Palliative sedation refers to the use of sedative medications for patients who are terminally ill with the intent of alleviating suffering and the management of symptoms. The intent is not to hasten death although this may be a foreseeable but unintended consequence of the use of such medications. This is NOT euthanasia or physician assisted death.

Withdrawing or withholding life sustaining interventions, such as artificial ventilation or nutrition, that are keeping the patient alive but are no longer wanted or indicated, is NOT euthanasia or physician assisted death.

"Dying with dignity" indicates a death that occurs within the broad parameters set forth by the patient with respect to how they wish to be cared for at the end of life. It is NOT synonymous with euthanasia or physician assisted death.

Advance care planning is a process whereby individuals indicate their treatment goals and preferences with respect to care at the end of life. This can result in a written directive, or advance care plan, also known as a living will.

Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification, assessment and treatment of pain and other symptoms, physical, psychosocial and spiritual.

Background

Euthanasia and assisted suicide are opposed by almost every national medical association and prohibited by the law codes of almost all countries. A change in the legal status of these practices in Canada would represent a major shift in social policy and behaviour. For the medical profession to support such a change and subsequently participate in these practices, a fundamental reconsideration of traditional medical ethics would be required.

Physicians, other health professionals, academics, interest groups, the media, legislators and the judiciary are all deeply divided about the advisability of changing the current legal prohibition of euthanasia and assisted suicide. Because of the controversial nature of these practices, their undeniable importance to physicians and their unpredictable effects on the practice of medicine, these issues must be approached cautiously and deliberately by the profession and society.

Basic ethical principles

Although euthanasia or assisted suicide are not mentioned explicitly in the CMA Code of Ethics, the code has traditionally been interpreted as opposing these practices. The following articles of the code are relevant to CMA policy on this issue.

1. "Consider first the well-being of the patient." This means that the care of patients, in this case those who are terminally ill or who face an indefinite life span of suffering or meaninglessness, must be physicians' first consideration.
2. "Provide for appropriate care for your patient, even when cure is no longer possible, including physical comfort and spiritual and psychosocial support."
3. "Provide your patients with the information they need to make informed decisions about their medical care, and answer their questions to the best of your ability."
4. "Respect the right of a competent patient