St. Monica's Adult Faith Education

CARE FOR THE SICK AND DYING:
A MISSION OF MERCY

We sometimes hear of euthanasia and assisted suicide described as "mercy-killing". Many people are afraid of dying alone, in pain, or of feeling that they are a burden to family and society. Palliative care invites us to truly care for the chronically or terminally ill with compassion, to relieve their suffering, and ultimately prepare them for their journey home. Join us as we explore this merciful way of caring for the sick and dying.

Panel of Invited Guests
Moderated by Deacon Richard Haber M.D.

Saturday, November 14, 2015
10:00 AM to 12:00 PM

St. Monica's Parish Hall
6405 rue de Terrebonne
www.stmonica.ca

R.S.V.P. By November 12

Sign-up sheet at main church entrance, or
Anna at (514) 481-0267 ext. 22
anna.diodati@stmonica.ca

NOTE: Transportation is available upon request at registration

EUTHANASIA

- Terminology matters since the literature often includes euthanasia with other 'end-of-life' decisions such as withholding/withdrawing treatments and palliative sedation
- An example: "Deliberate ending of life was defined as administering lethal drugs with the purpose to end the life or shorten the life of a newborn who is otherwise stable. We do not use the term 'euthanasia' because in the Netherlands, this can be used only when a physician ends the life of a patient on the patient's explicit request."
  - Verhagen,Pediatrics, 120,July 2007,e20

EUTHANASIA

- Euthanasia is an act in which a physician has the intention to end someone's life and actually does so through the use of a pharmacological agent (lethal injection, pill, lethal cocktail etc.) or by other means. (see www.vivredignite.com)
- Euthanasia contravenes section 222 of the Criminal Code of Canada (no longer after Supreme Court Decision in Carter)
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PHYSICIAN-ASSISTED SUICIDE

- Physician-assisted suicide is when a physician, with the intention of assisting someone to end their life, prescribes a lethal cocktail or pharmacological agent, or provides necessary information enabling that person to kill themselves
- This is also illegal in Canada and contravenes section 241 of the Criminal Code (No longer)
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PALLIATIVE SEDATION

- "PST is defined as the use of specific sedative medications to relieve intolerable suffering from refractory symptoms by a reduction in patient consciousness, using appropriate drugs carefully titrated to the cessation of symptoms. The initial dose of sedatives should usually be small enough to maintain the patients' ability to communicate periodically. The team looking after the patient should have enough expertise and experience to judge the symptoms as refractory. Advice from palliative care specialists is strongly recommended before initiating PST. In the case of continuous and deep PST, the disease should be irreversible and advanced, with death expected with hours to days."
- De Graeff, PalliativeSedation Therapy, J of Palliative Care, 110, 2007,p67

FRAMEWORK URGES PHYSICIANS TO PROCEED WITH CAUTION ON PALLIATIVE SEDATION

- A draft policy framework proposes that continuous palliative sedation therapy only be administered in the last two weeks of life, as a final resort when all other efforts to treat a patient's suffering have been exhausted and it's unlikely they will recover to a former level of functioning.

CMAJ, February 8, 2011, 183(2)

PROBLEM AREAS

- Decisions to withdraw or withhold life-prolonging therapies e.g. ventilatory support, IV nutrition, antibiotics
- Decisions to refrain from ordering more investigations
- DNR orders

CATHOLIC CATECHISM ON CARE FOR THE DYING

2277 Whatever its motives and means, direct euthanasia consists in putting an end to the lives of handicapped, sick, or dying persons.

It is morally unacceptable.

Thus an act or omission which, of itself or by intention, causes death in order to eliminate suffering constitutes a murder gravely contrary to the dignity of the human person and to the respect due to the living God, his Creator. The error of judgment into which one can fall in good faith does not change the nature of this murderous act, which must always be forbidden and excluded.

2278 Discontinuing medical procedures that are burdensome, dangerous, extraordinary, or disproportionate to the expected outcome can be legitimate; it is the refusal of "over-zealous" treatment.

Here one does not will to cause death; one's inability to impede it is merely accepted.

The decisions should be made by the patient if he is competent and able or, if not, by those legally entitled to act for the patient, whose reasonable will and legitimate interests must always be respected.

2279 Even if death is thought imminent, the ordinary care owed to a sick person cannot be legitimately interrupted.

The use of painkillers to alleviate the sufferings of the dying, even at the risk of shortening their days, can be morally in conformity with human dignity if death is not willed as either an end or a means, but only foreseen and tolerated as inevitable

Palliative care is a special form of disinterested charity.

As such it should be encouraged.

"The difference between what I do and euthanasia is that palliative care does whatever is necessary to alleviate the suffering while euthanasia is focused on eliminating the sufferer."

Palliative Care Physician, Ira Byock

Quebec's Bill 52

- Passed unanimously shortly after the Liberal Government took office, Bill 52 was the culmination of the report by the Commission on Dying with Dignity sponsored by the PQ government
- It is modeled after the Belgian laws on euthanasia which was said to have all the necessary safeguards to prevent abuse which subsequently has been shown to be false

Bill 52 and the Collége des medecins du Québec

- The College has issued a guide to euthanasia to all Quebec physicians
- Interestingly, the cause of death must never be indicated as euthanasia!
- Bill 52 was illegal but the Quebec government argued that euthanasia was part of health care and therefore under provincial law. With the Supreme Court decision, Bill 52 is now legal with all its ramifications for patients and physicians

“Bill 52 is a recipe for abuse. There are few safeguards or attempts at prevention. There is no established waiting period or psycho- logical evaluation required. The doctor has no obligation to provide information about mental health or social intervention, or to en- sure that needed services or supports are in place. An heir can fill out the euthanasia re- quest form (“in case of physical incapacity”) and accompany the person to sign it before the “health or social service professional.”

SUPREME COURT DECISION

In a momentous decision released February 6, 2015, the Supreme Court of Canada ruled that the Canadian *Criminal Code* prohibitions on voluntary euthanasia (section 14) and assisted suicide (section 241(b)) violate the *Canadian Charter of Rights and Freedoms*. Physician-assisted death will be legal in Canada within 12 months.(Final written judgment released on October 15, 2015)

SUPREME COURT DECISION

Performed by a medical practitioner in the context of a physician-patient relationship, where the assistance is provided to a fully-informed, non-ambivalent competent adult person who: (a) is free from coercion and undue influence, is not clinically depressed and who personally (not through a substituted decision-maker) requests physician-assisted death;

SUPREME COURT DECISION

and (b) has
been diagnosed by a medical practitioner as having a serious illness, disease or disability (including disability arising from traumatic injury), is in a state of advanced weakening capacities with no chance of improvement, has an illness that is without remedy as determined by reference to treatment options acceptable to the person, and has an illness causing enduring physical or psychological suffering that is intolerable to that person and cannot be alleviated by any medical treatment acceptable to that person. (para. 1393)

Further, with respect to slippery slopes and abuse of the vulnerable, Justice Smith found (and the Supreme court accepted) that there was: "no evidence from permissive regimes that people with disabilities are at heightened risk of accessing physician-assisted dying;" "no evidence of inordinate impact on socially vulnerable populations in permissive jurisdictions;" and "no compelling evidence that a permissive regime in Canada would result in a 'practical slippery slope.'"

BELGIUM AND THE NETHERLANDS

- What has happened since the legalization of euthanasia/assisted suicide?

QUESTIONS FOR DISCUSSION

- What is your reaction to the film clip?
- In your mind, why was Simone euthanized?
- How would you deal with Pietr and his family?
- What are the moral/ethical dimensions of being the agent of someone else's death?
- How does legalizing euthanasia/assisted suicide change the medical profession?
- What does legalizing euthanasia/assisted suicide say to the disability community, to the elderly community?

Résidence de soins palliatifs de l'Ouest-de-l'Île
La compassion, c'est notre priorité

West Island Palliative Care Residence
Compassion lives here

COMPASSION LIVES HERE

Quebec Bill 52 (Law 2)
and
Community Palliative Care Residences

Teresa Dellar, MSW, PSW, FT
Director General

THE ALLIANCE

- The Alliance is a group that is made up of Quebec palliative care residences to better share their experiences, their data, their activities and pooling of their resources.

- 30\31 Hospices part of the Alliance

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Law 2: There is Legal 'Out'

- A hospital center must provide 'medical aid to die', palliative care residences do not.
- Physicians are permitted to conscientiously object to be involved with or to provide medical aid to die to their patients.
- Conscientious objecting physicians are required to refer patients who request 'medical aid to die' to someone who is willing to perform the service.

INDIVIDUAL HOSPICES CAN ALSO DECIDE THE FOLLOWING:

- If a patient is admitted to palliative care residence and then asks for 'medical aid to die', what are the next steps?

- If TRANSFER is the option, where and how?

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ADDENDUM TO THE ADMISSION CONSENT FORM

- I understand the X Residence does NOT offer Euthanasia, permissible now under Quebec law and referred to as 'medical aid in dying', to its patients.
- I understand the goal of palliative care is to offer me comfort via management of pain and other symptoms and this does not hasten death and allows for the natural process of dying to occur.

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ADDENDUM TO THE ADMISSION CONSENT FORM

- I understand that IF I change my mind and decide I want 'medical aid in dying' as per my right under Quebec's Law 2, I need to inform my treating MD of my wishes so that I may be transferred to a facility whose physicians have chosen to apply the provisions of Law 2.

WHAT HAPPENS ONCE ADMITTED AND THEY CHANGE THEIR MIND?

- Clarify and discuss with the reasons the patient is asking for 'medical aid in dying'.
  - Is there a need we aren't meeting?
  - Is pain well controlled?
  - Is the patient competent?
  - Is the patient being coerced to change his mind?

OUR RESPONSIBILITY

- Hospices must respect the patients' choice without judgement
- A formal contract with an institution or home care agency is required for transfer
- The hospice's medical and nursing team will expedite the transfer by contacting the receiving facility, by providing all the necessary medical information required and by continuing to provide palliative care until the patient is discharged

AS A PALLIATIVE CARE RESIDENCE

- Educate patients and families who ask about it
- Respect each others opinions and patients wishes, as always
- Keep personal opinions separate from our ability to listen to patient
- Continually seek to understand patients needs

These are NOT new tasks for us!

OUR ROLE

Be able to articulate to others (friends, family, donors, colleagues, etc) why palliative care philosophically is unable to provide this service, in the residence, on either floor

KEY TAKE AWAY MESSAGES

- Palliative care does not include any type of physician assisted death
- Palliative care does not hasten (or prolong) death
- Palliative care strives to end suffering, not life
- Canadians need universal access to palliative care including good pain and symptom management
- All patients deserve access to information about end of life options, including medical aid to die

Why can’t we provide palliative care and perform Euthanasia

- The World Health Organization has clearly indicated that euthanasia and medically assisted suicide are not the responsibility of palliative care.

- “Whatever our views on euthanasia it surely cannot and should not be introduced as a logical part or extension of palliative care.”

Cicely Saunders

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Thank You

Pavillon André-Brunet

Pavillon Stillview

DISCUSSION/SHARING OUR EXPERIENCES

- Do you have any personal experience journeying with a dying person?
- Have you had an experience of suffering either yourself or someone close to you which brought you new growth spiritually?
- Does your faith sustain you when you or someone close to you is suffering?
- Does euthanasia/assisted suicide really allow someone to 'die with dignity'?