VIVRE DANS LA DIGNITÉ

PHYSICIANS' ALLIANCE AGAINST EUTHANASIA

May 27th, 2021

WMA The World Medical Association
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RE: Public consultation on a draft revised version of the International Code of Medical Ethics

To the WMA International Code of Medical Ethics Committee,

On behalf of the **Living with Dignity** network and the **Physicians' Alliance against Euthanasia**, we thank you for initiating the public consultation regarding the proposed revision of the International Code of Medical Ethics.

Living with Dignity is a citizen network based in Québec, Canada, that works to promote the protection of life, the inherent dignity of, and support for people made vulnerable by illness, old age, or disability. The **Physicians' Alliance against Euthanasia** is a Canadian physicians' organization with over 1100 members from across the spectrum of fields of practice and social and political views, who share concerns about harms to patient safety and clinical excellence related to medical assistance in dying.

We have grave concerns about the addition of a requirement of ***effective and timely referral to another qualified physician*** in situations where a physician objects for reasons of conscience to a procedure requested by a patient.

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The act of directly causing the death of a patient, variously referred to as euthanasia, assisted death or medical assistance in dying, although it is now legal in a small number of countries, including ours, remains ethically very controversial. Many sound and dedicated physicians, ethicists, other scholars and individuals worldwide consider it contrary to the goals of medicine and the good of the patient. Indeed, the World Medical Association, at the 70th WMA General Assembly in Tbilisi, Georgia in October 2019, reiterated that "*the WMA is firmly opposed to euthanasia and physician-assisted suicide", and that "No physician should be forced to participate in euthanasia or assisted suicide, nor should any physician be obliged to make referral decisions to this end*".[i]

A requirement of effective referral in the International Code of Medical Ethics would directly contradict the WMA's own well-established policy.

Since "medical assistance in dying" (MAiD) became legal in Canada in 2016 for persons whose death is reasonably foreseeable, we observe in some health care professionals a tendency to jump directly and prematurely to death as an option when requested, or even to propose it to patients who had not thought of seeking it. This is not surprising in the context of an overburdened health care system on one hand, and the glamourization of MAiD in public discourse on the other. In our experience, most patients' death wishes are an expression of fear of the unknown in a situation of grave illness, and are overcome with the assurance of accompaniment and competent care, including excellent symptom control. In the context of mental illness, these desires are often symptoms of the illness, which should be addressed with suicide prevention strategies.

The challenges we have experienced since 2016 now apply to a much greater number of patients, since the adoption of a new Canadian law on March 17, 2021, which permits "medical assistance in dying" for people who have a serious physical or mental illness or disability and are not near the end of life.

The vast majority of patients facing grave illness want to go on living and there is a need for doctors who will accompany them without wavering, while guiding them through the necessary care choices they need to make as natural death approaches. Many Canadians express fear that doctors will direct them toward a choice of MAiD contrary to their wishes, and seek reassurance that their treating physician will never do so.

However, there are many examples already of doctors unable to fulfill that mission because of coercive regulations that require them to initiate the MAiD request process for every patient who expresses a desire for death, or to refer them to a colleague who will do so.

We recently heard from an internal medicine resident about a patient under her care who wanted to die after a myocardial infarction. Other team members were ready to immediately begin the MAiD request process, despite the well-known high rate of depression in that situation. The resident insisted on a consultation with psychiatry, which was done, and the patient was found to be severely depressed, suicidal and incapable of consenting to MAiD. This type of situation is unfortunately very frequent, but not always so collegial; the objecting physician is often ignored, bypassed or coerced into collaborating.

Although there is no requirement in Canadian law for doctors who object to MAiD to refer patients to another physician for it, some provincial Colleges of Physicians do require it. Other Colleges have systems that respect an individual's conscience and professional integrity while maintaining patient access to controversial services. If a patient has a persistent desire for MAiD after having discussed their concerns and other options, the objecting physician can withdraw from the pathway towards it, without abandoning the patient or interfering with access.

The most coercive policy is that of the *College of Physicians and Surgeons of Ontario (CPSO)*, which requires practitioners to create a pathway for death via effective referral. It has been maintained despite the presence of other options that would respect both patient choice and professional integrity. For example, the patient could seek another health professional, or could simply contact *Telehealth Onta*rio, a free, confidential 24/7 telephone service that provides health advice and information[ii], and their file could be transferred to another practitioner of their choice.

This is the most coercive policy in the world. There is no data from other jurisdictions where MAiD / euthanasia is legal suggesting that physician objection poses an obstacle to access.

To force a physician to refer a patient for a procedure that he or she considers harmful is a grave violation of freedom of conscience. Physician conscience has nothing to do with whim or taste. It is a deeply held set of beliefs about what is true and good. It is the same force that leads a physician to maintain a high professional standard and act in the patient's best interest; to tell the truth; to respect confidentiality; to refrain from taking advantage of patients and to maintain all the other requirements of ethical medicine. A doctor who violates one requirement of his or her moral code for fear of disciplinary action can hardly be expected to maintain all the others in the face of the many pressures inherent to medical practice.

Freedom of conscience and professional judgement protects patients and the integrity of the physician-patient relationship. It protects the diversity of the medical profession by including doctors with a variety of legitimate opinions. Coercion of physicians to participate in MAiD when it is contrary to one's legitimate, deeply-held views on what is good for a patient, is unethical and unjustified. It undermines the physician's integrity in every aspect of his or her practice.

We urge the World Medical Association to remain faithful to the principles that inspired its foundation in the wake of the Second World War and the Nuremberg trials. You have an obligation to protect physicians from having to submit their conscience to state regulation or societal pressure.

Sincerely,

Alexander King
President,
Living with Dignity

Catherine Ferrier
President,
Physicians' Alliance against Euthanasia

[i] https://www.wma.net/policies-post/declaration-on-euthanasia-and-physician-assisted-suicide/
[ii] https://www.ontario.ca/page/get-medical-advice-telehealth-ontario