



# A Medical Ethics Mini-Series

Ethics from Early Life  
To End-of-Life Care

“All humans are mortal.  
We are humans,  
therefore we are going to die.”

	2017		2016		2015 <sup>1</sup>	
	Number	%	Number	%	Number	%
<b>End of Life Concerns<sup>2, 3</sup></b>						
Losing autonomy	167	90	208	87	170	84
Less able to engage in activities making life enjoyable	162	87	201	84	170	84
Loss of dignity	135	73	157	65	135	67
Burden on family, friends/caregivers	105	56	122	51	96	48
Losing control of bodily functions	86	46	102	43	102	51
Inadequate pain control or concern about it	70	38	97	40	71	35
Financial implications of treatment	19	10	18	8	25	12

# Medical Assistance in Dying

***medical assistance in dying*** means

**(a)** the administering by a medical practitioner or nurse practitioner of a substance to a person, at their request, that causes their death; or

**(b)** the prescribing or providing by a medical practitioner or nurse practitioner of a substance to a person, at their request, so that they may self-administer the substance and in doing so cause their own death.

## **Eligibility for medical assistance in dying**

### **241.2**

- (b)** they are at least 18 years of age and capable of making decisions with respect to their health;
- (c)** they have a grievous and irremediable medical condition;
- (d)** they have made a voluntary request for medical assistance in dying that, in particular, was not made as a result of external pressure; and
- (e)** they give informed consent to receive medical assistance in dying after having been informed of the means that are available to relieve their suffering, including palliative care.

## **Grievous and irremediable medical condition**

**(a)** they have a serious and incurable illness, disease or disability;

**(b)** they are in an advanced state of irreversible decline in capability

**(c)** that illness, disease or disability or that state of decline causes them enduring physical or psychological suffering that is intolerable to them and that cannot be relieved under conditions that they consider acceptable; and

**(d)** their natural death has become reasonably foreseeable, taking into account all of their medical circumstances, without a prognosis necessarily having been made as to the specific length of time that they have remaining.

## **Safeguards**

**(d)** ensure that the person has been informed that they may, at any time and in any manner, withdraw their request;

**(g)** ensure that there are at least 10 clear days between the day on which the request was signed by or on behalf of the person and the day on which the medical assistance in dying is provided or — if they and the other medical practitioner or nurse practitioner referred to in paragraph (e) are both of the opinion that the person's death, or the loss of their capacity to provide informed consent, is imminent — any shorter period that the first medical practitioner or nurse practitioner considers appropriate in the circumstances;

