

Physician Assisted Suicide



Figure 1

PHYSICIAN ASSISTED SUICIDE

Jane Smith and Group

CS 217 Communication for Health Professionals

Mrs. J. Andersen

Wednesday, March 25, 2015

MEMORANDUM

Date: January 14, 2015

To: Mrs. J. Andersen

From: Jane Smith

Subject: Physician Assisted Suicide

Statement of Problem:

Physician assisted suicide is a controversial topic in our society. Physician assisted suicide is now legal in different parts of the world. However, in Canada it is currently an ongoing issue in the legal system with terminally ill patients.

Statement of Purpose:

Our purpose is to gather some different healthcare providers' opinions on physician assisted suicide. This study will determine if members of the healthcare field are informed about physician assisted suicide and if they agree with it or not.

Sources and Method of Data Collection:

Secondary research will be collected from websites, government publications, peer-reviewed articles, books and journals. Primary research will be conducted by interviews with various professionals, schools and agencies.

Tentative Outline:

1. Background
 - a) History
 - b) Laws
 - c) Controversy
1. Barriers
 - a) Eligibility
 - b) Risks
 - c) Financial

d) Social

1. Resources

a) Healthcare facilities

b) Healthcare workers

c) Peer reviewed journals

List of Assigned Tasks to do:

Work on and complete memo	All members
Type memo	K.
Come up with survey questions	All members
Type survey questions	Jane
Show up for meetings	All members
Interview healthcare professionals	All members
Gather research	All members
Monitor and track interview responses	All members
Put together and edit report	Jane, K
Bind report	L.
Make power point and edit it	L., T
Present	All members

Tentative Work Schedule:

Start Memo	Jan 14
Write survey questions	Jan 14
Rough draft, proofread, type memo	Jan 19
Type up and edit survey questions	Jan 19
Hand in memo	Jan 21

Hand in survey questions	Jan 21
Begin conducting interviews	Jan 23
Begin research	Jan 23
Progress meeting #1	Jan 28
Compile all information	Jan 30
Start writing report	Feb 4
Finish rough draft	Feb 11
Revisions and editing	Feb 17
Teacher feedback	Feb 18
Progress meeting #2	Feb 25
Any other revisions and editing	Mar 12
Bind at Staples	Mar 22
Prepare and edit power point	Mar 23
Practice presentation	Mar 25
Submit report	Mar 25
Presentation	April 1

Before we can continue with our research, your approval is essential. Please provide us with feedback on this subject matter on, or before January 28, 2015. Thank you for your time and consideration.

We would like to thank everyone who took part in our research. It was a great learning experience for us. The knowledge, experience and opinions shared by each of the health care professionals that we interviewed is extremely valuable to our research. This research has been eye opening for us as students and we are thankful to have had this opportunity.

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EXECUTIVE SUMMARY

With the laws on physician-assisted suicide in Canada changing, we have chosen to interview healthcare professionals on this topic. The purpose is to see what the opinions and beliefs on physician-assisted suicide is by different healthcare professionals. To gather our research, we have used government documents, legal court documents, news articles and the results from the interviews.

We came up with a list of benefits of physician-assisted suicide and a comparing list of barriers to physician-assisted suicide. The list of benefits is far stronger than the barriers. Both our research and our supporting evidence suggest this.

Our results from both our primary research and the research we found to support ours, both suggest that a majority of Canadians are for physician-assisted suicide. This is important information considering our laws are changing to legalize physician-assisted suicide.

- 100% of our participants stated that patients with a terminal illness should be allowed to partake in physician-assisted suicide.
- In each of the provinces, over 79% of the participants in Dying with Dignity's survey support the laws allowing physician-assisted suicide.

Our results concluded that we all of our participants agreed with legalizing physician-assisted suicide for terminally ill patients and that everyone should have the right to choose the way they end their life. Our participants also agreed that the mental state of a patient should be considered before partaking in physician-assisted suicide. Our answers varied when it came to who should judge the circumstances and if it will ensure accountability to enforce careful practice guidelines.

We asked 7 different healthcare professionals of both genders and different educational levels. This was to see if this could change the results. The participants work in different fields of healthcare, have different ranges of experience and have different belief systems.

Overall, our results from each of the participants were fairly similar for each of the main points. The questions that were not similar were based on different ideas and interpretations. The questions we used may have needed further explanation.

As a result of our research, we recommend readers to consider the following:

- Educate yourself and others on the topic.
- Ask questions to find out the answers. Do not assume anything.
- If you'd like to contribute, develop a plan or some ideas.
- Acknowledge or accept the changes that will happen in Canada.
- Keep an open mind.
- Set new standards for these changes

INTRODUCTION

Should physician assisted suicide be legal in certain situations? This is a question many Canadians have been asking for many years. It has caused a lot of controversy throughout the nation this year as the Supreme Court announced that Canadians will have the right to physician assisted suicide. Currently, the country is coming up with parameters of physician assisted suicide. There are many questions that need answering. These are just a few examples of the questions that will need to be answered.

- Who will be eligible for physician assisted suicide?
- Will it be up to the doctor, the patient, the family or someone else?
- Will there be age restrictions?
- Who will be financially responsible?
- Will this change our society's values around death?
- Is this only for terminally ill patients?
- Is there risk for abuse?
- Will this cause a 'slippery slope' to legalized murder?
- Could this cause more unnecessary suicides?
- Does this violate our human rights?
- What about the Hippocratic Oath?
- Could this pressure the vulnerable population?
- Is it ethical?

Physician assisted suicide is “the suicide of a patient suffering from an incurable disease, effected by the taking of lethal drugs provided by a doctor for this purpose” (Google, n.d.).

Purpose of Study

The purpose of our study was to get some different healthcare providers' opinions on physician assisted suicide. The study will determine if the healthcare professionals are informed about physician-assisted suicide. It will also inform us of their opinions and beliefs on the matter. We interviewed a variation of healthcare professionals to different views on the topic.

Scope of Study

This report paid particular attention to the following:

- Historical background
- Current issues
- Canadian and world laws
- Barriers and benefits
- Canadian Cases

Sources and Methods

Our report included four important elements:

- Government publications
- Interviews with healthcare professionals
- Court documents
- News articles

BACKGROUND INFORMATION

History

An intolerance for suicide began in the second and third centuries and gained increasing force under the influence of Christianity. Whereas in the classical period suicide was criticized only if it was irrational or without cause, Christianity saw this act as a direct defiance of or interference with God's will; thus, suicide resulted in the denial of a Christian burial and tended to bring great shame upon family members. St Augustine declared that “life and its sufferings are divinely ordained by God and must be borne accordingly.” In the 13th century, the teachings of St. Thomas Aquinas epitomized the intolerance for suicide. According to the Aquinas, suicide violated the biblical commandment against killing and was ultimately the most dangerous of sins because it precluded an opportunity for repentance.

The impact of scientific and medical discoveries in recent times has changed the nature of the debate on suicide. The increasing ability of physicians to treat bodily ailments, and to extend life, cause the state to have a more direct interest in questions of life and death in the medical context. Strict adherence to religious principles and teachings was complicated by the advances of medicine. Issues such as medically assisted death and cessation of treatment, which characterize much of the contemporary debate, have their roots in this period. By the beginning of the 19th century, the medical profession was engaging in a fair amount of the discussion on euthanasia, in which philosophers and theologians joined. Much of the discourse focused on the issue of “quality of life” and on the right to determine when this quality had deteriorated to the point where it was acceptable to cease living.

World Euthanasia

Physician assisted suicide is legal in some countries around the world. It is often referred to as euthanasia. According to Dictionary.com, “Also called mercy killing. the act of putting to death painlessly or allowing to die, as by withholding extreme medical measures, a person or animal suffering from an incurable, especially a painful, disease or condition” (n.d.).

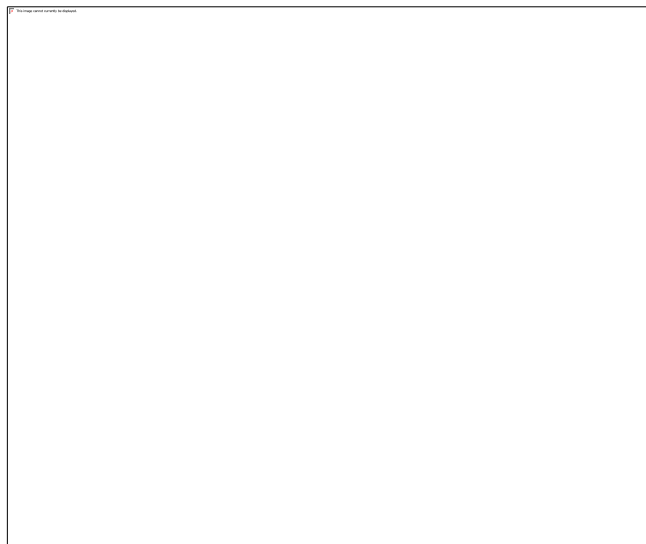


Figure 2

Euthanasia in United States

Vermont	<ul style="list-style-type: none"> • “The latest state to legalize assisted suicide. Under regulations passed in May 2013, a patient must verbally request to die at least 15 days in advance and again — verbally and in writing—48 hours prior to taking lethal drugs. Two physicians determine whether the patient qualifies, which means they must have an "incurable and irreversible disease" and no more than six months to live” (CBC News, 2014, para. 12).
Oregon	<ul style="list-style-type: none"> • “The first state to pass a law allowing physician-assisted suicide. Enacted in 1997, the law was challenged in subsequent years but was upheld by the U.S. Supreme Court in January 2006. To date, about 750 people have died from lethal doses of medications prescribed under the act, according to data compiled by state health authorities. • The law stipulates that the patient must have been declared terminally ill by two physicians and must have requested lethal drugs three times, including in writing” (CBC News, 2014, para. 13-14).
Washington	<ul style="list-style-type: none"> • “The Death With Dignity Act went into effect in March 2009 and has similar stipulations to assisted-suicide legislation in other states. • This act allows terminally ill adults seeking to end their life to request lethal doses of medication from medical and osteopathic physicians. These terminally ill patients must be Washington residents who have less than six months to live” (CBC News, 2014, para. 15-16).
Montana	<ul style="list-style-type: none"> • “The state does not have a law legalizing assisted suicide, but in December 2009, the Montana Supreme Court ruled that a physician who helps a mentally competent, terminally ill patient end their life should not be held criminally liable if the patient has given consent” (CBC News, 2014, para. 17).
New Mexico	<ul style="list-style-type: none"> • “An Albuquerque judge ruled in January that it is a constitutional right for a mentally competent, terminally ill patient to seek aid in dying. The challenge to the state's prohibition on assisted suicide was brought forward by two doctors who wanted to help a 49-year-old patient suffering from terminal cancer end her life. The state attorney general has appealed” (CBC News, 2014, para. 18).

Euthanasia in Europe/United Kingdom

The Netherlands	<ul style="list-style-type: none"> • “Legislation legalizing assisted suicide was introduced in 2002 but the country's court have permitted in since 1984. • Dutch doctors must follow a narrow set of guidelines when helping patients end their life: The patient, who must be suffering unbearably and have no hope of improvement, must ask to die. The patient must clearly understand the condition and prognosis and a second doctor must agree with the decision to help the patient die. • The law allows for assisted suicide in cases of dementia but only if a prior directive from the patient exists. Children of 16 and 17 don't need parental consent to undertake assisted suicide but must involve parents in their decision” (CBC News, 2014, para. 22-24).
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Belgium	<ul style="list-style-type: none"> • “It legalized euthanasia and physician-assisted suicide in 2002 and, in February 2014, removed the age limit of 18, allowing assisted suicide for children as long as they are terminally ill, suffering unbearably and conscious of their decision, and have the consent of their parents and doctors. • Under the Belgian law, the patient must ask to die and two doctors must sign off on the request, as well as a psychologist if the patient's competency is in doubt. The doctor and patient negotiate whether death is to be by lethal injection or prescribed overdose” (CBC News, 2014, para. 25-26).
Switzerland	<ul style="list-style-type: none"> • “Assisted suicide has been allowed since 1942, but euthanasia is forbidden, with patients having to administer the lethal medication themselves. Unlike other countries, Switzerland does not specify any criteria for who can assist with a suicide — as long as they are not motivated by immoral or financial reasons—and how ill the patient must be. • Right-to-die organizations such as Dignitas help carry out assisted suicides, providing counselling and lethal drugs. Death by injection is banned. • Switzerland also allows non-citizens to seek assisted suicide in the country, and several Canadians have done so over the years, including one of the plaintiffs in Friday's Supreme Court case” (CBC News, 2014, para. 27-29).
Luxembourg	<ul style="list-style-type: none"> • “This country of about 600,000 people passed a law legalizing euthanasia and assisted suicide in 2009 with conditions similar to those in the Netherlands” (CBC News, 2014, para. 30).
Britain	<ul style="list-style-type: none"> • “Assisted suicide carries a maximum prison sentence of 14 years, but in 2010 the director of public prosecutions published an assisted suicide policy that allows prosecutors to examine each case on its merits and decide whether there is a public interest in prosecuting. Euthanasia can be prosecuted as manslaughter or murder, with a maximum sentence of life in prison” (CBC News, 2014, para. 31).



Figure 3

Canadian Law

Just this year Canada's Supreme Court announced that we will be introducing physician assisted suicide into Canada. Before this year, it was illegal to aid a person in suicide. It was also illegal to counsel a person to commit suicide. Whether suicide ensues or not, is guilty of an indictable offence and liable to imprisonment for a term not exceeding fourteen years. There have been multiple cases in Canada where people have been held criminally responsible.

According to CTV News, “for patients to be eligible for physician assisted suicide, they must be mentally competent but suffering and be 'irremediable' patients. They must be age of majority (which is 18 years of age in Canada). The patient must be deemed terminally ill or be an adult who is enduring intolerable physical or mental suffering in order to receive medical help to end their life” (Cheadle, 2015, para. 7).

Like Dr. Kevorkian, “the first doctor to be sentenced under the law was Maurice Généreux, who got a jail term of two years less a day and three years' probation in 1998 for prescribing sleeping pills to two men with AIDS who were depressed but not terminally ill. One of the men survived and later launched a civil suit against Généreux.

Canada does allow doctors to induce a coma and turn off life-sustaining equipment for suffering patients near death, a practice known as palliative sedation that right-to-die advocates argue is ethically, morally and legally no different than assisted suicide or euthanasia” (CBC News, 2014, para. 6).

Euthanasia in Canada

Quebec	<ul style="list-style-type: none"> • “In June 2014, Quebec broke new ground when it passed the Act Respecting End-of-Life Care, bypassing the Criminal Code by
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	<p>incorporating medically assisted death into provincial health care legislation. The new law is expected to come into force by the end of 2015 and allows people with a terminal illness that is causing unbearable suffering to ask a physician to administer a lethal dose of medication.</p> <ul style="list-style-type: none"> • "Quebec was a groundbreaker in terms of saying, 'We're not talking about assisted suicide or homicide... but we're talking about end of life: this is a natural extension of palliative care, so it needs to come under provincial legislation,' " said Wanda Morris, CEO of the advocacy group Dying With Dignity Canada. • Under Quebec's legislation, a patient must request medical aid in dying, and the physician who is providing the aid must confer with a second physician and other members of the patient's medical team and must verify that the patient has made the request freely and in an informed way. The physician must administer the aid themselves — in a medical facility or the patient's home — and take care of the patient until death” (CBC News, 2014, para. 7-9).
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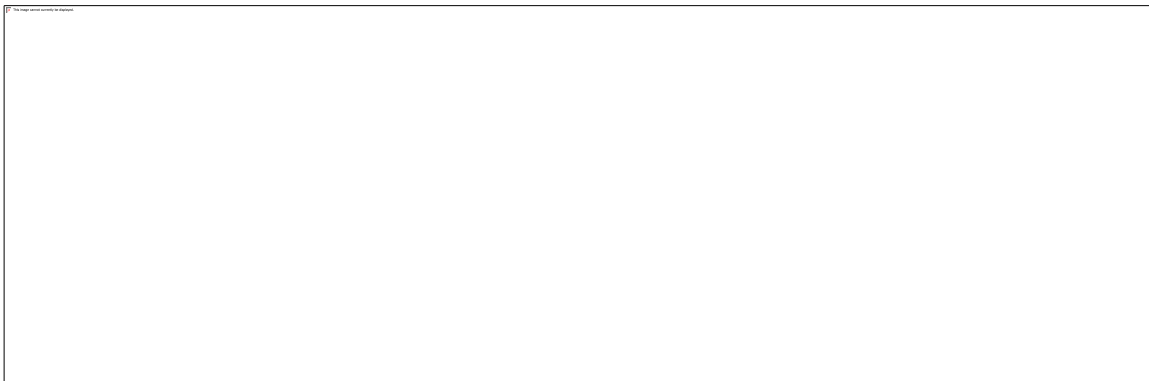


Figure 4
Benefits

There are many benefits to have physician assisted suicide legalized in Canada. Some people feel as though it is their choice to live and others feel as though it is not. Depending on personal values, customs, religion and experience, people will have different ideas on what is right and what is wrong. This is why there has been so much discussion and disagreements on physician assisted suicide.

The patient will have the freedom of choice. We have the right to live but why don't we have the right to die? Why is it someone else who gets to choose what is right for you?

The patient's tremendous amount of pain and suffering could end. Imagine you were diagnosed with a terminal illness 10 years ago. You are about 45 and you know you the longest you will live is 2 more year. Everyday, you wake up in tremendous pain that was worse than yesterday. You are unable to move a most of your body because you are in so much pain. You also are unable to get out of bed and require complete assistance to do almost anything. It even hurts to talk or breath, so you only communicate when you absolutely need to. Your husband or wife has to pick up extra shifts at work because not all of your medications and home care is covered by the government. After 3 years of being confined to your bed, with little communication and extreme amounts of pain, you decide to consider assisted suicide. This isn't a legal option and you know your wife/husband could go to jail for helping you but you are not physically able to commit suicide alone. You are now forced for possibly 2

more years enduring this suffering.

Pain and suffering of the patient's family can be reduced. After reading the scenario in the paragraph above, imagine putting yourself in the wife or husband's position. Watching your spouse go through this suffering would probably be really stressful and traumatic for you as well. You might not be in the same physical pain as your spouse, but the mental and emotional pain would be difficult to deal with as well.

The patient can 'die with dignity'. What does it mean to die with dignity? According to Death with Dignity National Center, "Death with dignity is a movement to provide options for the dying to control their end-of-life care" (Barber, 2013, para. 2).

It may reduce suicide done in horrifying, traumatic ways. If a person no longer wants to live anymore and assisted suicide is not an option, they might seek out other options. One of these options is to do it themselves. There are many ways one can commit suicide. Some are more horrifying than others. The problem with this is that suicide is not always successful. If the suicide is unsuccessful, it may create more harm to the person physically, mentally and emotionally. This option may also be traumatic for the family and friends of the person as well.

Health care costs can get expensive for those with terminal illnesses. Even though we live in Canada, health care costs are not always 'free'. Hospital and doctors office visits might not cost you but if you do not have a drug plan, medications and treatments can be quite costly. Depending on coverage as well, home care or even long term care can be expensive as well. This financial issue can cause a strain in many families.

On the other end of this, dying patients cost the government a lot of money as well. According to The Global Impact of Dementia, "In 2011, 747,000 Canadians lived with a cognitive impairment. This is 14.9% of Canadians aged 65 and over. If nothing changes, by 2031, the number will increase to 1.4 million people. Today the combined direct and indirect cost of dementia in Canada totals 33 billion dollars per year. If nothing changes by 2040, the cost will increase to 293 billion dollars per year" (Canadian Alzheimer Society, 2013, para. 3). This is just an idea of how much health care costs. Dementia will likely be one of the illnesses that will justify a patient to 'die with dignity'.

Barriers

It would violate the Hippocratic Oath. The Hippocratic Oath states, "I will give no deadly medicine to any one if asked, nor suggest any such counsel" (A New Zealand, n.d. Para. 11).

It might decrease the value of human life. Some people think that if assisted suicide is legalized, that our society's opinion of life and death might change. It is thought that people might choose to die just because they can, not because they are suffering. One of our human rights is the right to life. If people are choosing to die, it can violate that human right.

It might open the door to non-critical patient suicide and other abuses. Patients experiencing things that are reversible or curable may take advantage of assisted suicide or look for 'an easy way out' when there are other measures that can be taken.

Many religions are against it. In Christianity, it is considered to be ‘the ultimate sin’ to commit suicide. It is believed that once you are dead, there is no chance for repentance. The bible also states, “We should respect our bodies, we are God’s creations and we shouldn’t die before our time just or forsake God’s will just because things are tough.” There are many other religions that conflict with the ideals of suicide. Some of these religions include Buddhism, Hindu, Roman Catholic, Judaism and Islam.

It may cause people to give up hope. There have been many recent medical advances. There is a lot of funding put into research for treatment options and medications for many illnesses. Allowing physician assisted suicide may cause people to not consider treatment and instead choose to end their life.

The government and insurance companies might put pressure on people to reduce costs. The cost of healthcare is expensive in Canada and with the baby boomers aging, the cost of healthcare is continually rising.

It could give doctors too much power. Allowing physician assisted suicide will give doctors the ultimate power to end someone’s life.

Abuse- Emotional, Physical & Financial. Families may be tempted to chose assisted suicide for their elderly family members, over spending vast amount of money on long term care solutions and home care. The general cost of living is going up, and families may feel like they are spending too much money on their palliative elderly family members.

Later regrets. Many family members whom have helped make the decision of physician assisted euthanasia for a family member, may find the decision hard to live with. Family members may be not be given the same empathy from people, because death was a chosen decision, not a natural death.

Social impact. Some people who do not agree with voluntary euthanasia could argue that if it was legalized, it would damage the moral and social foundation of society by removing the traditional principle that man should not kill, and reduce the respect for human life. It might also be the case that if voluntary euthanasia has been legalized, this might lead to cases of involuntary euthanasia being carried out. With people deciding that someone else’s life such as the elderly or the terminally ill is not worth living and therefore performing euthanasia without their consent.

Children and Infants. If the life of a child or infant will be so miserable as not to be worth living, would it give parents an easy out by choosing physician assisted suicide. The parents of children and infants who have a terminal illness may consider them a burden, as it can be physically, emotionally and financially difficult to care for a child or infant who has an illness.

Canadian Cases

Sue Rodriquez

““Whose body is this?” With those four words Sue Rodriguez single-handedly catapulted the right-to-die debate onto the public stage”(CBC, 2014). Rodriguez was a 42 year old woman that was suffering

from the terminal illness, amyotrophic lateral sclerosis (ALS). After the British Columbia Court of appeal denied her request to legalize euthanasia and assisted suicide in Canada, she brought it to the Supreme Court of Canada. Her argument was that s. 241(b) violates sections 7, 12, and 15 of the Charter. In September of 1993, the Supreme court dismissed the appeal. “In a five to four decision, the Supreme Court of Canada dismissed the appeal and found s. 241(b) to be constitutional” (Smith, 1993). “Section 241. Every one who

- (a) counsels a person to commit suicide, or
- (b) aids or abets a person to commit suicide,

whether suicide ensues or not, is guilty of an indictable offence and liable to imprisonment for a term not exceeding fourteen years” (Government of Canada, 2015).

“Section 7. Everyone has the right to life, liberty and security of the person and the right not to be deprived thereof except in accordance with the principles of fundamental justice” (Government of Canada, 2015).

“Section 12. Everyone has the right not to be subjected to any cruel and unusual treatment or punishment” (Government of Canada, 2015).

“Section 15.

(1) Every individual is equal before and under the law and has the right to the equal protection and equal benefit of the law without discrimination and, in particular, without discrimination based on race, national or ethnic origin, colour, religion, sex, age or mental or physical disability.

(2) Subsection (1) does not preclude any law, program or activity that has as its object the amelioration of conditions of disadvantaged individuals or groups including those that are disadvantaged because of race, national or ethnic origin, colour, religion, sex, age or mental or physical disability” (Government of Canada, 2015).

Robert Latimer

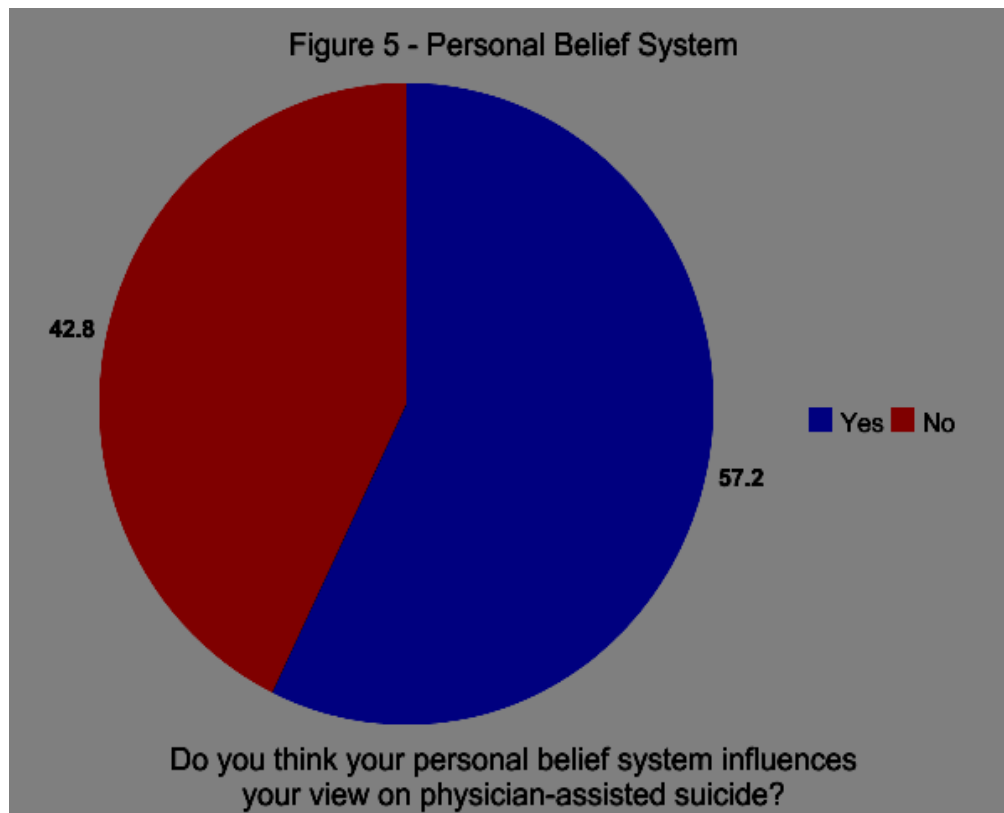
Robert Latimer, a Saskatchewan farmer, ended his daughter's life in October 1993. Latimer's daughter, Tracy, had a severe form of cerebral palsy. Cerebral palsy is “a disorder of muscle control caused by brain damage, usually as a result of oxygen deprivation to the developing brain. Most cases of cerebral palsy are relatively benign. But not so for Tracy. Dr Dzus, her orthopedic surgeon, testified that “Tracy had one of the worst forms of cerebral palsy in that she was totally body-involved. Her total body was involved from her head right down to her toes so all four limbs, her brain, her back, everything was involved””(Ethics, Euthanasia & Canadian Law, n.d.). Tracy was in tremendous amounts of pain and after multiple surgeries, the doctors had nothing left to do for her. According to CBC News Canada, “On October 24, 1993, Latimer ended Tracy's life by pipping carbon monoxide into his truck. After 8 years of trials, Latimer was sentenced to serve a life sentence with no parole for 10 years. Robert Latimer was granted parole in 2010” (2010, para. 7).

PHYSICIAN-ASSISTED SUICIDE RESEARCH

For our research, we chose to interview health care professionals to find out what they thought about physician assisted suicide. We interviewed different people in different age ranges, genders and levels of experience. We interviewed professionals with different jobs and levels of education to see if we would get different results. Some of our interviewees are personal support workers, registered practical nurses and registered nurses. They also work in a range of different places, such as long term care, palliative care, sexual public health, assisted living, and at the hospital.

There interview consisted of 10 multiple choice questions. We gave each of the participants a chance to state their opinion or any relevant things after each of the questions. Seven healthcare professionals were interviewed.

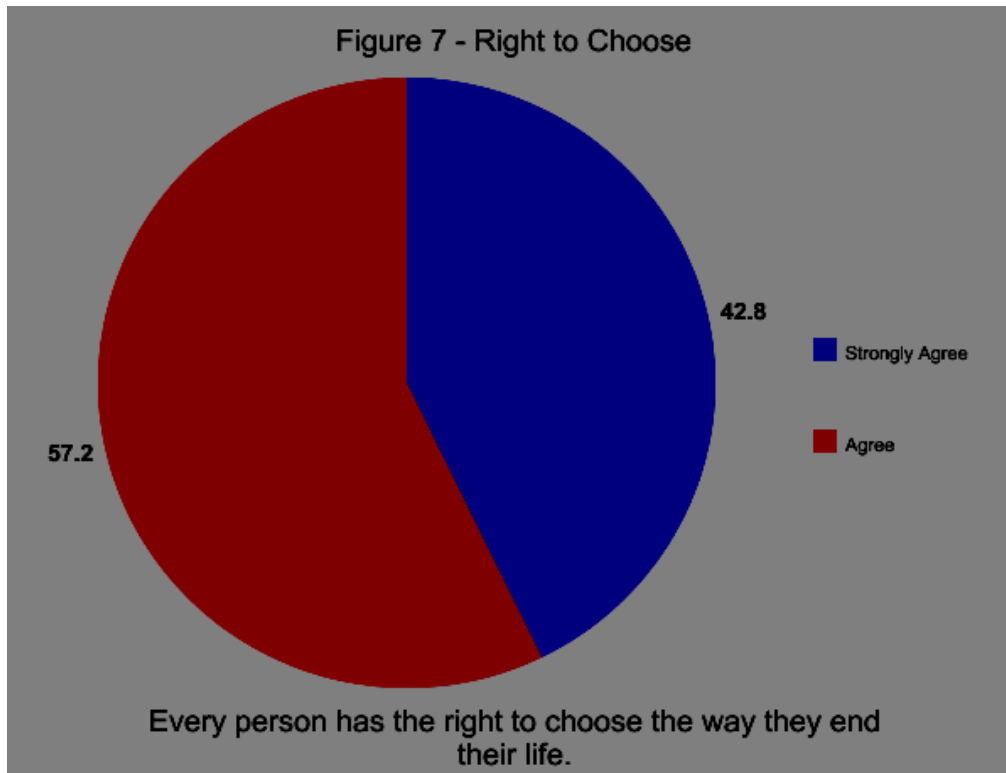
While working in health care, it is common to come across terminally ill patients. Each of our interviewees knew at least one person that had a terminal illness. In our research, we found a trend with what people thought about physician assisted suicide.



We chose to include this question in our survey because we thought it would have a big impact on healthcare professional's beliefs about physician-assisted suicide. Certain factors such as religion, spirituality and a person's virtues can effect what someone thinks about such a controversial topic. For example, the Roman Catholic religion believes that it is a sin to commit suicide. Which means someone of this religion may also have this belief. It is also possible for the region you reside in to influence your beliefs. In some countries in Asia, they consider suicide to be a disgrace to the family. If a member of a family commits suicide, the community may stop communication with the entire family.

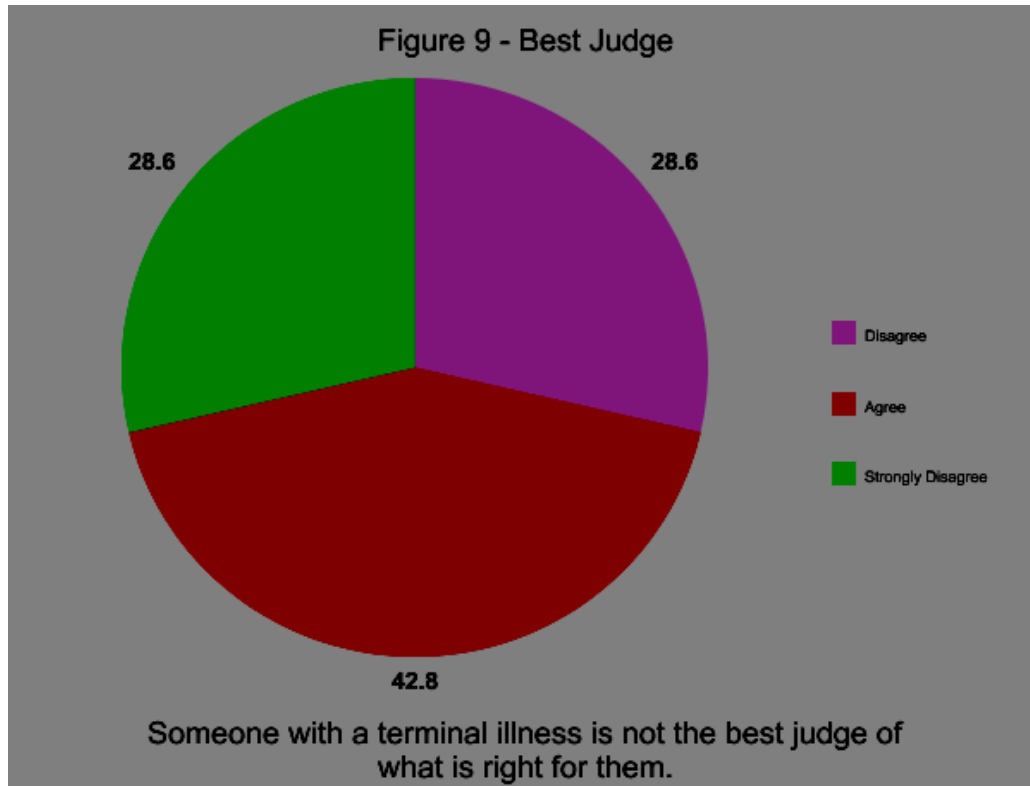
This is an important question to ask healthcare professionals. It is essential for each individual to know what they believe in to determine a suitable approach to give nonjudgmental, unbiased care.

This question can be interpreted in many different ways. Some individuals do not have a belief system and some do. So for those who stated no, they may be stating that they do not have a belief system. For the 57.2% whose belief systems do influence their views, it is important for them to recognize that and be able to put them aside. Putting aside personal beliefs and opinions is a crucial skill to have in this profession.



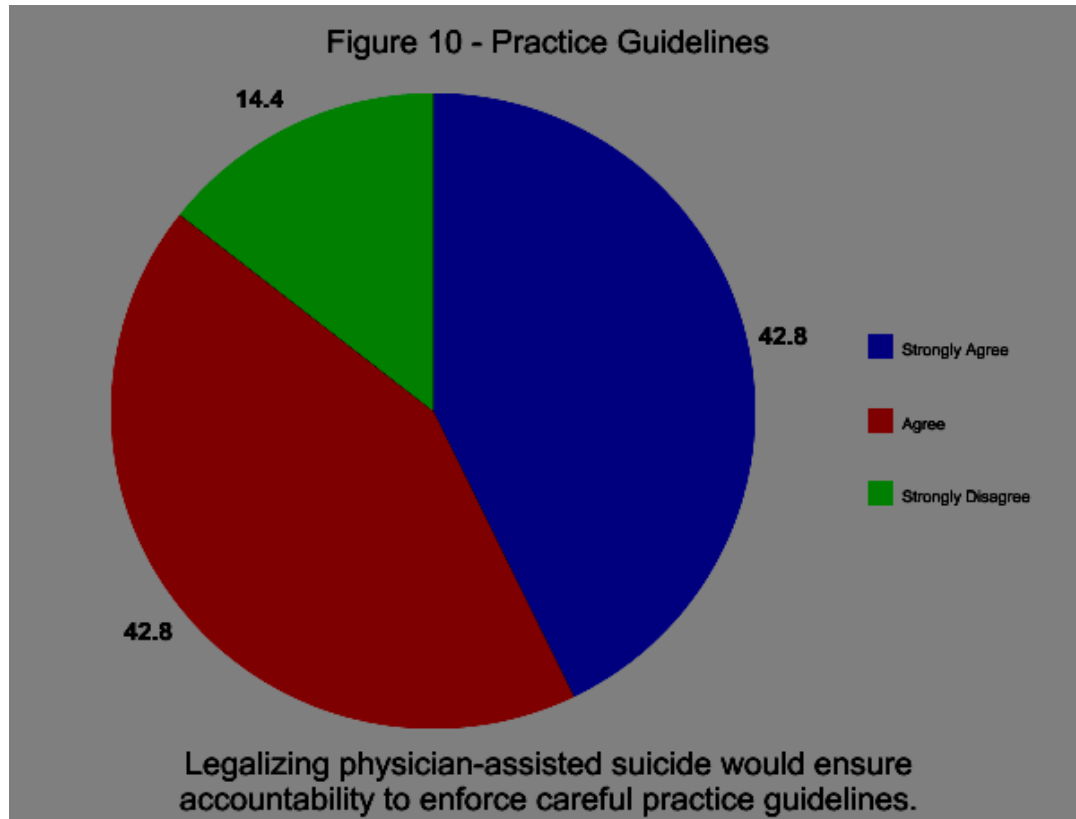
Each of our participants either agreed or strongly agreed with this statement. We think this has to do with the fact that 100% of our participants at least one person with a terminal illness. While working in healthcare, most people meet many people with either a terminal illness or someone at the end stage of their life. After working with patients that are dying but do not have the option of physician-assisted suicide, many healthcare professionals start to empathize with their situations.

Dying with dignity did similar research and found similar results. They asked people if they supported assisted dying in Canada. The researchers concluded that, “in each of the provinces 79% of people asked or higher were in support of assisted dying in Canada” (Dying with Dignity, n.d.). Figure 4 shows the percentages of each individual province.



The results for this question varied. This is a tough question to answer because there are many different types of terminal illnesses. When answering this question, the participants reply may have been based on different terminal illnesses. For example, if you were answering this question with end stage dementia on your mind, you may choose to agree with this statement. An end stage dementia patient may not be oriented enough to make a decision such as physician-assisted suicide. Whereas, if you were thinking of something like multiple sclerosis, the patient would likely be oriented enough to consent to this procedure.

In regards to Figure 9, one of our interviewees commented, “I strongly disagree, if the person has the mental capacity to make decisions for themselves, they are absolutely the best judge.” They also stated that “mental capacity testing must be completed, and physicians would need to identify and address advanced directives early on and reassess at every healthcare contact.”



The results of this statement varied:

- 14.4% strongly disagreed. This means that they don't think that physicians and other healthcare professionals will be accountable for their actions and carefully follow the law. This could be due to personal experiences with professionals not doing what they are supposed to. They may also believe another situation like Dr. Kevorkian's could happen.
- 42.8% strongly agree and 42.8% agree with this statement. Ensuring accountability to enforce careful practice guidelines could potentially prevent situations like Dr. Kevorkian's from happening. It depends which way you choose to look at it. If physician-assisted suicide is legalized, doctors will be allowed to assist in certain situations which would prevent them from doing it illegally. There will also be more laws in place for if misconduct does happen which can possible ensure accountability.

CONCLUSIONS

Physician-assisted suicide is an extremely controversial topic. There are both many benefits and barriers to consider. Canada's recent announcement regarding legalization has opened the door for many questions. The intolerance for suicide began in the second and third centuries but the scientific and medical advances are changing the nature of the debate. We will see many changes in the near future regarding physician-assisted suicide.

There are many places in the world where physician-assisted suicide is legal. Some of these places include; the United States of America, the Netherlands, Belgium, Switzerland, Luxembourg and Britain. Although these countries have different laws in place, the guidelines involving physician-assisted suicide are fairly similar. Canada will likely have similar guidelines once our laws regarding this topic are finalized.

Canada has had many cases in the past involving physician-assisted suicide. A well known case involved Sue Rodriguez, who fought for the legalization in 1993. She lost in the Supreme Court to a five to four vote. Another famous case was Robert Latimer whom ended the life of his severely disabled daughter. He served a life sentence with no parole for 10 years. These are just two of the many cases involving physician-assisted suicide. With the recent legalization, we will likely see many more cases similar to these in the future.

Our research shows that health care professionals agree with physician assisted suicide. We only interviewed a small group of healthcare professionals but our results were similar to what we were expecting to find. 100% of those interviewed at least agreed with physician assisted suicide for terminally ill patients. This number would likely not be at 100% if we interviewed a larger group of people. The research on support for assisted dying in Canada supports our findings.

One of our participants stated, "In the case of people who have no quality of life, no control over their bodies and are suffering terribly with no chance of improvement should be able to end their life peacefully and with dignity. We treat animals better than humans because when they are suffering, we take them to the vet and have them euthanized. We grieve but at least they are not in pain anymore." This quote represents the opinion of most of our participants.

In conclusion, we recommend that everyone try to keep an open mind about the Canadian legislation that is changing. We can work together as a community to create a positive and supportive environment to help those at the end stages of their life. We enter a new era where it will be okay to die with dignity and citizens along with physicians will be able to make that choice when the time comes.

RECOMMENDATIONS

Education. Canada is currently in the process of changes its laws in favour of physician-assisted suicide. It is important for our country to learn what this means. Not everyone understands it which causes misconceptions and prejudgements. For Canada to work together, our country should be educated on this topic before they decide whether they agree with it or not.

Develop a plan. The laws in Canada are not set yet. They are still being worked out, which means that the public still has a say in what happens. You can be part of the plan.

Ask questions. To get the right answers, you need to ask the right questions. There are many things to be considered when considering physician-assisted suicide. Whether or not you work in healthcare, this new change may effect you or someone you know in the future. Getting to know the right information will be important. Some of the questions that may be asked are:

- What will the guidelines be?
- Who will be eligible?
- Will this effect me?

Asking yourself questions is just as important and finding information. Learning about what you think will help you cope with what may happen in the future.

Accept or acknowledge the changes in healthcare. We can expect healthcare to change over the next few years because of new laws. Things like the Hippocratic Oath may change. There will be many people that will not agree with physician-assisted suicide. The people who do not agree with it may work in a place that it impacts their job. This may cause professionals to change their job or workplace. Even if a healthcare professional does not agree with these changes, they must keep their opinions and beliefs to themselves and provide unbiased care.

Keep an open mind. This will be a new era in Canada's healthcare. Many people may already have a prejudgement about the legalization. Keeping an open mind to the idea, may allow more people to see the benefits. Not everyone will agree with it of course but keeping an open mind may stop some of the judgement.

If you don't agree, attack the problem not the person. In many different situations people attack the person instead of the problem. What that means is instead of dealing with the issue directly they may direct the feelings towards someone who agrees with it or is having it done. A common example of this is anti-abortionists. Sometimes instead of dealing with the actual issue, they attack the people as the go into the clinic without an knowledge of the situation.

Set new standards. With all the changes happening, other changes will need to occur. Keeping an open mind will allow for these changes to happen. For example, gay rights was an issue in many religions. Recently, a few religions have accepted the gay community and openly accepted change. This shows that it is possible for us to set new standards if the old ones become outdated.

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LIST OF ILLUSTRATIONS

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