NIAGARA CLOSEUP: The politics of assisted dying

By Ray Spiteri, Niagara Falls Review
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Niagara Dr. Robert Fallis says he supports medically assisted death as an option, but thinks Canada needs to have a broader discussion about death itself, including providing better funding and access to palliative-care services in the country. (Mike DiBattista/Niagara Falls Review/Postmedia Network)

As Parliament and Canadians debate medical assistance in dying, one Niagara doctor says the country really needs to have a broader discussion about death itself.

“We should be talking about a larger bill that includes medical assistance in dying, but (also) talks about palliative care and talks about advanced directives — when people want to direct how they’re going to die, when they’re going to die, talks about all the important aspects of care that’s important leading up to dying,” says Dr. Robert Fallis, who supports medically assisted death as an option.

“Power of attorney, both medical (and) also financial. This needs to be encompassed within a much larger bill that allows people the rights all this stuff throughout Canada in a much more comprehensive way.”

The federal government has acknowledged the need for meaningful change for Canada’s palliative-care system, which is specialized medical care for people with terminal illnesses.

Health Minister and former 30-year doctor Jane Philpott has cited evidence that only 15 per cent of Canadians have access to high-quality palliative care when they need it.

“Right now in this country we completely underfund palliative care,” says Fallis, who has a history in emergency medicine and family practi in Niagara, but now focuses on addiction medicine.

“If palliative care had better access, better funding ... the whole discussion about the misery, the painful death, all of that stuff, would be significantly reduced, and the number of people required to have a medically assisted death would be substantially lower.”

Fallis says a lot of people don’t know that palliative care exists, and what it can do to help people so “they can really die with dignity, withou pain and without a lot of the medical complications that precede death.

“If that’s done well, then the whole idea of having to die, or having to have a medical-assisted death, is substantially reduced,” he says.

“That’s why, if we do this as a larger package of allowing people to die in an appropriate way and have that conversation, I think that that’s much more inclusive.”

The federal government’s contentious bill on assisted dying sailed through the House of Commons on Tuesday.

It was approved by a vote of 186-137.

Bill C-14 must now pass the Senate, where it faces choppier waters as senators are pushing for amendments.

It is all but certain the bill will not be passed by Monday, the day the ban on assisted dying is formally lifted.

If no new federal law is on the books, many doctors may be reluctant to fulfill requests for hastened death, warns Philpott.

Last year, the Supreme Court of Canada ruled that consenting adults have a right to seek medical help to end their lives if they have “grievous and irremediable” medical conditions that are causing enduring suffering that they deem intolerable.

It gave Ottawa until June 6 to change the law.

People have been allowed to seek approval from a court in the interim. As of June 6, that requirement also expires.

If no law is in place by then, the College of Physicians and Surgeons of Ontario, the country’s largest medical regulator, will post updated guidelines on its website, setting out doctors’ legal and professional obligations, as well as the criteria for assisted death as set out by the Supreme Court, says college spokeswoman Kathryn Clarke.

Bill C-14 sets out considerably more restrictive criteria than the Supreme Court, allowing assisted dying only for clearly consenting adults “ an advanced stage of irreversible decline” from a serious and incurable disease, illness or disability and for whom natural death is “reasonably foreseeable.”

Although the high court decriminalized assisted death for Canadians with a “grievous and irremediable” medical condition, it didn’t define “grievous and irremediable.” And, unlike the Liberal bill, did not limit it to a terminal illness.

Justice Minister Jody Wilson-Raybould says the bill strikes the right balance among competing interests, respecting an individual’s person autonomy while protecting the vulnerable and respecting life.

Allowing assisted death for those who are suffering but not near the end of life could have an impact on public suicide prevention campaigns, she adds.

If the Senate were to pass any amendments to the bill, it would have to be sent back to the Commons, which would have to decide whethe to accept or reject the amendments.

Theoretically, the bill could bounce back and forth between parliamentary chambers for weeks.

Even without amendments, the bill won’t be put to a vote in the upper house by Monday’s deadline.

Conservative Senate leader Claude Carignan predicts the vote won’t happen before the end of next week, at the earliest.

Fallis, who is part of Segue Clinic, which has outpatient addiction treatment centres specializing in opioid addiction across Niagara and in Hamilton, says he supports the option of medical-assisted death.

“I may not represent the vast majority of physicians, but I think that it’s something important that we do, that people have a choice,” he says.

“But I think there has to be safeguards in place, of course, for minors and for people that are particularly vulnerable.”

Fallis says “sometimes in medicine, you can’t do what you want to do.

“There is no treatment for certain things — it’s just nasty. It can be a rapid or slow, lingering death with complications that aren’t well-treated medically.”

He says physicians see that a lot with people living with illnesses such as Lou Gehrig’s disease.

“The type of death that people look for medical-assisted death are these kind of things where there’s just no great treatment for it, even palliation. Palliation helps for most things, but for the things that palliation doesn’t have good treatment for, I know, personally, I would like t have that choice.”

Fallis says, however, he has issues with the current Liberal bill.

“They made it much more restrictive than the Supreme Court had made it previously in their recommendations,” he says.

“At this point, they’re trying to bring forward legislation that may or may not survive either the legislative process of creating it, or the challenges that are going to happen once they’ve mandated it.”

Fallis says physicians have been preparing for this situation for a long time, so whether the legislation passes or not by June 6, “I don’t thin it really matters that much.

“The regulatory bodies in every province and one of the territories have already issued guidelines to physicians who may provide medical assistance in dying, so we’re not going to fall off a cliff on June 6th if they don’t pass legislation,” he says.

“The guidelines provided by the College of Physicians and Surgeons … all meet the criteria set out by the Supreme Court, and they’re all fairly similar provincially.”

Niagara West Conservative MP Dean Allison recently met with community stakeholders who have an interest in Bill C-14.

Calling it one of the most important pieces of legislation MPs will deal with in the House of Commons, Allison says it needs “much more” discussion and “stronger safeguards” to protect vulnerable citizens.

Allison says he’s opposed to Bill C-14.

“I just don’t think there’s enough safeguards that have been put in place. There’s issues around conscience — faith institutions saying, ‘we concerned that if they ask us to perform, that we’re going to need to,’” he says.

“I’m concerned what happens down the road when they start looking at … vulnerable groups, those with mental illness, mature teens … where does this bill go from here? We know what happens over time — unintended consequences, and that would be really one of my ma concerns.”

Ron Wiens, an administrator at United Mennonite Home in Vineland, was one of the participants in the meeting with Allison.

He says the physician who serves the faith-based nursing home has indicated they will opt out of providing doctor-assisted death.

“The doctor for our facility does not want to provide or take part in physician-assisted death,” he says. “He’s a Christian, and he is a doctor who will avail himself of the right of conscience not to participate.”

United Mennonite Home is a charitable, not-for-profit nursing home that has 128 residents, says Wiens.

“As the administrator in a nursing home that was started by nine Mennonite churches, we are opposed to Bill C-14, but also we would not want to be forced to provide that service here in our facility.”

Konnie Peet, chief executive officer of Shalom Manor in Grimsby, says she worries there’s nothing in the legislation to protect “conscientiou objectors.

“It’s not stated explicitly in the bill that there’s respect … for people’s religious rights and conscientious objections,” she says.

“From a Christian perspective … we’re asking that right for our staff and our volunteers … and our organization as a whole be equally respected as this bill goes forward.”

The faith-based home was started by churches of the reformed Christian community. Its long-term care facility has 144 beds, while its smal retirement home has 36 units, says Peet.

“It is really quite sad that we are essentially rushing Bill C-14 through in a country where we actually lack a holistic approach to death and dying … which includes the support for palliative-care strategies,” she says.

“My view, and I think the view of a lot of people, is whatever side they land on with respect to physician-assisted dying, people do recogniz that if we had a good, comprehensive approach to palliative care, we may have less demand for physician-assisted dying.”

Peet says people go to long-term care facilities to “end their days, and we feel that dying is part of living.

“If you were to come to this home, and many long-term care homes in this area, every day there’s a celebration of life, even as people knov that they’re coming closer to the end,” she says.

“As a religious home, we have a certain perspective with respect to the sanctity of life, so we’re not supportive of the notion of ending life prematurely through physician-assisted death.”

Carol Nagy, executive director for Hospice Niagara, says the agency is watching what happens with Bill C-14 with “concern.”

“Hospice philosophy is that we provide quality-of-life services and its been that way for years,” she says. “It’s really important that there is a understanding between physician and care providers and the patient that quality, end-of-life services are there to respect the person’s autonomy and their wishes — they’re there to provide dignity in dying, but they’re also there not to hasten or prolong death, and that’s that trust aspect.”

Nagy says Hospice Niagara will continue with the services that “provide excellent pain and symptom management.

“Our services work to reduce suffering that people have, and part of that suffering comes sometimes (from) fear of death, and we work to reduce that, and work with the patient, as well as the family members,” she says.

“Our service will continue to not do anything that will hasten or prolong death. That’s a mandate that we’ve had for years — that’s our philosophy of care.”

Nagy says Hospice Niagara doesn’t know if it will have any legislative requirements that will challenge its position.

“We recognize that a need for compassion is even so much more necessary when someone is considering a request to hasten their death and we will uphold our same principles of compassion, of dignity, of autonomy, in working through that underlying suffering,” she says.

“Then we will look at, based on any legislative requirements, how we can provide referral to the appropriate sources, of which I can’t even begin to guess what that is going to look like. We just have no guidelines at this point in time.”

Sgt. Paul Spiridi, of the Niagara Regional Police’s fraud unit, is also the service’s main contact for elder abuse.

He says there’s not much the NRP can say about the issue until they see what the actual legislation is going to be.

“These are personal decisions that people make amongst themselves, so from a policing standpoint, we just want to make sure that all of t safeguards are in place so it’s not another step towards abuse, or the allegation of abuse,” says Spiridi.

“While there may not be any abuse, it may be another thing that, because if it’s not clear, it raises an issue for people to understand the motives behind what happens with these private decisions.”

Asked if he’s concerned some family members might hasten the death of a loved one to get their hands on their inheritance, Spiridi says “anything’s possible, but I don’t think … it’s going to be a motivation to homicide.

“It takes a lot for a person to take that step to take money,” he says. “We see a lot of theft by power of attorney, or questionable things happening in finances beforehand. Is this a motivation? It’s possible, but … I don’t think … we’re going to see a big rush of people trying to use it.”

Spiridi says sometimes the personal decisions people make are between themselves and their physicians, and they don’t share informatic with their family.

“We see that happening now — people don’t share information about their finances, so then when something like this does come up, and i the family, or not all of the family is involved, it raises the question, so we just want to make sure that if a decision like this is made that all o the checks and balances are in place, so that the families have peace of mind knowing that the decision was made willingly.”

rspiteri@postmedia.com

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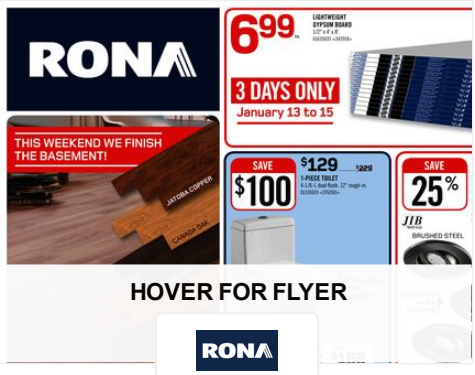

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