to accept or reject any medical care recommended."
5. "Ascertain wherever possible and recognize your patient's wishes about the initiation, continuation or cessation of life-sustaining treatment."
6. "Recognize the profession's responsibility to society in matters relating to . . . legislation affecting the health or well-being of the community . . ."
7. "Inform your patient when your personal values would influence the recommendation or practice of any medical procedure that the patient needs or wants."

These principles cannot, by themselves, determine whether euthanasia and assisted suicide should be permitted. Nevertheless, they are relevant to the debate. The first five emphasize the importance of patient well-being and autonomy, the sixth balances this with responsibility to society, and the seventh defends physician autonomy if the law were to be changed.

CMA policy on physician participation in euthanasia and assisted suicide

Canadian physicians should not participate in euthanasia or assisted suicide.

Physician concerns about legalization of euthanasia and assisted suicide

The CMA recognizes that it is the prerogative of society to decide whether the laws dealing with euthanasia and assisted suicide should be changed. The CMA wishes to contribute the perspective of the medical profession to the examination of the legal, social and ethical issues.

Before any change in the legal status of euthanasia or assisted suicide is considered, the CMA urges that the following concerns be addressed.
1. Adequate palliative-care services must be made available to all Canadians. The 1994 CMA General Council unanimously approved a motion that Canadian physicians should uphold the principles of palliative care. The public has clearly demonstrated its concern with our care of the dying. The provision of palliative care for all who are in need is a mandatory precondition to the contemplation of permissive legislative change. Efforts to broaden the availability of palliative care in Canada should be intensified.
2. Suicide-prevention programs should be maintained and strengthened where necessary. Although attempted suicide is not illegal, it is often the result of temporary depression or unhappiness. Society rightly supports efforts to prevent suicide, and physicians are expected to provide life-support measures to people who have attempted suicide. In any debate about providing assistance in suicide to relieve the suffering of persons with incurable diseases, the interests of those at risk of attempting suicide for other reasons must be safeguarded.
3. A Canadian study of medical decision making during dying should be undertaken. We know relatively little about the frequency of various medical decisions made near the end of life, how these decisions are made and the satisfaction of patients, families, physicians and other caregivers with the decision-making process and outcomes.

Physicians are involved in making decisions concerning whether to withhold or withdraw treatment and whether to administer sedatives and analgesics in doses that may shorten life. It is alleged that some Canadian physicians are providing euthanasia or assistance in suicide. Hence, a study of medical decision