill C-384 risked the lives of people with disabilities, people with chronic physical or mental conditions and other vulnerable persons who already feel stigmatized as a perceived burden upon society, despite the questionable safeguards the Bill promised. Making euthanasia an option may deny some, specifically the vulnerable person, the option of choosing life. If euthanasia is a choice, then continued existence must be a choice. Either way, an individual is held responsible for the choice they make and will need to justify that choice. This is especially challenging if others do not see value in your life and it becomes increasingly difficult as emotional, caregiving and financial burdens come to bare. Therefore, even those who feel their life is worth living may choose euthanasia if it is the opinion of others around them that it is not. Thus, the fact that there is a choice may lend itself to pressure to request euthanasia.

We are especially concerned that those who experience burden and anguish without any prospect of relief would view any legalization of euthanasia as reflective of their "duty to die." We call upon provincial and national governments to support those who are arguably the most vulnerable citizens in our country with the appropriate community, mental health, and palliative care resources to mitigate even one person resorting to taking their own life, or asking another person to assist them to do so.

As the baby boomer generation begins to retire and our society ages, the demand for quality palliative and end-of-life care will undoubtedly increase. We believe Covenant Health can positively influence the health of Albertans and other Canadians by providing compassionate support to an aging population. Without such positive efforts, we believe some will turn to euthanasia and assisted suicide as a way of addressing a deeper social issue. We need to promote a just society that values the intrinsic dignity of all

Canadians, as well as ensure appropriate seniors housing to allow the elderly to age in place and to flourish. Otherwise, we will continue to grapple with proposed solutions like Bill C-384.

Bill C-384 raised some vital issues that still must be addressed. We believe it is equally important to clearly articulate what we do stand for as Canadians, and to define the kind of just and compassionate society in which we wish to live and die. The autonomy argument is compelling; however, euthanasia is not an autonomous act but a social decision. Autonomy has no meaning without community; living in community assigns meaning to autonomy. Given that we live in a complex social network, the autonomy argument needs to be tempered with the social realities of legalizing euthanasia.

Euthanasia is not an end in itself with intrinsic value, but it is a means to realize a perceived quality of the dying experience as described by supporters. The argument against legalization is not necessarily about the care of an individual but is about the ethics of publicly sanctioning a social policy and practice regarding care of the vulnerable in society. It is important to explore the context of social issues related to euthanasia including burden, meaning in suffering and value of person. We believe it is insufficient to simply vote against a bill without, at the same time, bringing proportionate effort in advocating for quality palliative and end-of-life care.

We welcome the opportunity to support governments in any way we can in the development and promotion of comprehensive chronic, palliative and mental health care. In the absence of public education and strengthened commitment by government to promote these services, we believe there will only continue to be one private members bill after another purporting death with dignity, that we maintain offers false hope and perpetuates unnecessary public fear and anxiety. We believe these are not viable options, nor do they represent what compassionate care, solidarity, and respect for the intrinsic dignity for persons is all about.

The Federal Minister of Health responded positively to our letter regarding the Government of Canada's efforts to ensure Canadians have access to quality palliative and end-of-life care in our country. We support this approach, which is in complete alignment with our organization's mission, values and strategic priorities. We are committed to partnering with clinicians, funders, researchers, policy makers and all those who share this vision of quality palliative and end-of-life care in our country. We respectfully acknowledge the contributions of clinicians and researchers in Québec in advancing palliative care medicine in this country. We are indebted to the collegial relationships that have been established by leaders in palliative care across Canada, and what has been achieved by working effectively together in lobbying for a greater role, and funding, for quality end of life care in our province.

Covenant Health is committed to working together to help shape public policy that relieves suffering for Canadians, enhances the quality of living and dying, and responds compassionately to the physical, psychological, social, spiritual and practical needs of the person who is dying, their family and other loved ones. We welcome any opportunity to support the delivery of quality palliative and end-of-life care in this country. We applaud your government's commitment to engage necessary public debate that will promote, not undermine, what our two provinces have achieved in care of the dying.

As we develop our organization's end-of-life strategy, there are opportunities for collaboration and shared vision that we believe may be of mutual interest for practitioners across Canada that can help shape public debate as to what dying with dignity calls us to do.

Our commitment and efforts are inspired by the vision of the religious women who founded our institutions. By working together we can carry rich legacy forward for future generations with compassionate service, working with others who share a desire to care for our most vulnerable citizens with compassion, dignity and respect.