KEY MESSAGES and GUIDING INFORMATION

ABOUT THE VULNERABLE PERSONS STANDARD

• The VPS represents a consensus position across a diverse constituency of Canadian organizations, including medical, faith-based, disability and other advocacy perspectives.
• The VPS brings together people who support physician-assisted death but appreciate the need for safeguards, along with those who oppose physician-assisted death, but appreciate the need to reduce its potential harm. In the context of a highly divisive social policy debate, the VPS points to a strong ‘overlapping consensus’ among growing numbers of Canadians.
• The VPS offers a set of five key safeguards that strike the necessary balance in providing access to physician-assisted death without jeopardizing the lives of vulnerable persons.

WHAT IS VULNERABILITY AND WHY DOES IT MATTER?

• To be vulnerable is to have diminished defences, making us more prone to harm. Many defences that we take for granted: food and secure shelter; adequate income, education and healthcare; family and friends; laws and policies that protect us and promote our interests, are not available to all Canadians.
• Research demonstrates that these kinds of defences are highly significant in affecting our health and well-being. People with less access to these defences are more vulnerable to illness, to suffering, and to reduced life expectancy.
• Psychosocial factors, including grief, loneliness, stigma and shame may also contribute to a person’s vulnerability. A person may also be vulnerable to being induced or coerced to request an assisted death, which is why it is essential to address this risk with a Vulnerable Persons Standard.

FIVE KEY SAFEGUARDS

1. **Equal Protection for Vulnerable Persons**
   The practice of physician-assisted death in Canada must be carefully regulated and monitored. This will require priority attention to meeting the palliative care and home support needs of all
Canadians who suffer. It will also require a commitment to funding and public reporting of independent research to identify any direct or indirect impact on vulnerable persons.

2. **End-of-Life Condition**
   Physician-assisted death should only be available to adults who are at the end of life and who have “advanced weakening capacities with no chance of improvement”. This requirement is entirely consistent with the Supreme Court decision in Carter. It is also, notably, the requirement implemented in Québec law after several years of extensive public consultation.

3. **Voluntary and Capable Consent**
   Adults who request a physician-assisted death must have the capacity to make such a decision, must be fully informed and be acting completely voluntarily. Physicians must ensure that patients are supported to access any alternate supports or treatments that might ease their suffering and that they receive whatever interpretation and communication support they require to participate in these profoundly important conversations. Adults with conditions like dementia that impair mental capacity cannot receive physician-assisted death on the basis of an advanced directive.

4. **Assessment of Suffering and Vulnerability**
   It is critical to understand the nature of a person’s suffering in order to support their consideration of a physician-assisted death. When a person is motivated by factors such as grief, loneliness, shame or a lack of needed supports, safeguards must ensure that healthcare providers attempt to ease such suffering by means other than physician-assisted death.

5. **Arms-Length Authorization**
   Permitting any physician to perform an assisted death requires a legal decision, one that takes into account relevant medical evaluations and ensures that all safeguards have been respected. Recent experience at the Alberta Court of Queen’s Bench confirms that these decisions can be made very quickly and in a way that respects a person’s dignity and privacy. When decisions are made with this kind of formality and independence, Canada’s system for physician-assisted death will serve as a model for transparency, consistency and equity.

**CORE MESSAGES**

- Canadians have communicated their desire for an approach to physician-assisted death that is humane and carefully considered.
- The Supreme Court has directed that Parliament must balance the right to choose an assisted death with the right of vulnerable persons to be protected from harm.
• The Vulnerable Persons Standard meets these requirements. It does so by:
  o Limiting physician-assisted death to adults who are at the end of life and capable of
giving informed consent;
  o Ensuring that physician-assisted death is never our response to social or psychosocial
suffering;
  o Separating the evaluative, assessment and support roles of physicians from the
adjudicative role of independent legal decision makers;
  o Requiring transparency, consistency and accountability as we move to introduce
physician-assisted death; and
  o Respecting both the spirit and the letter of the Carter decision.

ADDITIONAL MESSAGES

• The Standard was developed with input from more than 40 senior advisors in the fields of law,
  medicine, ethics, and advocacy for people with disabilities, as well as thirty health and
  community organizations across Canada.

• We are calling on parliamentarians to ensure that Standard’s safeguards are included in any
  federal legislation concerning physician-assisted dying.

• The Standard is based on the best available evidence concerning the risks posed to vulnerable
  people in jurisdictions that have legalized access to physician-assisted dying.

• We think it is a constructive contribution to the federal policy process, and will satisfy the
  immediate concerns of the tens of thousands of Canadians actively engaged in the disabilities
  movement, as well as the millions of Canadians who are apprehensive about the introduction
  of physician-assisted dying.

• The Standard attempts to balance equitable access with appropriate safeguards.

• We believe Canadians who access physician-assisted dying should be able to do so without
  jeopardizing the lives of vulnerable Canadians. This is why we believe a system of safeguards is
  essential.

• We continue to believe that access to physician-assisted dying should only come into effect
  alongside a substantial commitment to improving access to palliative services and appropriate
  mental health services across Canada.