



Canadian Public Health Association Position Statement

Medical Assistance in Dying

April 2016

Statement

As a result of the 2015 decision by the Supreme Court of Canada (*Carter v. Canada*), the Government of Canada has developed legislation regarding medical assistance in dying.¹ The Canadian Public Health Association recognizes that this legislation will provide additional options for those suffering with terminal illness, but underscores the need that such decisions be based on the best available medical information for each case, and the moral and ethical concerns of both the person requesting assistance and the health professional(s) providing the service.

The Association affirms its support for the proposals contained in the *Report of the Special Joint Committee on Physician-Assisted Dying* and their alignment with the following considerations:

- Right of the individual for personal choice in medical care;
- Interpretation of the rights of the individual to reflect the law and ethical practice;
- The notion that medical assistance in dying causes benefit for those making the choice; and
- An obligation that the action does not intentionally inflict harm.

The view of the Canadian Public Health Association is that these considerations respect the principles of public health ethics and social justice, which are core to the foundation of public health practice.

Context

Medical assistance in dying is defined as care consisting in the provision, by a medical professional, of medications or substances to an end-of-life-patient, at the patient's request, in order to relieve his/her suffering by hastening death.² It is permitted in five countries (Switzerland, Belgium, the Netherlands, Luxembourg and Columbia) and five states in the United States (Oregon, Washington, Montana, Vermont and California). All jurisdictions permitting medical assistance in dying have developed criteria for this procedure that reflect their moral and ethical concerns.

In Canada, the laws concerning assisted suicide were considered by the *Supreme Court of Canada* on two occasions. First, in 1993, the *Supreme Court* ruled against assisted dying because, in their view, the societal norms valued preservation of life under all circumstances (Section 1 of the *Charter of Rights*

1. Medical assistance in dying is the terminology recommended by the Special Joint Committee on Physician-Assisted Dying for use in future legislation.

2. Medical assistance in dying should not be confused with euthanasia, which is defined as the deliberate act of ending another person's life to relieve that person's suffering. Similarly, palliative care is the provision of end-of-life care that provides comfort and dignity for the person living with a terminal illness, as well as the best quality of life for both the person and his/her family. Medical assistance in dying may be considered part of a broader palliative care approach, but this point of view is contentious.

and Freedoms) over “the right to life, liberty and freedom of the person, and the right not be deprived thereof except in accordance with the principles of fundamental justice” (Section 7 the *Charter of Rights and Freedoms*). The *Supreme Court* reconsidered that decision in 2015 and struck down the laws preventing access to assisted suicide. That decision was based on the notion that societal views had changed to now value individual rights and the right to die with dignity. As such, the previous prohibition violated Section 7 rights including:

- *Right to life* where prohibition may cause a person to end their lives earlier than necessary to relieve suffering;
- *Right to liberty* where the prohibition would prevent the sufferer from accessing their right to non-interference from the state concerning medical decisions; and
- *Right to security* where the original decision impinged on the individual’s security because they lacked control over their bodily integrity.

On February 25, 2016, a Special Joint Committee of the Parliament of Canada released a report entitled *Medical Assistance in Dying: A Patient Centred Approach* which provides recommendations on the provisions that should be included in any legislation concerning medical assistance in dying.

Summary of Evidence

A summary of evidence supporting this position statement can be found on [CPHA’s website](#).

Suggested Citation

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About CPHA

Founded in 1910, the Canadian Public Health Association (CPHA) is the independent voice for public health in Canada with links to the international community. As the only Canadian non-governmental organization focused exclusively on public health, CPHA is uniquely positioned to advise decision-makers about public health system reform and to guide initiatives to help safeguard the personal and community health of Canadians and people around the world. CPHA is a national, independent, not-for-profit, voluntary association. CPHA’s members believe in universal and equitable access to the basic conditions which are necessary to achieve health for all.

Our Vision

A healthy and just world

www.cpha.ca

Our Mission

CPHA’s mission is to enhance the health of people in Canada and to contribute to a healthier and more equitable world.