

**Our Concerns:**

- **Safeguards are needed in Canada to protect vulnerable persons from potential abuse under a new system for physician-assisted suicide.**
- **Recommendations of the ‘Provincial-Territorial Expert Advisory Group on Physician-Assisted Dying’ do not provide those safeguards, because:**

- 1) **They make equitable access the only goal. Not enough attention is given to the equally important goal of safeguarding vulnerable persons.** The Supreme Court of Canada called for safeguards to balance *access and autonomy* with *protecting people who are vulnerable to being induced to commit suicide*. The Court determined that a safeguards system that imposed “stringent limits that are scrupulously monitored and enforced” was needed for these equally important goals.
- 2) **Proposals for mandatory vulnerability assessment or psychiatric evaluation are rejected** – despite the growing population and vulnerability of people with severe disabilities, and evidence of coercion, inducement and abuse of this group in systems for physician-assisted suicide (Oregon, Netherlands, Belgium).
- 3) **Risks of physician bias and conflicts of interest are not recognized.** The Advisory Group calls for just two physicians to verify a person has a ‘very severe or serious’ condition and is suffering. It does not recognize that physicians will be conflicted in their role to diagnose and address causes of suffering, while also authorizing an intervention intended to cause death.
- 4) **Waiting periods are rejected**, despite evidence that people who become severely disabled often have suicidal ideation that they reject once they have time to reflect, learn about options and access needed supports.

**Who is Vulnerable?**

People with disabilities whose request is motivated by one of two sets of factors:

Societal:

- Lack of access to needed disability supports and health care
- Negative self-perceptions about their own disability and reliance on others

Systemic:

- Caregiver coercion
- Physician bias

**Core Messages – Our Community Living Position**

- Safeguards are needed in Canada to protect vulnerable persons from potential abuses including unintended consequences, coercion and bias.
- Safeguards should include at minimum:
  - Mandatory vulnerable assessments for persons who do not have a terminal condition
  - Prior review and authorization by an independent panel or body, to determine: that the decision is voluntary, eligibility criteria are met, a person is not vulnerable to abuse or coercion, and whether a waiting period is needed.

### ***Why vulnerability assessments?***

- All requests from persons who do not have a terminal condition should be screened to determine if there are any risk factors for vulnerability – because of lack of access to needed health care or disability supports, negative self-perception and fears about dependence on others, caregiver coercion concerns, or physician bias. Where there are concerns, in-depth assessment of risk factors must be carried out by a qualified professional into the person’s disability and social support system, caregiving context and economic security.

### ***Why a Waiting Period? Won't the process take long enough?***

- A waiting period at the outset for persons who are not terminally ill is essential to ensure that any person making the application has the opportunity to change their mind and re-consider any other options. Once the process has started, evidence shows it is much more difficult to make the decision to terminate the process.

### ***Why an independent review and not two doctors as proposed?***

- Prior independent review and approval (through a body like the Consent and Capacity Board) is essential in order to protect physicians from a conflict of interest (diagnosing and addressing the condition and causes of suffering *while also* approving requests) and to limit the risk of abuse and error. The review body can also determine whether a waiting period is needed.

### ***Won't people with intellectual disabilities be protected by substitute decision makers?***

- We believe that if an individual with an intellectual disability can give consent, as many people with intellectual disabilities can, they should be equally able to access the system. Vulnerability includes societal and systemic factors - not just ability to give consent. We're concerned about people who are socially vulnerable, and this group isn't being considered.

### ***Isn't your call for safeguards just about making access as difficult as possible?***

- We respect the Court's decision and are not opposed to a system of physician assisted suicide. We do not want to obstruct a system being put into place. The Supreme Court judgment clearly stated balance was needed between access and protecting the vulnerable, and we have not yet seen proposals that have included adequate safeguards for the vulnerable, given the evidence from other jurisdictions.

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### **For more information:**

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