FOR THE RECORD

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Health troubles in Nunavut

Nunavut is the only Canadian jurisdiction without mental health treatment facilities and desperately needs more mental health professionals and community wellness programs, according to an external review of the state of the territory 10 years after its creation (www.gov.nu.ca/reportcard/analysis%20and%20recommendations.pdf).

A territory-wide addictions and mental health strategy is imperative to redress high suicide rates and excessive use of drugs and alcohol, states the report, *Qanukkanniq?* (which means "What's next?" in Inuktitut).

People with mental illness are one of three groups in Nunavut that are at most risk, along with elders and youth, the report states, adding that people need increased access to mental health services and mental health workers such as counsellors and nurses. "Communities perceive government inaction in the provision of mental health programs and services, largely because of the lack of mental health nurses in most communities. There is wide acknowledgement that an effective mental health strategy starts with prevention, and includes treatment opportunities close to home."

The report also stresses the need for greater investment in preventative health. People in almost all communities in Nunavut claim they are lacking "recreational and health choices within their communities," the report states, adding that a need exists for wellness programming and health education, which could be met through the creation of Community Health Committees. "A holistic approach to improving community health through prevention means considering all aspects of community well-being, including a sustainable economy and support for citizens so that they are not oppressed by poverty."

The Nunavut government commissioned the report card from North Sky Consulting last May. The information was collected via public meetings, personal interviews, online surveys and radio phone-in shows. More than 2100 people in 25 Nunavut communities were consulted. — Roger Collier, *CMAJ*

Independent think tank closes doors

The Canadian Policy Research Networks, which published scores of reports on health care and conducted the community consultations for the Royal Commission on the Future of Health Care in Canada headed by ex-Saskatchewan premier Roy Romanow, will cease operations at the end of the year.

"We are losing a much needed voice. In the landscape of public policy we need think tanks that have a different approach from the perceived conventional wisdom of the day," says Romanow.

For the Royal Commission, the networks did seminal and progressive work conducting public consultations across the country that found that Canadians "clearly viewed health care as a public good, and not a commodity," he adds.

Sharon Manson Singer, president of the 15-year-old networks, says Canada has "lost policy capacity across the country — both independent and at every level of government. We are thin on the ground in terms of our policy capacity compared to other developed nations."

The organization has been in survival mode Sept. 25, 2006, when the federal government cancelled a multi-year $12-million sustaining grant agreement that it had signed five months earlier.

That cut, combined with the recession and the federal government's "loss of appetite" for independent evidence-based research — the federal share of the network's contract research fell from 40% to 4% within a year — doomed the organization, which has 22 employees and about 15 regular contractors, Manson Singer says. "But more important is the loss of a Canadian voice."

The Canadian Policy Research Networks was founded in 1994 by Judith Maxwell, the former head of the Economic Council of Canada, a federally funded Crown corporation which was dissolved by the government in 1993.

The demise of the nonprofit organization represents the loss of another arm's-length policy voice, says Bruce Campbell, executive director of the Canadian Centre for Policy Alternatives, now the only remaining "national multi-issue" nonprofit policy organization. Campbell says the centre is not dependent on government funding, but rather has core funding from its 11 000 members, made up of individuals, non-governmental organizations and unions.

The death of Canadian Policy Research Networks and other similar independent organizations degrades the policy dialogue process, Campbell adds. "You're left with corporate-funded think tanks" and, as a consequence, democracy is undermined, he says.

The Canadian Policy Research Networks joins the Law Commission of Canada and the Canadian Labour and Business Council as organizations that have ceased to exist after they and others had their funding cut in 2006.

Ironically, the networks' website highlights a commentary, *Canadian Non-Profit Organizations Play a Critical Role in Social Innovation and Economy*, which states that nonprofit and charitable organizations "work hard to make our communities a better place by providing quality research, policy advice … on everything from health care to housing, to education, the environment and the economy." — Ann Silversides, *CMAJ*

Royal Society panel to study physician-assisted death

The Royal Society of Canada has launched a one-year exercise to assess the pros and cons of permitting physician-assisted death.

To that end, the society has appointed a six-member "Expert Panel on End-of-Life Decision Making," chaired by Udo Schuklenk, professor of philosophy and Ontario research chair in bioethics at Queen's University in Kingston, Ontario.

The expert panel has decided to "focus squarely on the questions of whether or not physician-assisted suicide and/or voluntary euthanasia ought to be decriminalized in Canada," Schuklenk stated in an email, adding that the panel plans widespread consultations. "We will tackle these questions by means of an in-depth review of the legal situation in the country, as well as a review of the situation clinicians, as well as terminally ill patients, face on the ground in Canada on a daily basis."

The panel will also canvas the international landscape, Schuklenk said. "A number of jurisdictions outside Canada have since decriminalized physician assisted suicide and/or voluntary euthanasia. We will evaluate the experiences made in these countries with respect to influential arguments deployed against decriminalization by opponents of voluntary euthanasia and/or physician assisted suicide."

"We may or may not issue recommendations," Schuklenk added.

The Royal Society's governing board suggest that the panel first determine the state of knowledge regarding end-of-life care (including "what is driving current decision-making in this area — e.g., is it economics, shortages of providers, lack of training, normative stances, etc."). It then asks that the panel ascertain "what are the main value positions (normative stances) in play and to what extent are they actually motivating decisions?"

Schuklenk says the expert panel plans to report back to the society within a year. Joining him on the panel are: Dr. Johannes J.N. van Delden, chair of the Ethical Commission of the Medical Council of the Royal Netherlands Academy of Arts and Sciences; Jocelyn Downie, Canada research chair in health law and policy at Dalhousie University in Halifax, NS; Sheila McLean, International Bar Association chair of law and ethics in medicine at Glasgow University in Scotland; Dr. Ross Upshur, Canada research chair in primary care research at the University of Toronto in Ontario, and Daniel Weinstock, Canada research chair in ethics and philosophy at the University of Montréal in Quebec. — Wayne Kondro, *CMAJ*

Quebec College of Physicians issues qualified endorsement of euthanasia in exceptional circumstances

People who are facing imminent and inevitable death should be provided "the most appropriate possible" care at the end of their lives, the Quebec College of Physicians says while recommending that amendments be made to the Criminal Code of Canada to allow euthanasia for terminally ill patients.

"Patients must know that multiple alternative last resort treatments exist, to which they or their loved ones may choose to consent or not," the college states in a "reflection" document, *Physicians, Appropriate Care and the Debate on Euthanasia*, released Nov. 3. "For their part, doctors must be aware that they will not be obliged to practice euthanasia. Nevertheless, those physicians who, in certain exceptional circumstances, would accept conducting activities that could be interpreted as euthanasia must be reassured that they will not be exposing themselves to criminal sanctions if they respect the conditions of proper medical practice."

Noting that "there is nothing to be gained by medical paternalism," the paper, which was adopted by the college's board of directors on Oct. 16, states that society has evolved to the point where consensus decisions can be made by physicians, families and other health care providers in "difficult" clinical situations such as, for example, cases in which a patient did not express their wishes in advance or are not competent to do so, but there is consent from the patient's family. "Many doctors would probably feel justified in shortening the agony of certain incompetent patients in a terminal phase and suffering from uncomfortable pain" (www.cmq.org/en/medias/profil/commun/Nouvelles/2009/~/media/208E2B537FB144FAAE33DEB458D3AA90.ashx?110904).

"A new sensitivity is clearly evident among both doctors and the public that there are exceptional situations where euthanasia could be considered by patients and their loved ones and by doctors and other caregivers as a final step necessary to assure quality care to the very end. This must be recognized in order to allow for more open discussion of all the options available at the end of a patient's life and to clearly identify the responsibilities of all parties concerned in that regard. Although certain distinctions must be drawn (i.e., between terminating treatment, relieving pain and euthanasia, between euthanasia and assisted suicide), the question of euthanasia must be integrated as a part of appropriate end-of-life care as soon as possible. If euthanasia is to be permitted, it should certainly be within a context of care and as a medical act." — Wayne Kondro, *CMAJ*

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