



July 12, 2010

Members of the Select Committee on Dying with Dignity  
National Assembly of Quebec  
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Dear Members

**Re: Brief on Dying with Dignity, submitted by the Canadian Society of  
Palliative Care Physicians**

**Introduction**

The Canadian Society of Palliative Care Physicians (CSPCP) is a national association of approximately 300 physicians intimately involved in the care of patients with life-threatening conditions, from the time of diagnosis to bereavement. It is our Society's vision to promote the highest quality of end-of-life care by physicians in Canada.

The Society is very interested in participating in the public consultation process and would like to request an opportunity for a presentation to the Select Committee. Dr. Bernard Lapointe is the Society's Boardmember for Quebec and will be our representative.

**Summary**

The Canadian Society of Palliative Care Physicians' main priority is to support physicians in the provision of quality end-of-life care and hospice palliative care services. The Society recognizes that palliative care is not available to all persons who require or could benefit from it. This gap will grow as our population ages. Many people do not understand what palliative care is, and there are many myths surrounding palliative care. In addition to better public education about what palliative care is and entails, there is a need for improved palliative care services and resources. Physician Assisted Suicide and Euthanasia (PAS/Euthanasia) are not substitutes for palliative care and are not generally supported by Palliative Care physicians and other palliative care providers; yet we recognize that the issues of PAS/Euthanasia are important ones deserving of time and attention. Before embarking on legislative changes, the Society maintains that support and funding for research to identify what the public understands about these issues and to gain a better understanding why persons request PAS/Euthanasia need to be pledged.

Simultaneously, we urge that access and availability of quality hospice palliative care services should be provided to *all* Canadians. We support that educational initiatives be promoted to ensure that every health care professional has the skills and knowledge to provide pain and symptom management and support for patients and families at end of life. Only when we have fulfilled all of these requirements, can we embark on an informed debate about PAS/Euthanasia.

### **Dying with Dignity: What are the issues that Canadians really need to understand and support?**

Death is an inevitable part of life and yet it is a topic that we as a society and individuals do not like to discuss. About 90% of Canadians will die from a chronic illness, such as heart disease or cancer. Many will have symptoms associated with advanced illness and will experience some degree of distress. However we also know that with additional support most symptoms can be well controlled with the appropriate use of medications and other therapies. Enhanced services and resources that support patients and families living with life threatening illnesses also make a consistent difference during this vulnerable time.

Palliative Care is defined as whole-person health care that aims to relieve suffering and improve the quality of living and dying. It strives to help patients and families meet all their physical, psychological, social, spiritual and practical needs at the end of life, and cope with loss and grief. To meet these needs, an inter-professional model is applied. It includes all settings of care, such as: the home, the community, the residential hospice, and the hospital. It is care which starts at diagnosis of a life threatening condition, carries through until the death and continues on into bereavement care.

Palliative Care offers many ways to control and manage pain and other symptoms. It provides psychological and spiritual support to address the suffering of patients and their families. High quality hospice palliative care can give people a greater sense of meaning and control over their lives. It helps people plan for end of life, and gives them choices about when and for how long they want treatment, medications, food or ventilator support. It recognizes that people have the right to refuse treatment.

***Currently only 16-30% of Canadians have access to adequate palliative care services, depending on location. This gap will grow as our population ages. Too many die with suffering or needs that could have been addressed.*** Our federal and provincial governments have not invested the resources that are necessary to allow patients to experience good symptom control and alleviation of physical and psychosocial distress. Due to limited resources, Palliative Care is often restricted to the terminal phase of an illness. Home support services are sadly lacking. Support of family caregivers is lacking or very limited in regards to financial assistance, training and education to improve the capabilities of caregivers and counseling to address the stresses of care-giving and bereavement. Fundamental education about the application of basic palliative care principles to all persons with a life-threatening illness for all health care professions is still limited. Opportunities to train future medical specialists and experts in all other health care disciplines that comprise an interdisciplinary team are restricted. The Society feels that lack of these supports is driving the public to consider euthanasia and physician assisted suicide as alternatives.

In clinical practice we have found that the reasons for requesting PAS/euthanasia are complex and changing over time. One of the most cited reasons is the sense of being a burden to others, also a fear or experience of severe pain and other symptoms. Many of these patients suffer from depression and hopelessness. The need for control over one's life, illness and death is also a motivating factor. Most of these situations could be successfully addressed by the availability of high quality palliative care services. The available medical research results support these observations, but there is a need for more support and funding for research to better understand what the public understands about these issues and why persons request Euthanasia or Physician Assisted Suicide.

The public debate about PAS/Euthanasia has been complicated by a lack of clarity of the terms employed, a lack of understanding of the alternatives to PAS/Euthanasia and the theoretical nature of the debate for most of those participating. These issues need to be addressed before any valid decisions can be made about changes to the legal aspects of PAS/Euthanasia.

Until the Canadian public demands good quality palliative care for everyone, we will continue to debate topics like Euthanasia and Physician Assisted Suicide in the belief that this will solve the problem of suffering at the end of life. Until all Canadians can have access to appropriate supports and resources, any debate about Euthanasia is premature.

## References

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