Physician-Assisted Dying: Position Statement

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Statement

The Canadian Society of Hospital Pharmacists (CSHP) is committed to patient care through the advancement of safe and effective medication use and the promotion of best practices and interprofessional collaboration. The Supreme Court of Canada’s decision in Carter v. Canada decriminalizes physician-assisted suicide and voluntary euthanasia in Canada. In accordance with the laws and ethics that govern and guide pharmacists in every Canadian jurisdiction, CSHP advocates for respect for the rights and autonomy of the patient. CSHP also advocates for protection under federal law of all pharmacists who choose to participate in activities related to physician-assisted death, while also upholding each healthcare professional’s right to conscientious objection, provided that continuity of care is not compromised.

To safeguard both individual patients and society at large, CSHP recommends that the following essential conditions be met within the healthcare system:

• availability and provision of palliative care and psychosocial care, in accordance with current best practices
• availability of an interprofessional team, including a pharmacist, dedicated to the assessment of individual cases and possible provision of physician-assisted suicide and voluntary euthanasia
• in any specific case of physician-assisted death, direct access by the pharmacist to the patient’s documented consent, to the physician’s assessment that the patient has decisional capacity and meets all other requirements, and to all other patient-specific information needed to evaluate the appropriateness of the prescription
• ongoing protection of vulnerable people from coercion

On February 6, 2015, the Supreme Court of Canada released its judgment in the case of Carter v. Canada. In its ruling, the Court deemed 2 sections of the Criminal Code to be void to the degree that “they prohibit physician-assisted death for a competent adult person who (1) clearly consents to the termination of life and (2) has a grievous and irremediable medical condition (including an illness, disease or disability) that causes enduring suffering that is intolerable to the individual in the circumstances of his or her condition.” Initially the Court issued a 12-month suspension on its declaration, which would have ended on February 6, 2016, at which time physician-assisted dying would no longer be illegal in Canada. On January 15, 2016, the Court extended the suspension of the declaration of invalidity by 4 months from the date it is set to expire. The province of Quebec has been exempted from the 4-month extension. Furthermore, the Court ruled that Canadians outside Quebec seeking physician-assisted dying can apply to their provincial superior court for relief.

In keeping with the Court’s decision, anyone who has a “grievous and irremediable medical condition” should be offered all appropriate, available options, including psychosocial and palliative care, based on best and leading practices, early in the disease process. This practice would be in keeping with the first ethical principle of doing no harm to patients (nonmaleficence). In addition, people who pursue physician-assisted dying should be free of external influence (coercion), their consent should be truly voluntary, and their intent should be persistently demonstrated through a documented history of intent.

In its ruling, the Court acknowledged inherent risks in permitting physician-assisted dying, but stated that these risks “can be limited through a carefully designed and monitored system of safeguards.” Such a system is needed and should be built “with kindness, with wisdom and with integrity.” With these considerations in mind, CSHP advocates for the implementation of the following safeguards:

• creation of a national interprofessional panel, including at least one pharmacist, reporting to the federal government, and providing policy guidance to ensure that best and leading processes are followed
• creation of local interprofessional teams, each of which includes a pharmacist, to care for patients who seek physician-assisted death
• presence of a physician during voluntary euthanasia or physician-assisted suicide, to manage the patient’s journey to death (e.g., to handle side effects, to ensure efficacy for the intended outcome, and to provide supportive care)
• removal of any unused medications dispensed for the purpose of physician-assisted death
• ongoing psychosocial care of interprofessional teams who care for patients who seek physician-assisted death

The Court also stated that nothing in its decision “would compel physicians to provide assistance in dying.” In addition, the Court stated “that a physician’s decision to participate in assisted dying is a matter of conscience and, in some cases, of religious belief.” In anticipation of the legislative and regulatory response to this ruling, the Court underlined “that the Charter rights of patients and physicians will need to be reconciled.”

The Court made no mention of other healthcare professionals in its decision. Nonetheless, the above statements should apply to all healthcare professionals who could potentially be involved in physician-assisted death. Participation on a healthcare team that is involved in physician-assisted death must be completely voluntary. Pharmacists, like all other members of the healthcare team, must adhere to their professional and personal principles of medical ethics, which include autonomy, nonmaleficence, beneficence, and justice. Within the patient–clinician relationship, it is essential that the autonomy of both parties be respected. Respect for individual autonomy and
justice requires that pharmacists, along with other members of the interprofessional team, be free to voluntarily withdraw their participation at any time for reasons of personal conscience. This requirement is based on the principle of conscientious objection. CSHP supports the creation of a system that would allow for access by patients to physician-assisted death and involvement or noninvolvement of healthcare professionals in physician-assisted death, without penalty or discrimination.

References


2. External Panel on Options for a Legislative Response to *Carter v. Canada*; 2015 [cited 2015 Oct 26]. Available from: http://www.ep-ce.ca [website includes a reading room that summarizes the *Carter v. Canada* decision, highlights the legislative regimes on physician-assisted dying in other countries, summarizes the risks and safeguards, and provides other information].


Additional Reading


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