

Quebec's amended end-of-life law set for vote

Bill 52: An Act respecting end-of-life care has undergone 57 amendments in preparation for an anticipated vote in mid-February by Quebec's National Assembly.

The amendments, which were completed Jan. 16, define terms and allow changes to the Pharmacy Act. Bill 52 was approved in principle by a vote of 84–26 by Quebec's National Assembly on Oct. 29, 2013.

The revised bill is “tighter, crisper and clearer,” says Jocelyn Downie, Professor in the Faculty of Law and Medicine at Dalhousie University, Halifax, Nova Scotia. “It’s a good bill reflecting the will of the Quebec public.”

A “significant” amendment, according to Downie, requires patients to be at the end of their life before qualifying.

However, Dr. Catherine Ferrier, a geriatric physician and president of the Physicians' Alliance for Total Refusal of Euthanasia says that amendment is not explicit enough because it fails to define what it means to be at the end of life.

“Half my geriatric patients could be considered at the end of life. I understand it’s difficult to define, but it’s a central axis of the whole bill and it’s a weakness that they have not defined it,” says Ferrier. “This bill is written by people who don’t understand medicine. Under the current criteria anyone could ask for euthanasia.”

Once a policy like this is unleashed it’s hard to manage how it’s being used, she added.

The amended bill does define medical aid in dying as a “treatment consisting of the administration of drugs or substances by a physician to a person at the end-of-life, at his request, in order to relieve his suffering by causing his death.”

According to Dr. Manuel Borod, director of the Division of Supportive and Palliative Care Programs at the McGill University Health Centre, in Montréal, the definition for medical aid



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Detractors of Quebec's contentious Bill 52 say it contravenes Canada's Criminal Code and have vowed to challenge it in court.

in dying is the same as the definition for euthanasia, but the Quebec government is intentionally avoiding the term euthanasia because that falls under federal jurisdiction, he says.

The revised bill also defines palliative care, in accordance with the World Health Organization's definition. Borod says he was pleased with this delineation and also applauds the updating of the term “terminal palliative sedation” to “continuous palliative sedation” in the amendments. Terminal palliative sedation is no longer a term that is recognized internationally, he says. However, he is concerned that the proposed act creates more obstacles to palliative care, such as additional paperwork.

For their part, the Quebec Medical Association (QMA) officially stands in favour of the bill. It cites two polls that show 66% of the QMA's physician members and 85% of the public favour medical aid in dying.

The amendments also allow changes to Quebec's Pharmacy Act to permit medical aid in dying. Article 17 of the

Pharmacy Act was changed from “in order to maintain or restore health” to “in order to maintain health, restore or offer appropriate relief of symptoms.”

Physicians' Alliance for Total Refusal of Euthanasia will be lobbying members of the National Assembly to vote against Bill 52, which Ferrier says is contrary to the criminal code. The alliance will fight it in court if they have to, she added.

Euthanasia is already in the courts. The Supreme Court of Canada announced in January it will hear the British Columbia Civil Liberties Association (BCCLA) appeal of the death with dignity case. The case challenges the constitutionality of Canada's Criminal Code provisions against physician-assisted dying on the basis that “they deny individuals the right to have control over choices that are fundamental to their physical, emotional and psychological dignity,” according to the BCCLA website. — Patrick Janukavicius, Montréal, Que.

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