Delegate Motions
End-of-life care

1. DM5 - 3
2. DM5 - 4
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147th GENERAL COUNCIL
DELEGATES' MOTIONS
END-OF-LIFE CARE
(Note: Motion pages attached)

MOTION DM 5-3
MOVER Dr. David Kendler
SECONDER Dr. Shirley Sze

The Canadian Medical Association recommends that the time to benefit of prescribed interventions and medications be considered when providing care for older adults and patients approaching the end of life.

MOTION DM 5-4
MOVER Dr. David Pontin
SECONDER Dr. Suraiya Naidoo

The Canadian Medical Association will investigate and communicate Inuit, Métis and First Nations' perspectives on euthanasia, physician-assisted death and end-of-life care.

MOTION DM 5-5
MOVER Dr. Doris Barwich
SECONDER Dr. Douglas McGregor

The Canadian Medical Association will engage in physician human resource planning to develop an appropriate strategy to ensure the delivery of quality palliative end-of-life care throughout Canada.

MOTION DM 5-6
MOVER Dr. Ewan Affleck
SECONDER Dr. Louis Hugo Francescutti

The Canadian Medical Association supports the right of all physicians, within the bounds of existing legislation, to follow their conscience when deciding whether to provide medical aid in dying.

MOTION FORM
CANADIAN MEDICAL ASSOCIATION – GENERAL COUNCIL 2014

MOTION CATEGORY AND TYPE
Delegates' Motions

x Policy Motion
Directive Motion

MOVER Dr. Ewan Affleck

SECONDER Dr. Louis Hugo Francescutti

MOTION

The Canadian Medical Association supports the right of all physicians, within the bounds of existing legislation, to follow their conscience when deciding whether to provide medical aid in dying.

1. SUBSTANTIVE RATIONALE

CMA recognizes that assisted death is illegal in Canada, and it is the prerogative of society to decide whether the laws dealing with euthanasia and assisted suicide should be changed. CMA's mandate is to best support physicians in their effort to provide quality patient care. Recognizing the polarizing nature of the assisted-death debate, unanimity of the CMA membership on this matter is unlikely; just moral and ethical arguments form the basis of those both supporting and refuting assisted death. Rather than choosing to prohibit or approve physician-assisted death, CMA will best serve Canadians seeking quality health care by highlighting that physicians may follow their conscience when deciding whether to participate within the bounds of existing law. The CMA Board supports bringing this motion forward to General Council as a Board-sponsored motion.

2. KEY STAKEHOLDERS

CMA, provincial/territorial medical associations, federal/provincial/territorial governments

3. SUGGESTED IMPLEMENTATION

CMA would update its policy to reflect this motion should it be accepted by General Council.

4. RELEVANCE TO CMA MISSION, VISION, VALUES AND STRATEGIC OBJECTIVES

This motion supports CMA's mission of "Helping physicians care for patients" as well as its vision of "The CMA will be the leader in engaging and serving physicians, and the national voice for the highest standards for health and health care."

5. ESTIMATED RESOURCES REQUIRED (money, time, human)

HR less than one person week	HR more than one person week – less than one person month	HR over one person month	Under $5,000	$5,000-$50,000	Above $50,000
x			x		

6. ADDITIONAL COMMENTS

The current policy on euthanasia and physician-assisted suicide does not sufficiently reflect the broad spectrum of opinions on the matter held by Canadian physicians, and may adversely impact patients with terminal conditions and unremitting suffering from obtaining compassionate care. CMA's policy states Canadian physicians should not participate in euthanasia or assisted suicide and that the membership is divided. The definitions found in the CMA's policy (http://policybase.cma.ca/dbtw-wpd/Policypdf/PD14-06.pdf) are helpful and serve as the definitional standard for this document.

The debate surrounding assisted death hinges on the moral and ethical right of individuals who are suffering as a consequence of end-of-life illness to electively terminate their lives on compassionate grounds. Canadians appear to be divided, some arguing that assisted death for compassionate reasons and under the supervision of a trained professional should be a service available to alleviate suffering in the terminal phase of life, while others suggest that assisted death is immoral and unethical regardless of circumstance.

Implicit in CMA's mission statement, helping physicians care for patients is the centrality of the patient in the mandate of Canadian physicians. CMA's current policy on euthanasia and assisted suicide suggests that Canadian physicians should not participate in assisted death. This poses a dilemma for CMA, as it could be suggested that a prohibition on physician-assisted death bars physicians from providing a service desired by some patients to alleviate pain and suffering. The CMA Code of Ethics states that physicians should "provide for appropriate care for your patient, even when cure is no longer possible, including physical comfort and spiritual and psychosocial support." Further the Code states that physicians should "respect the right of a competent patient to accept or reject any medical care recommended," and "ascertain wherever possible and recognize your patient's wishes about the initiation, continuation or cessation of life-sustaining treatment." This implies the paramount importance of honouring the will of the patient in determining the course of therapy they receive, including end-

of-life therapy. Given that evidence supports that there are competent Canadians with terminal illness who seek the services of physicians to assist them with dying, how then can Canadian physicians justify withholding a service against the will of a patient? Rather than choosing to prohibit or approve physician-assisted death, CMA will best serve Canadians seeking quality health care by highlighting that physicians may follow their conscience when deciding whether to participate within the bounds of existing law.

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