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## Opening statement

(check against delivery)

### Standing Committee on Justice and Human Rights (JUST)

**Bill C-14**, An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying)

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#### CPhA Witnesses

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Thank you very much Mr Chair and to the Committee for inviting us to speak to you today.

My name is Phil Emberley. I am the Director of Professional Affairs at the Canadian Pharmacists Association and I'm also a practicing community pharmacist here in Ottawa.

First of all, I'd like to acknowledge the difficult task that you have before you. The final legislation must strike a balance between the needs of patients, the right to access and ensuring that healthcare providers are fully equipped to deliver quality care regardless of the setting.

This is a very complicated and emotional issue for many, and one that's dominated much of the profession's discussions over the last year.

Very early on in our discussions within the profession, it was clear that there was an important role for pharmacists in assisted dying as the dispensers of the lethal dose of medication. Over the past year, we've worked with our members to understand the impact of the Court's ruling and their views on the issue. We did this through an extensive survey of pharmacists and through the development of guiding principles which we released in February.

Pharmacists are keenly aware of their role as primary health care provider. They are consistently rated as one of the most trusted profession and they are often the first point of contact within the health care system. We're already hearing stories of community pharmacists being asked about assisted dying.

As a profession, we've been very encouraged to see the conversation around assisted dying expand from what was solely seen as physician assisted dying to what's now called medical assistance in dying. This acknowledges that like any other health care service or procedure, assisted dying involves a much larger team of health care professionals.

However, we also appreciate that Bill C-14 is only one component of Canada's legislative response to the Supreme Court's decision and that many important practical considerations will be left up to the provinces and territories to address and will require additional practice guidelines and regulations.

Generally speaking, as it is drafted now, we believe that Bill C-14 appropriately recognizes the role of pharmacists and protects those pharmacists who choose to participate from any criminal liability that could result from dispensing a lethal dose of medication.

I'd like to make some comments on some of the specific provisions in the Bill.

Firstly, it's important to note that under section 241.1, medical assistance in dying is permitted in 2 instances. It can be administered directly by a physician or nurse, or self administered. This has significant implications for the role that pharmacists might have to play in assisted dying. In particular where it's self administered, we see a far greater role for pharmacists who may have to dispense the drugs directly to the patients and where it is conceivable that this could be the last interaction between the patient and a health care professional prior to death.

Therefore, we are pleased to see that subsection 241(4) of Bill C-14 specifically exempts pharmacists from criminal liability if they dispense a substance to a person other than a medical practitioner or nurse practitioner.

We are also very supportive of section 241.2, subsection (8) which requires that the medical practitioner or nurse practitioner who prescribes the substance inform the pharmacist that the substance is intended for that purpose. This is something we specifically called for and we are pleased to see it reflected in the legislation.

In addition to the specific provisions that we've highlighted we also want to draw your attention to two key elements that are not provided for in the legislation but we feel are equally important. Although we are not proposing any amendments to the legislation, we are hopeful that the federal government will work with its provincial and territorial counterparts as well as stakeholders, to address these issues in the coming months.

On the issue of conscience, we strongly believe that pharmacists and other health care professionals should not be compelled to participate in assisted dying if it is counter to their personal beliefs. The legislation does not set out whether or how health care professionals can refuse a request. This leaves protection of conscience

for health care professionals, including pharmacists, up to the provinces and professional regulators.

In addition to this, and to ensure that freedom of conscience is respected, pharmacists should not be compelled to refer the patient directly to another pharmacist who will fulfill the patient's request. This is an important consideration for pharmacists who view referral as morally equivalent to personally assisting a patient to die.

To provide equal protection of pharmacists' right to conscientious objection, and patients' right to access, CPhA recommends the creation of an independent information body with the capacity to refer to a participating pharmacist and we urge the federal government to work with the provinces and territories to create and implement such a system.

The second issue that is particularly relevant to pharmacists in their day to day practice is the question of drug access.

There is no single medication or drug that exists to end someone's life. Rather, it's can be a cocktail of medications that could be administered by someone or self administered. Depending on how it's administered different drugs could be used.

Of great concern to pharmacists, who are all too familiar with issues of drug availability and accessibility, is that the drugs in question are in some cases not readily available in Canada.

There is still some work to be done to understand which drugs might be most effective in assisted dying. Evidence shows that high doses of barbiturates are usually effective where death is self administered, while a combination of barbiturates and a neuromuscular blocking agent are more appropriate for physician or nurse administered injection.

To give you an example in Oregon where assisted dying is solely self administered, 1 of 2 barbiturates are used, both of which are not currently available in Canada presently.

It is critical for Health Canada, as the regulator of drugs to ensure that whatever drugs are recommended, are available and accessible to patients and their health teams and we welcome the opportunity to work with them to address this issue.

In conclusion, we urge that this legislation be passed quickly in order to ensure that there is a framework in place by the June 6<sup>th</sup> deadline, and to allow the provinces and territories an opportunity to develop appropriate practice guidelines and regulations.

Over the coming months, our provincial pharmacy associations will continue to work with their respective regulators to ensure that appropriate practice guidelines are in place.

Thank you again for the opportunity to appear and we look forward to answering your questions.