



EUTHANASIA AND ASSISTED SUICIDE

(UPDATE 2014)

This policy replaces two previous policies, *Physician-Assisted Death 1995* and *Euthanasia and Assisted Suicide (1998)*. Euthanasia and assisted suicide, as understood here, must be distinguished from the withholding or withdrawal of inappropriate, futile or unwanted medical treatment or the provision of compassionate palliative care, even when these practices shorten life. The CMA does not support euthanasia or assisted suicide. It urges its members to uphold the principles of palliative care. The following policy summary includes definitions of euthanasia and assisted suicide, background information, basic medical ethical principles and physician concerns about legalization of euthanasia and assisted suicide.

Definitions regarding care at the end of life:

Medical aid in dying refers to a situation whereby a physician intentionally participates in the death of a patient by directly administering the substance themselves, or by providing the means whereby a patient can self-administer a substance leading to their death.

Euthanasia means knowingly and intentionally performing an act, with or without consent, that is explicitly intended to end another person's life and that includes the following elements: the subject has an incurable illness; the agent knows about the person's condition; commits the act with the primary intention of ending the life of that

person; and the act is undertaken with empathy and compassion and without personal gain.

Physician assisted death means that a physician knowingly and intentionally provides a person with the knowledge or means or both required to end their own lives, including counseling about lethal doses of drugs, prescribing such lethal doses or supplying the drugs. This is sometimes referred to as physician assisted suicide.

Euthanasia and physician assisted death are often regarded as morally equivalent, although there is a clear practical distinction, as well as a legal distinction, between them.

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