



Canadian Federation of Medical Students Position Statement on Medical Assistance in Dying

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Policy Areas

Accessibility of Healthcare; Competencies in Undergraduate Medical Education

Problem History

The legal right to medical assistance in dying was affirmed by the Supreme Court of Canada in its landmark decision in *Carter v. Canada* on February 6, 2015. The Court upheld that the Criminal Code provisions banning voluntary euthanasia and assisted suicide violated the right to life, liberty, and security of the person (1). It further specified that this ruling applied to those competent adults suffering from a grievous and irremediable medical condition that is enduring and intolerable to the individual within the context of their condition (1).

After an initial 12-month suspension of the decision, and an additional 4-month extension, the Court's ruling came into effect on May 6, 2015, invalidating sections 14 and 241(b) of the Criminal Code of Canada (2,3).

On June 17, 2016, the *Medical Assistance in Dying Act* became federal law in Canada, which reinstated the Criminal Code provisions, but created exemptions for medical assistance in dying as defined within the Act (4). Given that health care delivery is a provincial responsibility, each province has since been tasked with the establishment of a clear policy framework surrounding medical assistance in dying. Thus, the specifics regarding delivery of medical assistance in dying and expected clinical practices (including referral requirements) will vary across provincial jurisdictions (5).

Problem Definition

With the enactment of Bill C-14, and the prospect of new provincial guidelines regulating local practices, it will become increasingly important to ensure that medical students are adequately prepared to function appropriately within the new landscape of end-of-life care in Canada. Without such education, there may be confusion leading to suboptimal patient care and student experiences.

Position Statement

It is the position of the Canadian Federation of Medical Students that all Canadians have a right to a dignified end-of-life, and that a robust legal and policy-based system be implemented to support end-of-life care across Canada.

In addition, the CFMS believes that medical students must receive comprehensive education covering end-of-life care, medical assistance in dying legislation, as well as interaction with patients and families in end-of-life situations.

Recommendations:

The CFMS recommends that a robust legal and policy-based system, harmonised between provincial and federal legislations be created, and that it include the following elements:

1. Equitable access to high quality palliative and end-of-life care, regardless of geography, gender, language, income, or ethnicity;
2. Preserved rights of physicians to conscientiously object to providing medical assistance in dying, with the expectation that patients (according to their rights) be provided with resources, information, and referral to alternative providers - whether by the objecting physician or the health authority;
3. Increased adoption of advance care planning between patients, their loved ones, and health care providers, as well as protection of the legal integrity of advance care planning in health decision-making;
4. An increased commitment to the sustainable management of palliative care health and human resources such that all patients may have access to high quality end-of-life care services in a locale of their choosing, whether at home or within a health facility;
5. Adequate resources for both palliative hospice and home care, including facilitation of specialist support and input when required;
6. Support for primary care providers as they assist patients in the planning, seeking, and receipt of end-of-life services, including but not limited to medical assistance in dying;
7. Supporting the bereavement of loved ones and the needs of caregivers before, during, and after a patient's receipt of end-of-life services.

As medical students, we recommend the following pedagogical measures:

1. Medical schools implement and refine a comprehensive curriculum surrounding end-of-life care, including all aspects of palliative care and medical assistance in dying;
 - a. Such a curriculum should address the clinical, legal, social, and ethical aspects of medical assistance in dying and end-of-life care;
 - b. Such a curriculum should recognize the interprofessional nature of care delivery;
2. Mandatory supervision of medical learners by preceptors in end-of-life conversations in a clinical context;
3. Clear and accessible information about the full range of locally available services in palliative and end-of-life care, including access to medical assistance in dying;
4. Clear institutional policies and pathways on participation in medical assistance in dying as clinical learners, including protection of the student-preceptor relationship in the event of a learner's objection to medical assistance in dying;
5. Formal mentorship opportunities for students with specific interests in end-of-life care within, and ideally beyond, academic medical institutions.

The CFMS acknowledges that this is a developing issue and encourages students to continue seeking information from their home schools and health authorities as per recommendations.

Accountability Statement: The recommendations contained in this document will be purview of the entire CFMS executive, in particular the VP Medical Education and the VP Government Affairs.

Advocacy Plan:

1. The VP Government Affairs, or their delegates, will make use of these recommendations when speaking publicly about, or doing advocacy work surrounding, the issue of medical assistance in dying and end-of-life care.
2. The VP Medical Education, and their committee, will actively work to ensure the above pedagogical measures are put in place at all medical schools in Canada. As part of this effort, they are to contact appropriate stakeholders (such as medical student societies, faculties, the AFMC, the FMEQ, MCC, Royal College) as needed.

References:

1. Carter v. Canada (Attorney General), 2015 SCC 5, [2015] 1 S.C.R. 331.
2. Chan B, Somerville M. Converting the “Right to Life” to the “Right to Physician-Assisted Suicide and Euthanasia”: An Analysis of Carter V Canada (attorney General), Supreme Court of Canada. Med Law Rev. 2016 Apr 19.
3. Attaran A. Unanimity on Death with Dignity — Legalizing Physician-Assisted Dying in Canada. N Engl J Med. 2015 May 28;372(22):2080–2.
4. Bill C-14 An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying) (S.C. 2016, c. 3).
5. Canadian Medical Association. A Canadian Approach to Assisted Dying: CMA Member Dialogue Summary Report. Ottawa: Canadian Medical Association; 2016.