



# Perspectives

The deVeber Institute for Bioethics and Social Research

2016

Research and Scholarship for an Informed Social Response to Human Life Questions

## What a Team

Kudos to our excellent summer student interns for great work on pregnancy and end-of-life research. Thanks to the Canada Summer Jobs program and the volunteer mentorship of Institute members.



### Mariya-Kvitlana Tsap

*3<sup>rd</sup> yr International Relations and Public Policy,  
University of Toronto*

"Working at the deVeber Institute this summer, with such a wonderful team, was an eye-opening experience as I had the chance to delve deeper into women's health issues in the developing world."



### Katie Pfaff

*2<sup>nd</sup> yr Social Work & Disability Studies,  
University of Windsor*

"I learned many women may still want to have a child after having an abortion and do not understand the risks... a 61% increased chance for a very preterm birth in subsequent pregnancies."



### Julia Giancola

*4<sup>th</sup> yr Kinesiology,  
University of Toronto*

"While working with the deVeber Institute I learned the importance of an objective perspective and evidence-based research while discussing ethical issues when collaborating with professionals in the healthcare network."



### Christina Holmquist

*1<sup>st</sup> yr,  
The Canadian College of Naturopathic Medicine*

"During my summer internship, I learned about the harmful effects that abortion can have on a family and also the valuable tool of how to convey my research findings to an audience at the DeVeber Institute's Symposium. It was great experience in team collaboration, scholarly research, and project management."



### Shereen Jonathan

*3<sup>rd</sup> yr Nursing,  
University of Windsor*

"An interesting finding that I found through the work I completed this summer was that providing effective and supportive palliative care promotes quality of life and reduces the consideration of assisted dying as an option at the end of life."



### Tiffany Tran

*3<sup>rd</sup> yr Human Biology and Bioethics,  
University of Toronto*

"This summer I have learned how to tackle complex issues such as euthanasia and abortion using sound information, emphasizing solid research, and with effective writing."

# 2<sup>nd</sup> Annual Summer Symposium



On July 15<sup>th</sup>, 2016 the deVeber Institute hosted its 2<sup>nd</sup> annual summer symposium ***“Medical Ethics in an Age of Reproductive Decisions and Medical Aid in Dying”*** at Tyndale College. Speakers included 5 out of 6 summer interns (see front page) along with our Director of Research, Prof. Ian Gentles, who highlighted some of the ramifications of the new assisted suicide law in Canada.

Nursing and palliative care consultant Jean Echlin, along with University of Windsor Professor Dr. Kathy Pfaff, presented on the consequences of the new law for Canadians and our health care system. The event was very well attended with over 115 guests who enjoyed the informative presentations, thoughtful discussion, and meaningful dialogue.

Our key-note speaker, Dr. Shawn Whatley, concluded the full-day event with his impactful presentation ***“Freedom of Conscience & Medical Aid in Dying.”***

# Freedom of Conscience and Medical Aid in Dying

Freedom of conscience and religion is enshrined in our Canadian Charter of Rights and Freedoms.

**Conscience is our compass; freedom of conscience is our ability to act or not with that compass.** This is an issue for everybody, not for just religious people.

Supreme Court Justice Abella strongly defended freedom of conscience:

**“... freedom of thought, conscience and religion is one of the foundations of a ‘democratic society’ ... one of the most vital elements that go to make up the identity of believers and their conception of life, but it is also a precious asset for atheists, agnostics, sceptics and the unconcerned.”** (2009, SCC 37, quoted from a European case)

How big is freedom of conscience? It's a huge issue. Every professional wrestles with it. In medicine, doctors spend their whole day saying “No” to many things. Whether it's useless treatment, or an unnecessary test, we're continually making judgments. It's a feature of being a professional.

## Regular vs Effective referral

### A REGULAR REFERRAL

is when I send a patient to a good consultant, someone I can trust, and someone who will do a good job.

### AN EFFECTIVE REFERRAL

is when I send a patient to get what I believe to be harm from a physician whose character I question.

### It changes the definition of referral.

When referring to giving a drug/substance/poison to cause death, the Hippocratic oath states, **“... nor will I suggest a way to such counsel.”** People who help others get this service seem morally complicit in the act.

Finally, physicians need to always ask themselves when presented with a patient who's asked for MAID what role does untreated depression or unpalliated symptoms play in this person's request for MAID?

## Patient Issues

### Do patients have the right to access good palliative care and have medical doctors of conscience?

Patients should have the freedom to access good palliative care. Patients should have the freedom to see medical doctors of conscience. If medical doctors act against their conscience and do what regulators say, how can patients trust medical doctors to act in their best interests? This will compromise trust in the doctor-patient relationship.

Patient care is directly impacted by the character of the physician or nurse provider. How will these new laws influence the people who provide care for vulnerable patients?



**Dr. Shawn Whatley** is a medical doctor, speaker, and author of ***No More Lethal Waits: 10 Steps to Transform Canada's Emergency Departments***. Dr. Whatley has served on the board of both the OMA and CMA.

[www.shawnwhatley.com](http://www.shawnwhatley.com)

# Reflections on Canada's new law on assisted suicide, otherwise known as Medical Assistance in Dying (MAID)



By **Ian Gentles**, Research Director

Parliament has saddled us with a law on Medical Assistance in Dying that has more holes in it than a hunk of Swiss cheese.

In the first place, there will be no trouble getting around the phrase 'natural death has become reasonably foreseeable.' After all, isn't everyone's death 'reasonably foreseeable.'? Better protection could have been provided by the phrase 'natural death is imminent' or 'is suffering from a terminal illness'.

The requirement that there be a waiting period of ten days is subverted by allowing the medical practitioners to opt for 'a shorter period 'if they are 'of the opinion that the person's death, or the loss of their capacity to provide informed consent is imminent...'<sup>1</sup>

More troubling than this is that the bill's preamble that announces 'The Government of Canada has committed to... explore other situations... in which a person may seek access to medical assistance in

dying, namely situations giving rise to requests by mature minors [teenagers in other words], advance requests, and requests where mental illness is the sole underlying medical condition'.<sup>2</sup>

The government is giving a clear signal that despite the stubborn opposition of psychiatrists, the Canadian Paediatric Society, and other groups, it won't be long before we have a wide-open law. Another gaping hole is the promise to appoint, in five years, another committee to review the Act and suggest changes. Does this mean that the Government regards Bill C14 as a stop gap measure until unrestricted assisted suicide can be implemented? We hope not but time will tell.

1. Bill C14: An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying). First Session, Forty-Second Parliament, 64-65 Elizabeth II, 2015-2016. Assented to June 17, 2016.

2. Ibid.



**The deVeber Institute for Bioethics and Social Research**

Founded in 1982

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