of the team. Our clinical encounters need to become spiritually informed with enough time and opportunity for reflection so that we are able to talk about illness trajectories, treatment, and medical decisions on the basis of personal values, self-worth, spiritual and religious beliefs, and spiritual and religious support systems, struggles and what gives the patients meaning and purpose. Our calling to help creating a healing environment for everybody—for patients and caregivers in suffering as well as for team members.

‘We all are part of the collective soul... Integrative care with multidisciplinary approaches... to provide a touch of hope... a touch of love... to decrease suffering and to improve the quality of life of patients and families/caregivers in distress’.

Symposium 3
Euthanasia, physician assisted suicide and their connection to palliative care

THE ETHICAL, LEGAL AND PROFESSIONAL LANDSCAPE OF PHYSICIAN HASTENED DEATH

Richard Huxtable, University of Bristol, UK

Although many countries prohibit physician assisted dying, an increasing number of jurisdictions are making moves to allow the practice. Opinion remains sharply divided over the rights and wrongs of making such a move—disagreement continues about which practice(s) should be accommodated, how such practices should be labelled, and the strength of the ethical and professional arguments on either side.

Building on my previous research, I will first address some preliminary matters, specifically introducing the (contested and confusing) range of terms used in these debates, as well as providing a snapshot of some of the different legal responses around the world.

Against this backdrop, I move to consider important moral matters by focusing on the main ethical arguments for and against allowing (physician) assisted dying. Arguments in favour of the practice essentially claim that choice matters and suffering matters. Arguments against the practice, meanwhile, claim that life matters, medicine matters, and consequences matter. I will therefore engage with key claims about respect for autonomy, quality of life, the intrinsic value of life, the integrity of medicine, and the prospect of embarking on ‘slippery slopes’.

These are well-worn arguments, and understandably so, given the strength of feeling and the apparent strength of the claims on each side. Moving to end matters, I consider the merits of a different way forward. In a departure from many contributions to this longstanding debate, I suggest that a case can be made for striking a balance between the opposing camps, such that each side can make gains, whilst also incurring losses. On such a contested landscape, there may be worst places to be than the ‘middle ground’. I will sketch some of the options which can occupy this middle ground, in the hope this offers a fresh perspective and a different way forward.

MISSING GOLDILOCKS AND KILLING KANT: THE PRICE OF CANADA’S HEADLONG ASSISTED DEATH EXPANSION

K Sonu Gaind, University of Toronto, Canada

At the conclusion of this session, participants will be able to:
(i) Be aware of the scope of physician assisted death (PAD) frameworks, ranging from PAD for terminal illness to PAD outside near end-of-life conditions
(ii) Appreciate challenges assessing irremediability, intolerable suffering, capacity and decision making when considering potential requests for assisted dying in the context of mental illnesses
(iii) Understand proposed safeguards, and their limitations
(iv) Appreciate the tension between ‘overinclusion’ and ‘underinclusion’ in the context of potential assisted dying requests

Physician Assisted Death (PAD) has been legalized or decriminalized in well over a dozen jurisdictions around the world, and assisted dying policies continue to evolve rapidly. Many jurisdictions are exploring whether to introduce assisted dying laws, or expand existing laws. There is wide variation in how policies address potential applications for assisted dying for mental illness. PAD for sole criterion mental illness is available in the Netherlands, Belgium, Luxembourg and Switzerland, and recent Canadian legislation will permit psychiatric euthanasia by 2023.

This session will explore medicolegal, scientific, ethical and public policy issues related to PAD, focusing on the particular challenges posed with mental illnesses in the context of PAD, including challenges determining irremediability and the overlap between suicidality and psychiatric PAD. Dr. K. Sonu Gaind, a University of Toronto professor and psychiatrist, a past president of the Canadian Psychiatric Association and panelist from the Council of Canadian Academies Expert Panel reviewing psychiatric euthanasia, will review the Canadian experience with PAD, including recent policy developments expanding PAD to non-dying disabled. Issues that have driven Canada’s PAD expansion will be discussed. This session will also explore differences between groups who seek PAD for different reasons, and discuss potential impacts of expanding PAD laws on marginalized populations suffering from life distress.

WHEN IS MEDICALLY ASSISTED DYING APPROPRIATE?

Madeline Li, Princess Margaret Cancer Centre, Canada

Medically assisted dying is increasingly garnering global support, now permitted in thirteen countries and being considered in several more. This growing legalization has occurred largely in Western and European countries, a reflection of its impetus in societal factors such as an increasing emphasis on individual autonomy, secularism, consumerism and patient empowerment in these more individualistic or less collectivist cultures. Although the drive for assisted dying has not primarily come from medicine, physicians have been invoked as

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