BRIEF

CANADIAN NURSES ASSOCIATION*

SUGGESTED AMENDMENTS TO THE TEXT OF BILL C-14: AN ACT TO AMEND THE CRIMINAL CODE AND TO MAKE RELATED AMENDMENTS TO OTHER ACTS (MEDICAL ASSISTANCE IN DYING)

Brief for the House of Commons Standing Committee on Justice and Human Rights

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CNA is the national professional voice of registered nurses in Canada. A federation of 11 provincial and territorial nursing associations and colleges representing nearly 139,000 registered nurses, CNA advances the practice and profession of nursing to improve health outcomes and strengthen Canada's publicly funded, not-for-profit health system.

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RECOMMENDATIONS

This brief on recommended changes to the wording of draft Bill C-14, entitled An Act to Amend the Criminal Code and to Make Related Amendments to Other Acts (Medical Assistance in Dying), is respectfully submitted by the Canadian Nurses Association (CNA), the national professional voice for 139,000 registered nurses in Canada.

In response to the 2015 Supreme Court of Canada (SCC) decision in *Carter v. Canada*, the federal government introduced Bill C-14.

CNA welcomes the federal government's work to table legislation that guides end-of-life care for Canadians. The federal government has indicated the intention to work with the provinces and territories on the pan-Canadian care pathway for end-of-life care, which has the potential to reconcile issues related to access and conscience for patients and health-care providers. This aligns with CNA's support for integrated health services that offer equitable, universal access to those who request palliative care and/or medical assistance in dying (MAID).

CNA strongly favours a harmonized implementation of MAID across the provinces and territories. In support, CNA is presently focusing on convening nursing stakeholders, including provincial and territorial regulatory bodies, to develop a national nursing framework on MAID that will guide nurses on ethical issues and professional development.

CNA's specific recommendations for revisions to the proposed legislation are as follows:

Regarding Sections 241.2 (1), (2) and (3)

1 241.2 (1) (c) refers to "grievous and irremediable medical condition" as a condition for MAID. A "grievous and irremediable medical condition" is defined in section 241.2 (2) as including "a serious and incurable illness, disease or disability."

This language suggests that a person with a grievous and irremediable medical condition may be required to exhaust treatment options that might cure their condition, even if those treatment options are not acceptable to the person.

CNA suggests that section 241.2 (1) (c) be revised to read as follows: "they have a grievous and irremediable medical condition (including an illness, disease or disability) that causes enduring suffering that is intolerable to the individual in the circumstances of his or her condition and where 'irremediable' does not require the person to undertake treatments that are not acceptable to the person";

By making the above revision, all of section 241.2. (2) could be deleted.

Furthermore, section 241.2 (2) (d) refers to a "natural death [that] has become reasonably foreseeable" This language could restrict access to MAID, as those with a "grievous and irremediable condition" may not also have a "reasonably foreseeable" death.

CNA recommends that the eligibility criteria could be limited to those outlined in 241.2 (1) with the revisions suggested above.

2 Section 241.2 (3) (b) (ii) also refers to a "natural death [that] has become reasonably foreseeable."

CNA recommends that 241.2 (3) (b) (ii) be revised to read: "signed and dated after the person was informed by a medical practitioner or nurse practitioner that all the criteria set out in subsection (1) have been met."

Regarding Section (6) (a) and (c)

As currently written, criteria 6 (a): "are not in a business relationship" and (c): "do not know or believe that they are connected to the other practitioner" may create longer waiting periods for MAID due to the requirements under 241.2. (3) (e) and (f) relating to written opinions from independent practitioners. This is due to the fact that, in rural and remote settings, there may be delays in securing opinions in writing from independent practitioners, who meet the definitions outlined in 6 (a) and (c), and who therefore must travel from outside the community.

CNA recommends deleting sections 6 (a) and (c), as written, and replacing them with the following: "(a) are not responsible for supervising their work; do not know the other practitioner; or believe or know they are connected to the person making the request in any way that would affect their objectivity."