



## **Physician Assisted Death**

### **Canadian Association of Physician Assistants Position Statement**

*(March 22, 2016)*

The Canadian Association of Physician Assistants (CAPA) is supportive of the recent Supreme Court of Canada's decision striking down the federal law prohibiting physician-assisted dying (PAD) and believes that Physician Assistants (PAs) should play a supportive role in the process.

PAs are committed to providing high quality care at the end of life. They are also committed to helping maintain patients' quality of life. There are situations where, even with access to palliative and end of life care, and within legal constraints, medical aid in dying may be appropriate for patients whose suffering is intolerable. CAPA supports patients' access to the full spectrum of end of life care that is legal in Canada.

PAs work under the supervision of a licensed physician and are permitted to carry out controlled acts by way of delegation. PAs are not independent clinicians, and as such are not permitted to practice without the supervision of a physician. The very nature of the relationship between the PA and supervising physician is based on trust and the determination of the level of supervision, direct or remote, is based on experience and comfort.

PAs are currently practicing across Canada in the Canadian Armed Forces and have been integrated in the public healthcare system in Manitoba, Alberta, Ontario and New Brunswick. PAs practice in a variety of specialties including but not limited to primary care, palliative care, oncology and long-term care. It is primarily within these settings that PAs could be exposed to patients requesting PAD.

In instances where patients are contemplating PAD, PAs could play a supportive role to the physician, patient and their families. PAs can play an integral role in helping to provide care to the patient leading up to the act and to provide a counselling role to the patients' families. In some instances where the supervising physician feels that it is appropriate and the situation warrants it, regulated PAs should be permitted to administer medications that provide an assisted death. This would occur by way of delegation and the physician would assume ultimate responsibility for the act.

CAPA respects the freedom of choice and a PA's right to refuse involvement in assisted death. PAs who have a conscientious objection based on moral and/or religious beliefs should not be required to assist in this process.

CAPA supports the requirement for an effective referral process, which includes facilitating a transfer to a physician/team who is willing to assess the patient's eligibility for the procedure.

CAPA believes in the patient's right to die with dignity. This means that all options should be explored by the physician(s) and the patient prior so that the patient may make an informed choice. This would include a discussion of treatment options, ensuring access to appropriate palliative care.

Given the complexity and risk associated with PAD, a regulatory framework needs to be created by government that helps to guide this process. Laws, policies, practices and safeguards need to be established for physicians as well as for supporting health professions and administered by provincial regulatory bodies. There is also a need for clear definitions on the role of health professions in the process and this should be set in legislation prior to the legalization of PAD.

This is an important issue that spans across all jurisdictions and affects all Canadians. PAs as well as other health professions can play an active role in helping to facilitate PAD and supporting physicians throughout the process. Assisted death is a serious decision with many inherent risks associated. A comprehensive legislative framework should be in place before Canada embarks on this journey.