**Open letter to Dr. Mauril Gaudreault, President**

**and the Board of Directors of the Collège des Médecins du Québec**

Dear Dr. Gaudreault,

As Québec physicians and active or retired members of the *Collège des Médecins du Québec* (CMQ), we are alarmed by the extreme position held by the CMQ leadership, promoting “medical aid in dying” (MAiD) for ever-broader categories of citizens, as apparent in your recent testimony to the Canadian government’s *Special Joint Committee on Medical Assistance in Dying* (AMAD).

You do not speak in the name of all Québec physicians.

As the world looks with horror[[1]](#footnote-1) [[2]](#footnote-2) at the increasing numbers of Canadians dying by MAID because of poverty, homelessness and social isolation, Dr. Mauril Gaudreault stated on November 18, 2022 that acceptance of MAiD is “accomplished” and is no longer a subject of debate.[[3]](#footnote-3)

The College has no way of knowing whether people who died through MAiD chose it freely or under coercion, had access to other options to relieve their suffering or not, or had the social and emotional support they needed to get through their illness. The *Commission des Soins de Fin de Vie* only collects self-reported data from the physician who performed MAID. No cases have been referred for disciplinary action or to the police in seven years, despite the law being an exception to the Criminal Code, making non-conformity to its provisions a criminal act.

The system is not set up to detect problems. To believe there are none is wilful naiveté on your part.

At the same session at which Dr. Gaudreault testified, disability advocate Gabrielle Peters deplored the exclusion of disabled people from the public debate on MAiD: “*Even today the only place for us in media coverage is as human interest stories about those among us who have resigned themselves to applying for MAiD after tiring of seeking non-existent support and unable to gulp down the prospect of a future of subsistence level poverty..*.” The only concern Dr. Gaudreault expressed about MAID for disability was related to the medico-legal risk for Quebec doctors who end the lives of disabled persons while the federal and provincial laws are not fully aligned.

It is not surprising to see the political and medical establishment redefining words, as was done in Quebec to promote acceptance of medically induced death. The 2012 *Dying with Dignity Commission* invented the term “medical aid in dying” to refer to euthanasia, with the pretext that the universally understood term was too “emotionally charged”[[4]](#footnote-4). The 2014 law[[5]](#footnote-5) defined the act of ending a person’s life as health care, undoubtedly in order to circumvent the prohibition of euthanasia that existed in the Criminal Code of the time and bring it under provincial jurisdiction.

What is surprising is that the CMQ leadership has been taken in by its own tricks. Dr. Gaudreault stated indignantly that his proposal of MAiD for infants under one year has nothing to do with “euthanizing babies”. He tried to convince the committee that MAiD is a purely individual, clinical decision, entirely free of political, moral or religious considerations. In what ideological bubble does he live?

Jean Truchon, co-plaintiff in the court case that led to the removal of the end-of-life requirement for MAiD, was only one of many disabled Quebecers forced to live in institutions for seniors with dementia, who considered death preferable to life in a CHSLD.[[6]](#footnote-6) Indeed, the final drop that precipitated his MAiD request was the lockdown during the first wave of COVID. Only last month, Jacques Comeau, quadriplegic for 46 years, requested MAiD because of a decline in the quality of his home care.[[7]](#footnote-7)

Also surprising and worrisome is the College’s apparent unconcern for the collateral damage related to promoting their policies. In the October 7 AMAD hearing, CMQ representative Dr. Louis Roy was asked whether the health care system would be ready to safely implement MAiD for mental illness by March 2023, when it is scheduled to come into effect across the country. All he could say was that “the system needs to be able to take the necessary steps to allow access and accessibility.”[[8]](#footnote-8) He seemed oblivious to the grave lack of access to mental health care and social supports for those struggling with mental illness, not to mention the alarm expressed by many psychiatrists about what is essentially provision of suicide to suicidal patients.

The College is boasting of its “175 years of protecting the public”, at the same time as it is advocating death as a solution to suffering for people with disabilities and mental illness, to incapable seniors and to infants.

This is not protection.

Catherine Ferrier MD

Division of Geriatric Medicine, McGill University Health Centre, Montréal

And 32 co-signatories (Please see below)

**32 co-signatories:**

Pierre J. Durand MD, FRCPC, M. Sc., FCMFC, CSPQ

Chief of Public Health, CIUSSS de la Capitale Nationale

Professor, Faculté de médecine, Université Laval, Québec

Pierre Gagnon MD, FRCPC

Director, Department of Psychiatry and Neurosciences

Université Laval, Québec

Antonio Vigano MD, MSc.

Interim director, Division of Palliative and Supportive Care, McGill University Health Centre

Associate professor, Department of Oncology, McGill University

Patrick Vinay MD

Nephrologist and palliative care physician, Montréal

Donald Boudreau MD

Institute of Health Sciences Education, McGill University

Retired respirologist

Sasha Bernatsky MD

Rheumatologist, Montréal

Laurence Normand-Rivest MD

Family physician, Verdun

Sherif Emil MD

Pediatric surgeon, Montréal

Paul Saba MD

Family physician, Montréal

Ines Colmegna MD

Rheumatologist, Montréal

Gerald van Gurp MD

Family physician, Montréal

Evelyne Huglo MD

Family physician, Montréal

Nathalie de Grandpré MD

General practitioner, Montréal

François Brissette MD

Neurologist, Longueuil

France Verreault MD

Family physician, Chicoutimi

Mélanie Ghobril MD

Family physician, L’Assomption

Anne Marie Uhlir MD

General practitioner, Sainte-Croix

Claude Morin MD

Family and emergency physician, Québec

Louis Morissette MD

Legal psychiatrist, Montréal

Dominique Garrel MD

Endocrinologist, Westmount

Pierrette Girard MD

Orthopedic surgeon, Montréal

Vijayabalan Balasingam MD

Neurosurgeon, Montréal

Gilles Gaudreau MD

Retired family physician, Mont-Saint-Hilaire

Roman Andrusiak MD

Home care and geriatrics, Beaconsfield

Ana Maria Liebich MD

Family physician, Montréal

David Dawson MD

General internal medicine, Montréal

Julie Dermarkar MD

Family physician, Montréal

Kimon Issigonis MD

Internal medicine, Montréal

Roger Ghoche MD

Palliative care, Montréal

Ibrahim Mohamed MD

Pediatrics, neonatology, Montréal

Nicholas Newman MD

Orthopedic surgeon, Montréal

André Constantin MD

Radiologist, Beaconsfield

1. <https://apnews.com/article/covid-science-health-toronto-7c631558a457188d2bd2b5cfd360a867> [↑](#footnote-ref-1)
2. <https://www.spiked-online.com/2022/11/17/canadas-euthanasia-laws-are-a-moral-outrage/> [↑](#footnote-ref-2)
3. <https://parl.ca/DocumentViewer/en/44-1/AMAD/meeting-27/notice> [↑](#footnote-ref-3)
4. <https://www.seniorsactionquebec.ca/documents/Quebec_death_with_dignity_report.pdf> (page 76) [↑](#footnote-ref-4)
5. <https://www.legisquebec.gouv.qc.ca/en/document/cs/S-32.0001> [↑](#footnote-ref-5)
6. <https://www.latribune.ca/2019/12/04/mourir-plutot-que-de-vivre-en-chsld-3a78fb227bc5f02e96f6ab60a664ad5f> [↑](#footnote-ref-6)
7. <https://journalmetro.com/local/lachine-dorval/2929106/mal-soigne-tetraplegique-demande-aide-medicale-mourir/> [↑](#footnote-ref-7)
8. <https://parl.ca/DocumentViewer/en/44-1/AMAD/meeting-19/evidence> [↑](#footnote-ref-8)