



EXECUTIVE SUMMARY — END-OF-LIFE DECISION MAKING

End-of-Life Decision Making is an issue wrapped in controversy and contradictions for Canadians. Most people in this country want to die at home, but few do; most believe planning for dying is important and should be started while people are healthy, but almost no one does it. And while most Canadians support the decriminalization of voluntary euthanasia and assisted suicide, both remain illegal under the Criminal Code of Canada.

Assisted dying is a critically important public policy issue, where opinion, practice and the law seem out of alignment. The Royal Society of Canada, a national organization of distinguished scholars, artists and scientists, believes the time has come for a national debate on end-of-life decision making. It commissioned us, a panel of six Canadian and international experts on bioethics, clinical medicine, health law and policy, and philosophy, to prepare this report* both to trigger a national conversation on end-of-life issues and contribute material for those discussions.

It's clear Canadians are not preparing adequately for the death we and all those we love will inevitably face. Although most people think it is wise to make known their wishes for care at the end (in case they are not competent to do so when the time comes) less than a third have some sort of formal advance directive, fewer than half have designated a substitute decision maker or even discussed their wishes with their families, and fewer than a tenth have discussed end-of-life care with their physicians.

It's also clear that quality palliative care is unavailable to many Canadians and that the scope of palliative care needs to continue to expand beyond cancer.

There is also confusion and inconsistency around important aspects of care for the dying quite apart from euthanasia and assisted suicide. Palliative sedation and decisions to withhold or

withdraw potentially life-sustaining treatments from patients against the wishes of their families require attention. Legal and clinical uncertainties around these practices cause much needless suffering for patients and stress for families and health care practitioners.

The issues only become more complex and contentious when confronting euthanasia and assisted suicide. We carefully considered Canadian values, international experience in permissive regimes, and legal and ethical aspects of these practices and came to the unanimous conclusion that Canada should have a permissive yet carefully regulated and monitored system with respect to assisted death.

Autonomy (or the capacity for self-determination) is a paramount value to Canadians. Respect for autonomy requires respect for competent individuals' free and informed decisions with respect to how and when they die. The concept of dignity cannot provide a sound basis for either supporting or rejecting a permissive regime with respect to voluntary euthanasia or assisted suicide.

We discussed in considerable detail the arguments against assisted suicide. The evidence does not support claims that decriminalizing voluntary euthanasia and assisted suicide poses a threat to vulnerable people, or that decriminalization will lead us down a slippery slope from assisted suicide and voluntary euthanasia to non-voluntary or involuntary euthanasia. The evidence does not support claims that decriminalization will have a corrosive effect on access to or the development of palliative care.

Canadians must confront the difficult issues of our end-of-life care. As a society, we must do the same, acknowledging the need to formulate and enact a national approach to end-of-life decision making that will bring compassionate clarity to this critically important issue of our time.

* This is an abridged version. The complete version can be found [here](#).