

Date: April 30, 2021

To: College of Physicians and Surgeons of Ontario (CPSO)

Re: Medical Assistance in Dying Policy Consultation

The Ontario College of Family Physicians (OCFP) represents 13,500 family physician members across Ontario providing primary and secondary care across all settings. We are pleased to share feedback on the CPSO's proposed policy for MAID.

In expectation #7, under “**Criteria for Medical Assistance in Dying**” and the sub-head “***The individual's request must be voluntary and not as a result of external pressure***”, the policy states:

Physicians **must** be satisfied that the patient's decision has been made freely, without undue influence from family members, healthcare providers, or others, and that they have made the request themselves, thoughtfully, and in a free and informed manner.

- A suggested edit is to add at the end of the above paragraph: “and not as a result of lack of community resources to deliver care.” We have received member feedback that some patients are requesting MAID due to lack of community care options other than long-term care. This situation should be captured somewhere in this document – perhaps under this expectation.

Under “**Additional safeguards where natural death is not reasonably foreseeable**,” the policy states:

The MAID provider must ensure there are at least 90 clear days⁴¹ between the date of the first eligibility assessment for MAID and the date MAID is provided unless both they and the physician or nurse practitioner who confirmed the patient meets the eligibility criteria are of the opinion that the loss of the patient's capacity to provide consent to receive MAID is imminent and the MAID provider thinks a shorter period is appropriate in the circumstances. Physicians will have to use their professional judgement in determining a shorter period.

- Further clarity is required as to what is expected from the physician when a patient is losing capacity between the assessment and the provision. The policy states that the period could be shortened but does not further specify whether this means that it is acceptable for the physician to perform the provision of MAID when the patient may have lost capacity.

Additional comments:

- An important scenario that is not captured in this policy is when physicians receive valid MAID requests but work within an institution wherein the hospital policy does not permit MAID assessments or procedures, as is the case most commonly in Catholic hospitals. The policy should articulate clearly what a physician should do when there is a clear conflict between the individual rights of a patient and an institutional rule. This clarification is especially needed when there is no easy way to make an “effective referral”, either because the patient is too ill to move or in rural areas where there is nowhere else to move the patient.