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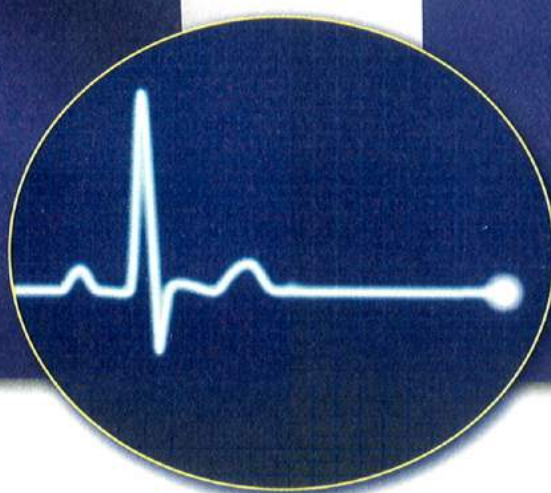
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know about**

euthanasia

that the rest of us don't

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Quebec doctors aim to advance plan for 'medical aid to die'

While Quebecers debate euthanasia, the rest of Canada is keeping its head in the sand

BY MARK CARDWELL • Quebec City

To hear Dr. Margaret Somerville (DCL) tell it, society in general—and doctors in particular—would benefit from an unbiased study that weighs the pros and cons of the possible decriminalization of physician-assisted death in Canada.

But she says the high-profile report on the issue that was recently tabled in Quebec's National Assembly misses the mark.

"There is nothing balanced about it," said Dr. Somerville, founding director of the Centre for Medicine, Ethics and Law at McGill University. "It reads like a pro-euthanasia manifesto."

Her view contrasts sharply, however, with the opinions of many mainstream medical authorities in la belle province.

Entitled "Dying with Dignity," the report contains 24 recommendations that were adopted unanimously by an all-party legislative committee.

The Select Committee on Dying with Dignity spent two years studying and conducting sometimes emotional public hearings on end-of-life issues, palliative care and euthanasia in Quebec.

In all, the committee heard from more than 230 individuals and organizations. Among them were the province's medical college, its two doctors' unions—the Quebec Federation of General Practitioners (FMOQ) and the Quebec Federation of Medical Specialists (FMSQ)—and the Quebec wing of the Canadian Medical Association.

Indeed, in recent years Quebec doctors have consistently stimulated and encouraged debate on the need for a clearer legal framework for euthanasia—while the rest of Canada has generally avoided the topic.

In its presentation to the select committee, the FMSQ credited impact of the province's new Civil Code (brought in in 1994) and a greater willingness by Quebecers to follow the examples of European and Scandinavian countries to explain why euthanasia is more of a hot topic here than in the rest of Canada.

Certainly it is an issue that Quebec doctors say calls for reform. A poll by the FMOQ of 1,086 Quebec family doctors in fall 2009 found 75% said "euthanasia should be accepted and recognized in Quebec as an ultimate phase in end-of-life health care." As well, 53% said they believed "euthanasia is being practised in an indirect fashion right now in Quebec."



Dr. Khadir

Sometimes, the best cure doctors can give is to help the patient die.

—Dr. Amir Khadir

Call for legislation

The select committee's report notably calls on the Quebec government to enact legislation that would create a form of medically supervised euthanasia under a proposal it terms "medical aid to die."

The proposal is based on the committee's opinion that since dying is a part of life and medical assistance is used to prolong life, medical assistance should be used to end life in what the report explains as "exceptional, well-defined circumstances for a capable adult, whose suffering due to an incurable disease cannot be alleviated."

"(The proposal) is more of an evolution than a revolution," committee co-chair Véronique Hivon of the Parti Québécois told reporters when the report was tabled. "The patient must be the one who asks for that assistance. In no case can someone else ask for it."

She added that the "medical aid to die" principle should not be seen as a form of doctor-assisted suicide, but rather an end-of-life health-care solution for terminally ill people facing imminent and painful death.

Hivon said that couching legislation in terms of appropriate end-of-life care would enable the province to skirt the thorny issue of euthanasia, which is illegal under the federal Criminal Code.

Recent efforts to decriminalize euthanasia in Canada, including three private members' bills by former Bloc Québécois MP Francine Lalonde, have failed.

Protect doctors

The report also recommends that the Quebec government pass parallel legislation to protect doctors who provide "medical aid to die" from criminal prosecution.

Because Canadian provinces are responsible for administering justice, Hivon argued that crown attorneys in Quebec could desist from prosecuting doctors who provide "medical aid to die" much like they did in regard to abortion cases in the 1970s after several doctors who performed them were acquitted by juries.

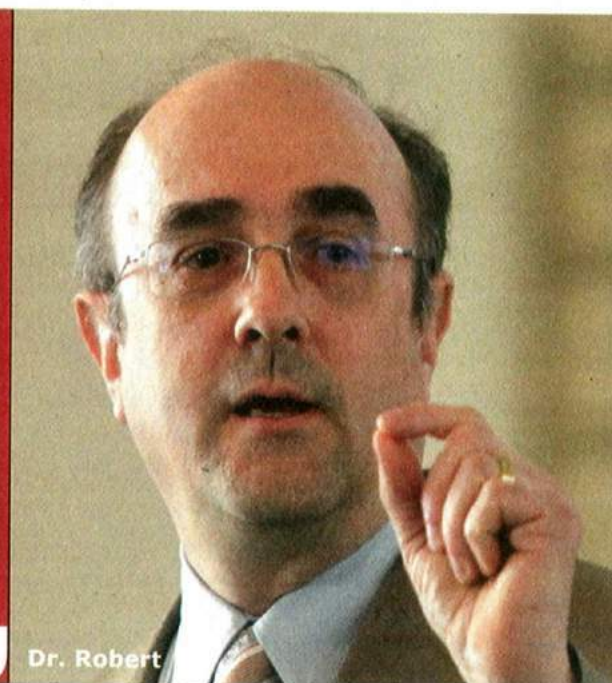
For his part, committee member and Iranian-born physician Dr. Amir Khadir, who is the only elected member and the co-leader of the socialist and pro-independence Quebec Solidaire party, said that legislating the "medical aid to die" proposal would provide a more humane and legally palatable practice than what is currently being done in palliative care units across Quebec, where he contends many terminally ill



Dr. Bolduc

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euthanasia. Our concern
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end-of-life care possible
for an individual.**

—Dr. Yves Robert



Dr. Robert

patients in agony are sedated into unconsciousness until death.

"With this recommendation we (want) to put into place a consistent and coherent framework," Dr. Khadir told the *Globe & Mail* when the report was tabled. "Sometimes, the best cure, the best health care, (doctors) can give is to help the patient die."

Other recommendations in the report include a call for a detailed assessment of current palliative-care services in Quebec and the creation of an administrative unit within the health-care ministry devoted to palliative care.

It also recommends that all health-care professionals in Quebec receive "adequate training" in palliative care, and that the Collège des médecins du Québec develop "a practice and ethical standards guide for palliative sedation."

Quebec Health Minister Dr. Yves Bolduc, who is a physician, has not yet responded publicly to the recommendations.

A health ministry spokesperson told the *Medical Post* in May that the minister "is still pondering what is a very weighty report on a highly delicate subject."

The president of the Collège des médecins du Québec, which instigated the public debate on euthanasia that led to the committee's creation in 2009, was quick to praise the committee members for "their courage" and to assure the provincial government that the college "would collaborate fully" if and when the recommendations that concern it were adopted.

But in a phone interview with the *Medical Post*, Dr. Yves Robert was careful not to take sides in what he says is a highly charged emotional debate.

"The college is not for or against euthanasia," said Dr. Robert. "Our concern is for the best end-of-life care possible for an individual."

He added that he agrees with the report's recommendations for more support for palliative care.

"But palliative care isn't the answer in all cases," said Dr. Robert.

He noted, for example, that end-of-life sedation may go on for weeks, putting tremendous emotional strain on the dying person's family as well as attending medical staff.

Several polls, he added, show that both the public and doctors in Quebec are "overwhelmingly in favour of at least considering other options."

Specialist, GP support

The FMSQ, which represents some 8,000 Quebec specialists, endorsed the report and its recommendations.

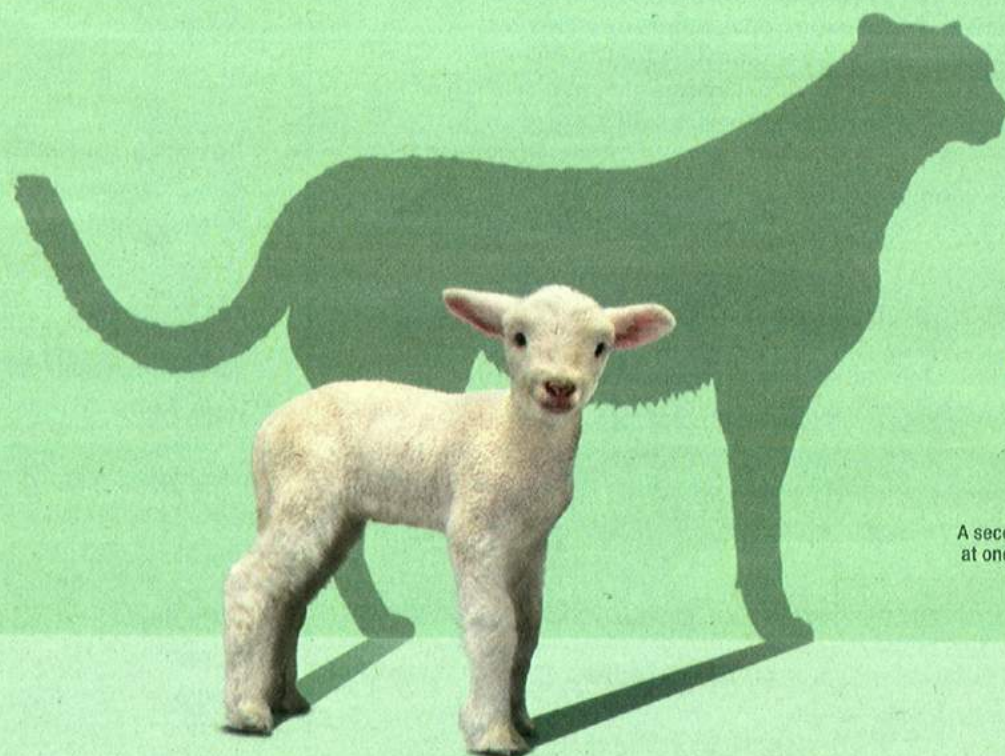
The FMOQ also endorsed the report and its recommendations, citing similar openness among general practitioners.

Though it applauded the committee's efforts, the QMA recommended that more study is needed because doctors across Canada are both confused and divided over the issue.

Many individuals and groups, including palliative-care specialists and the Quebec Catholic Church, blasted the report.

According to Dr. Somerville, who presented a brief to the committee and attended the hearings, she estimates that some two-thirds of all presentations made were against euthanasia—a fact she says the committee completely ignored in its summation. The committee's report echoes the arguments and recommendations made by the expert panel of the Royal Society of Canada—an

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