



Catholic Health Alliance of Canada  
Alliance catholique canadienne de la santé

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External Panel on Options for a Legislative Response to *Carter v. Canada*  
(Submitted via email)

Dear Panel Members:

The Catholic Health Alliance of Canada (Alliance) is grateful for the invitation we received to meet with the Panel on October 29, 2015. We look forward to our meeting later this week. In preparation for the session, we would like to provide the panel with some background information through this letter. We are hopeful that it will assist in the presentation portion of our time together.

### **Background**

The Alliance is comprised of 12 organizations. Together, these organizations sponsor more than 100 Catholic hospitals, community health centres, nursing homes, and long-term care facilities across Canada. These organizations operate almost 18,000 care beds; employ over 60,000 staff with operating budgets in excess of \$6 billion. Catholic health organizations have a distinct spiritual vision and culture that directs them to attend with compassion and dignity to the needs of poor and vulnerable individuals.

We are opposed to assisted death both physician-assisted suicide and physician performed euthanasia. As an intervener, the Alliance set out its position against physician-assisted death to the Supreme Court of Canada and will continue to advocate for this position. Like many others, we have grave concerns for the citizens of Canada from the consequences of these acts and will work vigilantly to minimize the harm posed by these practices particularly to the most vulnerable Canadians and to the protection of conscience for health professionals and institutions.

The Alliance strongly supports the notion that more time is required in responding to the decision of the Supreme Court in this matter. It has been suggested that additional time to engage Canadians could be achieved through seeking an extension of the one-year timeframe that the Supreme Court set on their decision.

### **The Alliance's Position**

#### **1. Dignity of the human person**

As Catholic health care providers, the Alliance believes the deliberate taking of a human life goes against the dignity of the human person. It violates the foundational principle of right reason and that all human life is sacred. Neither providing nor participating in assisted death aligns with the

principles and values of Catholic health care as set out in the *Health Ethics Guide*. The Guide is fundamental to respecting our core beliefs and values while outlining the ethical framework for the provision of the health care service we offer to Canadians.

## **2. Catholic health organizations will not participate in physician-assisted death**

Since physician-assisted death is a direct contradiction to our fundamental values, Catholic health care organizations will not participate in this practice in any form. In most jurisdictions, Catholic health organizations across Canada have agreements in place with funding agencies that provide exemptions from delivering a particular health service that does not respect the philosophy or ethics of our Catholic tradition.

## **3. A commitment to non-abandonment**

We believe no one ought to be required to participate in an activity that in conscience the person considers to be immoral. However, we also hold that the exercise of conscientious objection must not put the person receiving care at risk of harm or abandonment. This may require informing the person receiving care of other options for care. (*Health Ethics Guide* #165)

## **4. Palliative care does not include physician-assisted death**

Supporting individuals who are in the dying process, their family members and health care workers is our privilege and moral obligation. We believe that professional palliative care makes this possible, not by prolonging life at all costs or hastening death, but by respecting the rights of patients and families to:

- a. make informed decisions about their end of life care;
- b. decline or cease life-sustaining interventions they deem overwhelming or too burdensome;
- c. receive effective pain management to relieve the pain and other physical symptoms of illness; and
- d. have access to high-quality palliative care and hospice care that encompasses support for the physical, spiritual, emotional and psychological dimensions of the end-of-life experience.

Access to effective end-of-life care including palliative care will require changes throughout the health system. Catholic health organizations have been pioneers in this area and will continue to offer leadership in the development and delivery of effective palliative care across Canada. It is our position that palliative care does not include physician-assisted death.

## **5. The importance of conscience and religious freedom**

The Alliance has a particular concern for the societal ramifications of the Supreme Court decision and protection of conscience for doctors, other health care providers, and for health care institutions. The conscience and religious freedom of health care providers (individuals and organizations) must be protected. While the Supreme Court decision does not obligate individuals to participate, it is imperative that any legislation or regulation around this issue specifically protect and respect the decision of health care providers (individuals and organizations) to not be involved in physician-assisted death or euthanasia on the basis of conscience and religious convictions.

## **6. The need to minimize the harm and challenges physician-assisted death will create for the protection of life and compassionate care**

The Alliance is committed to advocacy to minimize the harm physician-assisted death will create for:

- a. Patients/residents/clients in the health care system – Access to physician-assisted death must have restrictions to limit its harm. Those who are vulnerable and disabled in our care must never feel threatened into making such a decision. Those in our care who are considering physician-assisted death, as an option, must not be abandoned.
- b. Health service providers – physicians, nurses, other providers –They must never be coerced or in any way compelled to be involved in any form of physician-assisted death if it contravenes their conscience or religious beliefs.
- c. Health service organizations – Any institution that offers health services, whether publicly funded or not, must never be coerced or compelled to be involved in any form of physician-assisted death if it contradicts their stated institutional values and mission.
- d. Society – If physician-assisted death is to be made available in Canada, it must be strictly limited to reduce the harm it will cause to society in general through the inevitable diminishment in the respect for the value and dignity of human life at all stages.

### **Conclusion**

Catholic health care organizations throughout Canada are proud providers of quality, palliative and end-of-life care. We are committed to ensuring we are able to continue to meet the needs of Canadian well into the future. While there may be some who will verbalize a request for assisted death, and a smaller number of individuals who will intend and will follow through on their request, we believe there will be a vast majority who will look to our institutions and providers across the country to continue doing what they have always done. In this regard, while as Catholic health care organizations we need to be clear about our moral boundaries in not providing or condoning physician-assisted death, there is so much more that we must do to support vulnerable persons at the end of life.

Sincerely,



Michael Shea, President and CEO  
Catholic Health Alliance of Canada