



**KEY MESSAGES:**  
**Palliative Care and Medical Assistance in Dying (MAiD)**  
**May 2019**

**Background**

In June 2016, the Federal Government enacted Bill C-14 legalizing assisted death under certain circumstances and adopted the term ‘Medical Assistance in Dying’. ‘Medical Assistance in Dying’ (MAiD) includes both euthanasia and assisted suicide, whereby under Canadian law eligible patients may have their lives intentionally ended through either the direct administration, typically injection (euthanasia), or self-ingestion (assisted suicide) of a lethal dose of drugs prescribed by a physician or nurse practitioner. The vast majority of MAiD procedures in Canada are provided through euthanasia. The term ‘Medical Assistance in Dying’ continues to cause confusion with respect to the role of palliative care. Palliative care provides medical assistance/aid in dying every day to patients and their families, to help them live as fully as possible until their natural death. The goal of this Key Messages document is to help clarify and define the role of palliative care within the Canadian context of legalized euthanasia and assisted suicide, these latter practices hereafter referred to as “MAiD”.

**Key Messages**

1. Patients with life threatening conditions have a right to high quality palliative care regardless of their end of life choices, including MAiD.
2. Provision of MAiD is a practice distinct from palliative care.
3. Palliative care strives to reduce suffering, not to intentionally end life.
4. Requests for MAiD may be indications of suffering that could be ameliorated by high quality palliative care. No patient should choose MAiD because of lack of access to palliative care.
5. The Canadian public must be able to continue to trust that the principles of palliative care remain focused on effective symptom management and psychological, social, and spiritual interventions to help people live as well as they can until their natural death.

6. Physicians who do not wish to participate directly or indirectly in MAiD should have their integrity and fundamental freedoms, including freedom of conscience, protected.
7. MAiD needs to be a healthcare system responsibility, rather than the responsibility of individual practitioners, with a separate and parallel system to provide awareness, information, counselling and linkages to the appropriate service(s) that can be directly accessed by patient, families, non-medical health care professionals and institutions without the requirement for a referral. (e.g. Alberta system).
8. Given the nature and role of the physician-patient relationship, a mandatory non-patient initiated 'duty to inform' all those with serious illness about a right to access MAiD as an end of life option could exert undue pressure or cause subtle/overt coercion of patients. Clinicians should only be required to inform a patient that MAiD is a legal option in Canada if a patient makes an inquiry or request.

### **Role of Palliative Care**

As a specialty, we see our contribution when patients with a life-threatening illness express a desire to die as the following:

1. To explore the nature of a patient's suffering and to address it through effective symptom management and psychological, social and spiritual support.
2. To provide education and support to colleagues regarding the role of palliative care to help patients live as fully as possible until their natural death.
3. To advocate for a high quality, accessible palliative approach to care with access to specialist palliative care services when needed for more complex cases.
4. To prioritize and advocate for harm reduction, including:
  - a. Potential harm to patients who choose MAiD because of inadequate support, including palliative care;
  - b. Potential harm to any other person who may be negatively impacted, including those physicians that object to participating directly or indirectly in actions involving MAiD based on medical, moral or religious principles;
  - c. Potential harm to the specialty of palliative care.

**The CSPCP strongly advocates for universal access to high quality palliative care to address the suffering experienced by patients with life-threatening illness and their families.**