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Medical assistance in dying revisited

Dear Colleagues,

Bill C-7 was passed in March 2021.¹ This bill amends the Criminal Code with respect to medical assistance in dying (MAID) and eliminates the 10-day waiting period when death is imminent; introduces a 90-day waiting period when death is not foreseeable; includes mature minors as eligible for consideration; allows for advance directives in certain circumstances; and indicates that individuals with mental illness as the sole underlying medical condition might be eligible in 2 years. This 2-year waiting period will allow for an expert panel to review safeguards that should be in place for those with mental illnesses seeking MAID.

We thank members of the CFPC's Ethics Committee and Medical Assistance in Dying Resource Group for the advice they provided in preparation for CFPC's submission to the Senate Committee on Bill C-7.

Our response to Bill C-7 is based on the CFPC's *A Guide for Reflection on Ethical Issues Concerning Assisted Suicide and Voluntary Euthanasia*, released in 2015.² Our primary principle described therein is that "physicians must be cognizant of the scope of their responsibility in providing care to a patient. The CFPC opposes in principle any action that would abandon a patient, without any options or direction."²

This applies to both the issue of conscientious objection and to our support of the changes described in Bill C-7 in meeting the needs of patients.

The CFPC has not taken a definitive position regarding requests for MAID when severe mental illness is the sole reason for the request. This said, we acknowledge the intractable suffering that can be associated with mental illness. From a human rights perspective, we support the notion that, in the context of severe, prolonged, intractable suffering, MAID requests should carefully consider each individual's decision-making capacity, not the diagnosis they have.

Our core residency training program in family medicine includes all the elements of meeting patient needs along the entire life cycle, including when faced with a life-limiting illness. We recognize the importance of acquiring the necessary additional competencies required for those family physicians who wish to provide MAID. We are prepared to support these needs and requirements through our participation in appropriate

continuing professional development planning committees and accreditation.

A recent federal government report³ on MAID revealed that in 2019, 65% of MAID procedures took place with the involvement of family medicine (family medicine and family and emergency medicine), and 9.1% with the involvement of palliative medicine (palliative medicine and family and palliative medicine). It is important to note, in this respect, the importance of our discipline and of our ethos as family physicians in accompanying patients during life-limiting decisions, regardless of one's personal feelings toward MAID.

Further, in caring for patients facing life-limiting decisions, access to MAID should never be a substitute for good access to care. This includes palliative care, which must be resourced and accessible to all who need it; it also includes access to social and mental health supports, and to having a life worth living by appreciating the effects of social determinants of health such as income, housing, and education. This is of particular relevance, not only to those who live with mental illness, but also to those who live with disability.

Although there were opportunities offered for public consultation before Bill C-7 was passed, it must be acknowledged that many health care issues have been pushed to the margins as the pandemic has monopolized much of our attention. Bill C-7 is about our direction as a country, the kind of care we provide, and how those who are differently abled and those who struggle with mental illness see themselves. As the expert panel does its work over the next 12 months, we suggest that greater public engagement is required, so that we as a society understand and appreciate what is in front of us and what the present and future of MAID holds for our patients. 🌿

Acknowledgment

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References

1. Bill C-7. *An Act to amend the Criminal Code (medical assistance in dying)*. Ottawa, ON: House of Commons of Canada; 2020.
2. CFPC Task Force on End-of-Life Care. *A guide for reflection on ethical issues concerning assisted suicide and voluntary euthanasia*. Mississauga, ON: CFPC; 2015. Available from: https://portal.cfpc.ca/ResourcesDocs/uploadedFiles/Health_Policy_PDFs/Guidefor%20Euthanasia_EN_Final.pdf. Accessed 2021 Apr 6.
3. *First annual report on medical assistance in dying in Canada, 2019*. Ottawa, ON: Government of Canada; 2019.

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Cet article se trouve aussi en français à la page 387.