Ethically Speaking...

CCBI-A has been invited by Bereavement Ministry of Good Shepherd Parish to present workshops, Tuesday May 17th on Advance Care Planning.

12:00 Noon — Tecumseh Site
13789 St. Gregory Rd.
7:00 pm — Emeryville Site
1203 Faith Drive.

Registration is required.

Please contact Betty Hompoth at Good Shepherd Parish
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Imagine for a moment that you’re a physician, and a patient comes to you for help with a painful, paralyzing, debilitating disease. You do everything you can to help him, but after many months of treatment, the disease has progressed and is significantly worse. Distraught, the patient decides he wants you to help him end his agony once and for all through death.

As a physician, you live by the dictum “Do No Harm”. Not only are you bound by the ethics of your profession, but your faith also teaches that life is sacred and to assist in ending another’s life is seriously morally wrong. But suppose the Law says that, in this instance, your conscience and religious beliefs cannot take precedence over to the patient’s right of autonomy and you must respect his decision to end his life by either obliging or making an ‘effective referral’, otherwise you are breaking the law. What do you do? That is the issue at hand facing Canadian healthcare providers and facilities.

**The Issue:** This April the Government introduced Bill C-14, legislation which would make physician assisted suicide an acceptable option in Canada. Such a fundamental change in the law raises many concerns regarding the freedom of conscience for healthcare providers who care for the dying. According to Bill C-14, the Federal Government is leaving matters of conscience to the Provinces. This year the Ontario College of Physicians and Surgeon (CPSO) approved its Interim Guidance on Physician Assisted Death. This was developed to ensure Ontario physicians are aware of the legal, and professional obligations and the CPSO’s expectations when it comes to assisted dying. One of the key elements of the document is in reference to conscientious objection. It states:

“Where a physician declines to provide physician-assisted death for reasons of conscience or religion, the physician must not abandon the patient. An effective referral must be provided. An effective referral means a referral made in good faith, to a non-objecting, available, and accessible physician or agency. The referral must be made in a timely manner to allow the patient to access physician-assisted death. Patients must not be exposed to adverse clinical outcomes due to delayed referrals.”

For many dedicated medical professionals such a referral would be considered immoral cooperation in an evil act.
Protection by the Charter of Rights and Freedoms: What is the meaning of the right to freedom of conscience? Normally in law and ethics, the right of freedom of conscience protects and fosters the right to maintain moral integrity by refusing to participate in an action that a policy or law has mandated but that the individual objects to on ethical grounds.

The Canadian Charter of Rights and Freedoms ensures everyone has the right to their faith and their conscience. The coming legalization, however will put healthcare practitioners and facilities in a compromised position. Despite this, Parliament’s Special Joint Committee on Physician-Assisted Dying recommended that objecting physicians should be required to provide a referral for patients who request physician-assisted death and that every publicly funded healthcare institution should be required to allow assisted death on its premises (recommendation 11). Thus those who cannot support the act because of their religious belief, conscience, or commitment to the Hippocratic Oath could be faced with the choice of following their conscience or face legal and personal consequences. If implemented, this legislation would make Canada the only jurisdiction with such an obligation.

The problem with referral: The right to freedom of conscience in law and ethics also extends to an individual’s right to refuse cooperation with others in a practice that he or she objects to on ethical grounds. In general, the more essential and direct the cooperation is in bringing about an immoral outcome the more immoral it is.

In medicine, referral means recommending a particular course of treatment, or sending a patient to an expert to receive that treatment. The patient is still in the care of the person referring him. Referrals include making an appointment and writing a letter of request and introduction.

From a theological perspective, referral of any kind in assisted suicide is considered immoral cooperation in the death of a patient. A physician, even though reluctantly, who refers a patient would be a guilty participant in the act. A law forcing providers to refer would require them to go against their religious beliefs and go against their conscience.
Addressing the Concern: There are many creative ways for legislators to ensure patients requesting physician assisted death, have their wishes respected without forcing healthcare professionals to violate their conscience. Many other jurisdictions throughout the world have included conscience protection in legislation with no evidence of it affecting patient care.

According to the Coalition for HealthCARE and Conscience, legislation legalizing assisted death must have conscience protections not only for healthcare workers but also for facilities such as hospitals, hospices and nursing homes. It must also protect both individuals and facilities against discrimination and suffering because of their right to conscientious objection. Such legislation must also ensure that no facility will be coerced to provide these services against their organizational values.

The Coalition for HealthCARE and Conscience represents over 110 healthcare organizations (60,000 staff) and more than 5,000 physicians across Canada who are opposed to physician assisted death. The Coalition believes that the parliamentary committee does not go far enough to protect the conscience rights of healthcare providers and facilities. Recently it has made a proposal, similar to one crafted by the Canadian Medical Association, which safeguards the consciences of healthcare workers and facilities without contravening the law.

Under this proposal, the federal or provincial government would create a process allowing patients to directly access an Assessment Advisor. The Advisor would provide resources and support to patients and connect them to physicians and facilities that provide assessment for assisted death/euthanasia. (see flowchart page 5)

Take Action - How You Can Help: As we go to press, Bill C-14 has had its second reading in parliament. The third reading will take place on May 2nd. It is still not too late to appeal for the Not Withstanding Clause, or failing this, to ask your MP to vote for freedom of conscience rights for both individuals and institutions not to be compromised. For more information about the issue or to learn how you can participate in ensuring Canadians’ faith and conscience rights are protected visit: http://www.canadiansforconscience.ca/

Maria Giannotti, MA,MS(c)Bioethics
Fr. Leo Walsh CSB
Patient requests Assisted Suicide/Euthanasia (AS/E)
Physician informs patient of ethical conflict (i.e. objection to AS/E) and continues to assess overall well-being of the patient to determine if suffering can be remedied and discusses all treatment of options with patient.

Patient makes a choice to request an assessment for AS/E.
**Patient has 2 options:**

- **Direct Access:**
  Patient remains under care of Physician

- **Transfer of Care:**
  Patient seeks transfer to another physician

Patient contact assessment advisor directly and continues to receive medical care not related to AS/E from their physician. The physician doing the assessment requests patient records. These are provided with patient approval.

Transfer arranged by the facility, program or assessment advisor, depending on the patient’s circumstances. Their physician provides all medical records to new physician or facility upon request with patient approval.
References and Resources


https://d3n8a8pro7vhmx.cloudfront.net/dwdcanada/pages/511/attachments/original/1457467786/pdamrp01-e.pdf?1457467786 Accessed April 24, 2016.


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Ethically Speaking provides news, articles and information from the Canadian Catholic Bioethics Institute at Assumption University in Windsor, Ontario. We welcome comments and feedback. Should you have suggestions for future articles or inserts, please contact the Editor at CCBI-A@assumptionu.ca

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