president's comment

Doctors' attitudes shifting on physician-assisted suicide

write this having just returned from the CMA General Council meeting in Ottawa. This year's meeting included thought-provoking discussions on several issues. The one I wish to highlight is end-of-life care, because General Council passed the following motion with an overwhelming majority.

> The Canadian Medical Association (CMA) supports the right of all physicians, within the bounds of existing legislation, to follow their conscience when deciding whether to provide medical aid in dying as defined in CMA's policy on euthanasia and assisted suicide.

In the 2014 policy on this topic, medical aid in dying refers to a situation whereby a physician intentionally participates in a patient's death by administering a lethal substance or providing the means whereby a patient can self-administer it.

The motion included above is important because it reflects that a significant change is occurring in our societal views on an individual's right to an assisted death. In June, Quebec passed Bill 52, an act respecting end-of-life care, allowing terminally ill patients access to medical aid in dying, and in October, the Supreme Court of Canada will hear an appeal of a BC case that found the Criminal Code prohibition on physicianassisted death infringed the Canadian Charter of Rights and Freedoms. The CMA has been granted intervener status in that case.

The motion is also important in that it accommodates the differences of opinion that exist within our profession—differences that are often passionately held. Some of our colleagues believe that the physician's obligation is to preserve life at all costs and not to participate in physicianassisted suicide. Other colleagues believe that it is a physician's obligation to ease suffering, even if that includes death. Canadian physicians are divided on this issue. Almost 50% of British Columbia's physicians are in favor of legalizing physician-assisted death. This is the highest percentage across all provinces and significantly above the national average of 44%.

Also, the fact that the resolution was adopted by an overwhelming 91% of the 800 physician delegates shows that many physicians want the right to make a decision as to what is best for our patients based on our conscience.

A related theme that came up repeatedly at General Council is the need for better access to palliative care; only an estimated 30% of our patients have access to these valuable resources. This is unacceptable and, regardless of one's position on physician-assisted death, this is something on which everyone agreed. We need to do better in this area.

Doctors of BC fully supports a continued robust and open public discussion on this poignant issue. Ultimately, the courts will decide. Either way, this subject will impact our practices, so our professional associations need to remain involved. We serve our patients, and our patients are speaking up on both sides of this issue.

> -Bill Cavers, MD **Doctors of BC President**

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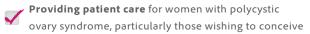
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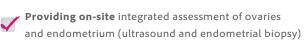
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