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Special Joint Committee on Physician-Assisted Dying

January 27, 2016

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Speaking Notes

Co-chairs, honorable members of parliament and senators, thank you very much for the opportunity to present before this committee. My name is Carlo Berardi. I'm a practicing pharmacist in Sudbury but I'm here today in my capacity as Chair of the Board of Directors for the Canadian Pharmacists Association.

CPhA is the national voice for pharmacy in Canada, focused on advancing the health and well-being of Canadians through excellence in pharmacist care. Through our 10 provincial associations, we represent more than 20,000 pharmacists and pharmacy students across Canada.

I'm joined today by my colleague Phil Emberley, also a practicing pharmacist and the Director of Professional Affairs with CPhA.

We recognize that you all have an incredibly difficult task at hand, one that must balance the views and perspectives of various stakeholders, the public and most importantly, patients. We are here today to speak to you about the role of pharmacists in physician assisted dying, and conversely, the impact that physician assisted dying could have on pharmacists.

Since the Supreme Court ruling, almost a year ago, much of the public debate has focused on the role of physicians in assisted dying and understandably so. But physicians don't work alone—rather, they are part of a larger system that relies on nurses, pharmacists, social workers and other health care providers, each with their own scopes of expertise and responsibility. And while the Carter decision focused primarily on the role of doctors in providing end of life care, we have had the opportunity to reflect on the important role of pharmacists in both end of life care and assisted dying.

You have heard from previous witnesses on the scope of the Carter decision and the extent to which other health care professionals should be involved in assisted dying. It is our opinion that regardless of how assisted dying is regulated in Canada, pharmacists will have a role to play in administering the practice.

Pharmacists are consistently rated as one of the most trusted professionals in Canada; their accessibility and visibility within their communities also means that pharmacists are often the first point of contact for patients who are looking for timely and evidence informed health information.

As a practicing pharmacist, I know firsthand how much the public relies on pharmacists for information on a variety of health issues, and so it's quite likely that pharmacists will be asked to provide information on assisted-dying to help inform their choice.

CPhA Policy Development

Over the past several months, CPhA has been consulting extensively with our members and experts in the field, in order to develop a policy position and framework to help inform governments as they themselves grapple with this issue.

This includes a national survey of pharmacists and pharmacy stakeholders in which we received nearly 1000 responses. The number of responses that we received speaks to the high degree of interest from the profession. We have also reviewed existing literature and looked at experiences from other jurisdictions that have legalized assisted dying to help inform our policy—which we will provide to the Committee

While we have not yet finalized our policy recommendation or our proposed framework for the role of pharmacists in assisted dying, we would like to highlight some of the areas that have consistently been raised.

As a primary health provider, it should come as no surprise that assisted dying elicits varying perspectives from within the profession, similar to what you've heard from our physician and nurse colleagues.

What we've consistently heard is that pharmacists care first and foremost about the health and wellbeing of their patients and ensuring that their patients have access to the best care possible, through their end of life journey. This means having access to both high quality palliative care, effective pain management and assisted dying. However, our consultations have also revealed some more practical considerations for pharmacists that we would like to bring forward today.

Drug Access and Pharmacist Role

While many of our concerns mirror those of other health providers, including what you have heard just moments ago from our colleagues at the Canadian Medical Association and the Canadian Nurses Association, there are also issues that are unique and of particular relevance to pharmacists.

Regardless of the legislative framework that is put in place and how the practice is regulated both federally and provincially, one of our primary concerns is ensuring the appropriateness and accessibility of drug therapies. There is no single drug that exists for the purpose of ending someone's life and so, like any other medication, we believe that the federal government must ensure that the prescribers and the pharmacist have access to the necessary drugs in order to provide the best possible care, including for assisted dying.

In addition to this, we also recognize that existing jurisdictions that have legalized assisted dying have taken different approaches, each with different implications for how the actual practice is administered.

While we have not yet finalized our policy and proposed framework on the role of pharmacists in assisted dying, we want to provide some context as to how some of the models could have an impact both on patient care and on the role and responsibilities of pharmacists.

Take Quebec for example. There, assisted dying is limited to medical aid in dying, which requires the physician to directly administer the lethal injection. The exact dosage and mix of drugs is set within the provincial framework, and while it's prepared by a hospital pharmacy, it is then administered by the physician in a hospital setting.

However, in parts of Europe and in the state of Oregon, we've seen a broader approach that also allows for the oral ingestion of drugs that can take place in various settings, including in a home or community settings. In such cases, while physicians continue to play an important role as prescribers, the role of the pharmacist would expand significantly.

Protection of Conscience and Liability

Beyond these issues that we feel are particularly relevant to pharmacists, we have also heard feedback from the profession that is consistent with that of other health providers. Pharmacists overwhelmingly support the inclusion of a protection of conscience provision in legislation. Like other professions, pharmacists feel strongly that they should not be obligated to participate in assisted dying if it is against their moral or religious convictions.

In its ruling, the Supreme Court clearly stated that nothing in the declaration would compel physicians to provide or participate in assisted dying and we believe that such a protection must be extended to pharmacists. We also believe that patients have the right to receive unbiased information about assisted dying and how to access end-of-life care.

Similar to other health care professionals, pharmacists are divided on the obligation to refer to another pharmacist who is willing to fill a prescription for the purpose of assisted dying. Our priority remains ensuring patient access and so we encourage governments to examine options that could help facilitate referral while also protect pharmacists right to conscientious objection.

Further to this, for those pharmacists who wish to participate, we strongly urge legislative frameworks that limit the liability of healthcare professionals.

Supporting the Profession

Regardless of the legislative framework, we want to ensure that pharmacists who are both members of the interdisciplinary patient care team but also dispensers of lethal doses of medications, are fully equipped to provide the necessary care to their patients.

This means ensuring that there is effective collaboration between prescribing physicians and pharmacists, and ensuring that pharmacists have access to appropriate information, support and resources, should they choose to participate in assisted dying.

Information about a patient's diagnosis and the purpose of the prescription, as well as confirmation of the patient's consent and that the patient has met all of the eligibility criteria is key to ensuring appropriate dispensing and will enhance patient care at all points of contact in the system. We believe that this could help mitigate liability for all health providers involved.

Conclusion

We recognize that there is very little precedent to guide the government in addressing this important issue. This is also a new area for pharmacists. Nevertheless, the pharmacist's profession has the expertise in drug therapy, counselling patients on medications and drug distribution to play an integral role in ensuring quality end-of-life care.

In conclusion, as this is a new and evolving practice, we believe that it will be critical to monitor and review the implementation of both federal and provincial legislation for years to come. We suggest that this be done through a national advisory panel of interdisciplinary health professionals which would include pharmacists.

In the coming weeks, we will be finalizing our policy and our proposed framework and we would be happy to share these with the Committee. We thank you for your time and we welcome any questions you might have.