

Clarification: The original online version of this article stated that, of Canadian Society of Palliative Care Physicians' members, 56% don't think they should provide euthanasia or assisted suicide. It should have read: Of the members *who responded to a poll*, 75% stated this opinion.

Most palliative physicians want no role in assisted death

Dying Canadians should not assume palliative care doctors will assist them if they choose to end their lives, because the majority of those currently practising don't want that role, says the president of the Canadian Society of Palliative Care Physicians.

"Palliative care physicians don't see assisted suicide as part of palliative care," Dr. Susan MacDonald told *CMAJ* in an interview from St. John's. "Physician-assisted suicide should happen separate from palliative care — absolutely."

In a January 2015 poll of the society's 350 members, 75% of respondents stated that euthanasia and physician-assisted suicide, even if legal, should not be provided by palliative care physicians or services (26% of members did not respond to the poll).

Although some palliative-care doctors may choose to assist patients in ending their lives once that becomes legal, others believe that who should actually administer lethal doses of medication is still an open question.

"It's not part of our practice and we don't anticipate it will become part of our practice," says Dr. Doris Barwich, the Society's past president and current executive director of the British Columbia Centre for Palliative Care.

The [Supreme Court opened the door to physician-assisted dying](#) in a ruling on Feb. 6, 2015. But there is a general misunderstanding, MacDonald says, that palliative care already encompasses ending lives, which deters some patients from seeking care.

"There's a huge misconception out there that that's what palliative care is — it's all about death," says MacDonald. "No. The great majority of it is about life and living life as best as you possibly can, not just from a physical perspective, but from an emotional and spiritual and

psychological perspective — and that takes a team to do that."

Psychiatrists, psychologists, nurses, social workers and family physicians are all involved in good palliative care, says MacDonald. However, only an estimated 16%–30% of Canadians have



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Patients should not assume that palliative care doctors will deliver assistance in dying.

access to palliative care, according to a [2010 paper by Senator Sharon Carstairs](#). MacDonald believes all palliative care team members should be involved in a national strategy.

In theory, the federal government has already agreed to a strategy. In May 2014, all parties in the House of Commons passed a motion supporting the New Democratic Party's (NDP) call for a strategy, developed with the provinces and territories, to ensure all Canadians have access to high-quality home and hospice-based palliative care.

That motion has not yet brought about action, says NDP MP Charlie Angus (Timmins–James Bay), who introduced it into the House. "We've got the verbal commitment, but there's no funding, no strategy," Angus says. He is working with the palliative community, grassroots and faith-based organizations to push the federal government to introduce a strategy alongside any new assisted suicide legislation.

"The Supreme Court has put the issue of end-of-life clearly in the lap of

Parliament," Angus says. "It would be a real abdication of leadership if the federal government simply moved on the assisted suicide element but did not move forward on the huge call that's out there for coherent, consistent palliative and hospice care across the country."

Currently, British Columbia, Quebec, Ontario and Prince Edward Island have provincial strategies and frameworks for palliative care, but a wide discrepancy in services exists even within those provinces, Angus says.

Part of the problem is that palliative care is not a core service under medicare, says Barwich. "To know that if you're living in a rural or remote location you do not have access to palliative care is quite a shock to our palliative care patients," Barwich says. "It's up to every region or health authority to provide what they think is the appropriate mix [of palliative services]."

Palliative care does not have to be delivered by specialists, both Barwich and MacDonald agree. It's a skill that family doctors and other professionals can learn, through programs such as the [Learning Essential Approach to Palliative and End-of-Life Care](#) that the Pallium Foundation of Canada offers.

The Canadian Hospice Palliative Care Association will soon launch a marketing campaign defining hospice palliative care and communicating its benefits. "Wouldn't it be nice if every Canadian 85 and up knows what their basket of [palliative] services is?" says Sharon Baxter, executive director (ex-officio) of the hospice association.

"We really need to have this conversation. The baby boomers are past 65 now ... they are living longer with chronic diseases. We just have to figure it out. Otherwise the health care system is going to buckle." — Laura Eggertson, Ottawa, Ont.

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