

CMA delegates defer call for national discussion of medically assisted death

Doctors grappling with the ethical, legal and medical implications of assisting in the deaths of suffering patients have deferred a request from their Quebec colleagues for the Canadian Medical Association to spearhead a national discussion of the issue.

On the final day of the CMA's 146 annual General Council meeting in Calgary, Alberta, delegates defeated a motion that asked the association to urge "all relevant levels of government to conduct a large-scale public consultation to consider the recognition of medical aid in dying as appropriate end-of-life care."

The motion was triggered by Quebec's proposed legislation that would allow doctors to comply with patients' requests for help in supplying life-ending medication under particular circumstances, such as when a patient has a terminal illness and suffers intractable physical or emotional pain with no hope of relief. The Quebec legislature will begin public hearings on Bill 52, An Act respecting end-of-life care, this fall.

Dr. Laurent Marcoux, the president of the Quebec Medical Association, introduced the motion and urged his colleagues to take a leadership role in moving the discussion about assistance in dying, as part of end-of-life care, to the national stage.

"Although something as delicate, as sensitive as medical aid in dying [doesn't have public consensus]... it is undeniable that social acceptance of this is increasing," Marcoux said.

Doctors are already receiving requests to provide terminal sedation, Dr. Lee Donohue from Ottawa made clear. "I have many patients that ask me for my aid, assistance, support and expertise in helping them to die."

Dr. Pierre Harvey, another Quebec physician, also asked the CMA to step up to start a national debate on assisted



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death. "Our mandate is to be leaders in health care in Canada. Give me one good reason why as leaders we should not confront this inevitable question. It has to be discussed everywhere in Canada.

Other doctors, however, particularly those involved in palliative care, objected to their national association undertaking that role.

"We're asking people to talk about medical aid in dying without even knowing about palliative care," said Dr. Fiona Keller from Vernon, British Columbia, who represents the Canadian Psychiatric Association.

After a contentious debate over the wording of the motion and definition of terms — ranging from medically assisted death to physician-assisted suicide to euthanasia — the nearly 300 doctors attending the meeting voted instead to refer the issue to the CMA's board for future deliberation.

The decision leaves intact the CMA's 2007 policy, which states that doctors should not participate in

euthanasia or assisted suicide. The policy recognizes, however, that it is the prerogative of Canadian society to change the laws regarding assisted suicide and euthanasia.

The delegates' apparent reluctance to see CMA take a leadership role in tackling this emotional and divisive issue prompted a strong reaction from at least one Quebec doctor

"Canadian physicians outside Quebec do not want to talk about this issue of medical aid in dying," Dr. Ruth Vander-Stelt from Gatineau, Quebec, told her colleagues.

Nevertheless, aging Canadians are asking for help in dying, said Vander-Stelt who made clear she has conscientious objections to giving such assistance.

General Council did approve a separate motion that confirms the right of any doctor to exercise a conscientious objection when faced with a request for medical aid in dying.

Delegates also directed the CMA to support the inclusion of palliative care

training in medical curriculum and passed a motion supporting the right of all Canadians' access to home-based palliative care.

The doctors' refusal to launch a national dialogue on physician-assisted death reflects the deep divisions within the medical community, Dr. Robin Saunders from Sooke, BC the outgoing chair of the CMA's ethics committee, told his colleagues.

In a 2011 survey of 6000 CMA members, Saunders said, 38% of respondents believed physician-assisted suicide should remain illegal, with 34% believing it should be legalized.

"We are a split profession," the palliative care physician said.

The doctors were, however, united on other issues at the meeting, as they supported a grab-bag of motions, including one objecting to the attitude of National Hockey League owners and executives in tolerating — some doctors said promoting — violence in the game.

General Council also directed the CMA to support a ban on the sale of energy drinks to Canadians who are under the legal drinking age in their jurisdiction and called for a strategy to combat obesity, including restricting

the sale of high-calorie, low-nutritional value food and drinks in recreational facilities frequented by young people.

Among the other motions the delegates approved was one to support campaigns to prevent fetal alcohol spectrum disorder in Aboriginal communities in Canada — an issue that provoked some discussion when other delegates pointed out that fetal alcohol spectrum disorder also occurs outside of Aboriginal populations. — Laura Eggertson, *CMAJ*

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