

OMA remarks to the Standing Committee on Finance and Economic Affairs regarding Bill 84 – Medical Assistance in Dying Statute Amendment Act

Thank you Mr. Chair. I am Rachel Forman and I am here today in my capacity as Spokesperson for the Ontario Medical Association. I am trained as an obstetrician-gynecologist and reproductive endocrinologist. My area of sub-specialization is infertility and I practice here in Toronto. With me today is Barb LeBlanc, Executive Director, Health Policy and Promotion at the OMA.

I would like to start by acknowledging that Medical Assistance in Dying is a challenging issue for the medical community and for society. The Supreme Court of Canada recognized this when they said in their ruling that the rights of physicians to exercise conscientious objection will have to be reconciled with citizens' rights to receive aid in dying. To date, this has not been addressed. I'll return to this issue in a moment.

I would like to commend the Ministry of Health and Long-term Care for Bill 84 and for the process leading up to it. Ministry staff sought input from the OMA early in their policy formation process and took our input into account. They had regular update calls with stakeholders to keep us apprised of progress. Good consultation processes inevitably result in a better legislative product and today the OMA speaks in support of Bill 84.

Before I get to the OMA's one suggested amendment to the Bill, I would like to spend a moment speaking in support of the privacy provisions in Bill 84. Specifically, I want to support the sections that will exempt information about MAID from freedom of information requests.

Medical Assistance in Dying, like abortion services, attracts disagreement based upon very fundamental beliefs. Unfortunately, we have learned with abortion services that sometimes those deeply held personal beliefs spill over into beliefs and action about what is acceptable for others. Protecting the identities of physicians who provide controversial services like abortion and MAID is vital. This is not an abstract issue. As an obstetrician-gynecologist, I can tell you that the bombing of the Morgentaler Clinic, the stabbing of a Vancouver doctor, the shooting of an Ancaster doctor, threats to a Vancouver doctor conducting a trial of RU-486, and the shooting of a Winnipeg doctor create real fear among physicians. It is vital that you, as legislators, play your part to protect the professionals who provide these services so that patient access is not compromised.

I'd like now to return to the Supreme Court and its statement that we need to address the issue of conscientious objection. The OMA believes that it is possible to reconcile patient access with physician rights and we urge you to fill this regulatory gap by introducing an amendment in support of conscientious objection. There are means to ensure access, such as patient self-referral, which have been discussed. There are also existing services in place, most notably Public Health Units, which have a long track record through their work in reproductive care in helping citizens to access the services they need. There are solutions for access if we are willing to look for them.



I would like to end by saying a few words about end of life care more generally. The OMA believes that we can and should do better for Ontario patients at end of life. MAID is a solution for a very small number. Good palliative care, on the other hand, is something that improves the lives and the deaths of many Ontarians. We must educate our citizens and our health care providers about what palliative care can offer and ensure that palliative care is available across the province. To do otherwise, especially when promoting MAID, is unethical.

Thank you for the opportunity to speak with you. I look forward to your questions and discussion.