

**Legislation
B.C. & Yukon Provincial Council**

**2018.03 Legislate Designation of Hospice/Palliative Care Services in Facilities
to Exclude Medical Assistance in Dying**

Whereas, Bill C-14 *An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying)* changed the provision of health care from “do no harm” to legalizing medical assistance in dying; and

Whereas, medical assistance in dying is being imposed on some hospice/palliative care facilities contrary to their philosophy and purpose which is to provide comfort care during a person’s final days; and

Whereas, Bill C-277 *Framework on Palliative Care in Canada Act* was legislated by the federal government; and

Whereas, hospice/palliative care as defined by the World Health Organization neither hastens nor postpones death, making it incompatible with medical assistance in dying; therefore, be it

Resolved, that national council of The Catholic Women’s League of Canada in 98th annual national convention assembled urge the federal government to legislate the designation of hospice/palliative care services in facilities to exclude medical assistance in dying; and, be it further

Resolved, that this resolution be forwarded through the national executive to the provincial councils, encouraging them to become aware of this issue as it pertains to their province/territory, and to act on it, as deemed necessary/prudent.

BRIEF: Legislate Designation of Hospice/Palliative Care, Free From Medical Assistance in Dying

Bill C-14 *An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying)* changed the dynamic of health care from “do no harm” to legalizing medical assistance in dying. The Supreme Court of Canada in *Carter v. Canada* stated that “Complex regulatory regimes are better created by parliament than by the courts” (McLachlin, et al). Also, Bill C-277 *An Act providing for the development of a framework on palliative care in Canada* was passed into law on December 12, 2017 (Canada), the federal government could pass legislation on the designation of hospice/palliative care to be free from medical assistance in dying.

BC Fraser Health Authority is mandating that medical assistance in dying be available in hospice/palliative care contrary to the philosophy, policy and purpose of hospice/palliative care. “All health authorities in BC, including Fraser Health, support the provision of medical assistance in dying in all settings... We will be proceeding with the final phase of implementation in hospice and palliative care settings” (Sinclair). Bill C-14 section 241.2(9) states, “For greater certainty, nothing in this section compels an individual to provide or assist in providing medical assistance in dying.”

Hospice and palliative care are incompatible with medical assistance in dying. The definition according to the World Health Organization and the International Association of Hospice and Palliative Care state that hospice and palliative care:

- Provides relief from pain and other distressing symptoms.
- Affirms life and regards dying as a normal process.
- Neither hastens nor postpones death...

Hospice/palliative care has always been a safe environment providing comfort care, addressing all aspects of patient care to live life well until natural death. In his address to a conference hosted by Anscombe Bioethics Centre in the United Kingdom, a doctor from Belgium cited “a palliative care centre where the director became known for being very welcoming to euthanasia requests. The centre began to get referrals simply for euthanasia and this changed the pattern of practice and the character of the centre such that a number of staff subsequently left” (Gately and Jones).

“There are also implications for palliative care: Those seeking euthanasia may be referred first to a palliative care centre for assessment, with agreement contingent upon the outcome. This has led to confusion among some patients as to the nature of palliative care” (ibid).

“Some patients are afraid to go to their doctor or hospital. Some carry cards requesting they not be euthanized. There are concerns that doctors will too quickly accede to a request for euthanasia and fail to facilitate the exploration of alternatives” (ibid).

The Catholic Women’s League of Canada urges the federal government to legislate a designation of hospice/palliative care, free from medical assistance in dying.

Works Cited

1. Canada, Parliament of, *An Act providing for the development of a framework on palliative care in Canada* December 12, 2017, <http://www.parl.ca/DocumentViewer/en/42-1/bill/C-277/royal-assent>
2. Canada, Statutes of, June 17, 2016, Bill C-14, *An Act to amend the Criminal code and to make related amendments to other Acts (medical assistance in dying)* <http://www.parl.ca/DocumentViewer/en/42-1/bill/C-14/royal-assent>
3. Gately, Pauline MA and Professor Jones, David Albert, Report from “*Euthanasia and Assisted Suicide: Lessons from Belgium*” A conference hosted by Anscombe Bioethics Centre, Scotland, November, 2014.
4. International Association of Hospice and Palliative Care, IAHPC Manual of Palliative Care 3rd Edition, <https://hospicecare.com/what-we-do/publications/manual-of-palliative-care/>
5. McLachlin, Beverly, et al, *Carter v. Canada (Attorney General)*, February 6, 2015, <https://scc-csc.lexum.com/scc-csc/scc-csc/en/item/14637/index.do>
6. Sinclair, Jim, Chairperson, Board of Directors, Fraser Health Authority, letter to Ms. Nancy Macey, Executive Director, Delta Hospice Society, December 19, 2017.
7. World Health Organization, definition of palliative care, www.who.int./cancer/palliative/definition/en/

Action Plan

1. Write to the prime minister, ministers of justice and health, and your member of parliament, urging the federal government to legislate designation of hospice/palliative care free from medical assistance in dying.
2. Educate members on keeping hospice and palliative care free from medical assistance in dying.
3. Where hospices are performing medical assistance in dying, withdraw all funding. Write to the board of directors of hospices stating the reason for the withdrawal of donations.
4. Monitor the federal government’s response to the request contained in the resolution.