



1. **The CSPCP is deeply troubled by the recent passing in Quebec of Bill 52, “An Act Respecting End of Life Care,” which includes euthanasia (“medical aid in dying”) as part of the continuum of end of life care.**
 - Although the adopted bill separates euthanasia (“medical aid in dying”) and palliative care, **the CSPCP regrets, as do our colleagues in the Réseau de soins palliatifs du Québec,** that the National Assembly did not adopt 2 different bills, one with the laudable commitment to improved access to appropriate palliative care for all Quebecers, and a totally separate bill discussing euthanasia (“medical aid in dying”), a practice abhorrent to the majority of the CSPCP. This would put Quebec more in line with other jurisdictions in which euthanasia is legal, such as other on Holland, Belgium and Luxembourg.
 - The CSPCP applauds the inclusion of an amendment allowing health care practitioners and palliative care settings (e.g. Hospices) to **choose not to offer euthanasia**, provided patients are so informed.
 - **The CSPCP wishes to clarify:**
 - **Euthanasia (“medical aid in dying”) is NOT part of the practice of palliative care.** Palliative care affirms life, regards dying as a normal process, and intends neither to hasten nor postpone death.
 - **Euthanasia is not the same as the practice of Continuous Palliative Sedation Therapy (CPST).** Euthanasia is the deliberate administering of medication with the express intent of ending a patient’s life. CSPT is the proportionate administration of sedative medications to a dying patient (usually within the last days of life), with the express intent of lowering his or her level of conscious awareness to ameliorate emotional, spiritual, or physical distress. There is a vast body of literature supporting this ethical and moral practice. Continuous Palliative Sedation does not shorten life when used to relieve the suffering of dying patients.¹ A national consensus-based CPST

¹ M. Maltoni et al. Palliative Sedation therapy does not hasten death: results from a prospective multicenter study. Ann Oncol 2009; 20:1163–1169.

framework for Canada was developed by a Canadian Society of Palliative Care Physicians (CSPCP) Taskforce².

2. **The CSPCP wishes to assure Canadians** that effective therapies exist to manage end-of-life distress, whether physical, emotional, or spiritual. No Canadian need feel that a deliberately hastened death is the only option by means of which to minimize suffering.
3. **The CSPCP supports a national palliative care strategy which ensures:**
 - **Improved access to affordable, equitable Palliative Care.**
 - **The CSPCP applauds Bill 52's apparent commitment to ensuring access for all Quebecers to palliative care services.** The resource implications of Bill 52's promises are extraordinary, however. The CSPCP questions the ability of the Quebec government to meet this commitment, in light of its proclaimed intention to eradicate its \$3.1 billion deficit.
 - **Education & training of all health care professionals** in the principles and practice of Palliative Care.
 - **Access to Advance Care Planning (ACP) resources**, which empower Canadians to be active participants in health care decision making (e.g. the Speak Up campaign).
4. **The CSPCP applauds the Federal Government's opposition to euthanasia and physician-assisted suicide and urges the government to move to protect the most vulnerable in our society.** We endorse the comments made at the end of May by the federal Minister of Justice, the Honourable Peter MacKay: "Our government believes that the provisions of the Criminal Code prohibiting assisted suicide and euthanasia are used to protect all people, including the most vulnerable people in our society."

For further information please contact the
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The **Canadian Society of Palliative Care Physicians** (CSPCP) is a membership organization which represents over 300 clinicians, academics, and researchers dedicated to the promotion of the highest quality of palliative/end-of-life care for patients and their families, through the advancement and improvement of palliative medicine and education.

² M. Dean et al. Framework for Continuous Palliative Sedation Therapy (CPST) in Canada. JOURNAL OF PALLIATIVE MEDICINE Volume 15, Number 8, 2012