

# RSC: The Academies

## **RSC Expert Panel on End-of-Life Decision Making**

Working Terms of Reference (Revised February 2010)

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### **Introductory Note:**

The RSC/SRC Committee on Expert Panels authorizes the members of expert panels appointed by the Society to refine their terms of reference from time to time, subject to approval by the Committee. These working terms of reference, which will form the basis of the peer review of this expert panel's draft final report, have been approved. (*William Leiss, Chair, RSC/SRC Committee on Expert Panels.*)

### **Mandate:**

End-of-Life decision-making constitutes one of the most serious social and ethical issues facing all advanced countries. This RSC expert panel report aims to make a significant contribution to the public policy debate on this issue.

### **Objectives:**

1. There is a large body of medical science evidence that, if summarized for the public, would be helpful to their consideration of the issue.
2. The public could also benefit from a presentation of evidence about actual experience from the various jurisdictions that permit physician-assisted death.
3. The public would also benefit greatly from having a careful, balanced review of various pros and cons of decriminalization of physician-assisted death from well-reasoned ethical and legal standpoints.
4. Many medical personnel would also benefit from having all the issues laid out in a comprehensive and sensitive way.
5. The panel should consider proposing policy recommendations for public consideration that are the results of its review.

### **Questions that will be considered by the panel:**

1. Is either physician-assisted suicide [PAS] or voluntary euthanasia [VE] ever morally justifiable and should either be decriminalized under certain carefully defined conditions? If so, under what conditions?
2. Is there a morally and legally significant difference between withholding and withdrawing life-prolonging treatment (including artificial hydration and

nutrition), on the one hand, and hastening a patient's death by VE or PAS, on the other?

3. Is there a morally and legally significant distinction between terminal sedation and life-shortening symptom relief? Under what circumstances, if any, are or should either of these practices be permitted under law in Canada?
4. Is there evidence of abuse with respect to PAS and VE in jurisdictions in which PAS or VE have been decriminalized (particularly those with contexts similar to Canada)? What safeguards exist in these jurisdictions? What is the philosophical legitimacy of "slippery-slope" arguments in this arena?
5. What, if any, safeguards could prevent abuse and exploitation of VE and PAS without erecting insuperable barriers for people who wish to access these forms of assisted dying?
6. Is the concept of human dignity a useful one for discussions of VE and PAS?
7. Is either VE or PAS consistent with healthcare professionalism? Would either be likely to enhance or undermine the healthcare professional-patient relationship?
8. What is the legal status of Advance Directives?
9. What is the legal and ethical status of the unilateral withholding and withdrawal of potentially life-sustaining treatment?