



CANADIAN ASSOCIATION
FOR COMMUNITY LIVING

ASSOCIATION CANADIENNE POUR
L'INTÉGRATION COMMUNAUTAIRE

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PLAIN LANGUAGE POSITION ON MEDICAL SUPPORT TO HELP PEOPLE DIE

This paper is about medical support to help people die. This paper outlines what the Canadian Association for Community Living thinks and believes about medical support to help people die.

WHAT IS THE ISSUE WITH MEDICAL SUPPORT TO HELP PEOPLE DIE?

Since 2016, it has been legal to have medical support to help people die in Canada. There are strict rules that need to be followed in the law.

BACKGROUND INFORMATION

- It can be hard for people with an intellectual disability to get disability supports. There can be barriers to getting the following kinds of support.
 - Income support
 - Assistive technology
 - Homemaking and personal support
 - Inclusive education
 - Training and employment support
 - Mental health supports based in the community
- The following factors contribute to why people with an intellectual disability are not included in Canadian society.
 - They have higher rates of poverty.
 - They have more social isolation.
 - They have less access to accessible housing they can afford.
 - They have more homelessness issues.
 - They have higher unemployment rates.
 - They are left out of the work force.
 - They are not able to access health care.
 - They have higher rates of violence and abuse.

- People with an intellectual disability are not treated fairly in society. They are treated differently than people without disabilities. Their abilities are not valued. Their lives are not valued. Many people view disability in a negative way. This includes some medical staff, like doctors or nurses. It also includes the people who make the rules for health care.
- Negative views can have an effect on people. It can affect how they judge people with disabilities. It can affect the way they behave towards people with disabilities.
- Many people have a negative view of disability. They think that having a disability means that people are 'suffering'. This can make the desire to die make sense to others.
- All of these factors have an effect on people with an intellectual disability. These factors also affect the suicide rate of people with an intellectual disability. They have higher rates of thinking about suicide than other people. They have a higher rate of trying to die by suicide than other people.

INFORMATION THAT WE KNOW TO BE TRUE

- The governments of Canada must protect the rights of people with disabilities. This includes people with an intellectual disability. The rights of people with disabilities must be the same as the rest of society.
- Canada has to use an approach to disability supports that is based on rights. The United Nations has called on Canada to confirm that the country will do this.
- There needs to be work done on the public view of people with disabilities. The negative view of disability needs to be changed. There needs to be more positive messages about disability. People with disabilities need messages that encourage them. They need messages that build their esteem and confidence.
- All levels of governments in Canada must send the same message. The message is that having a disability is not a good enough reason to get help to die. People with a disability have lives worth living. So do people who are frail or who are suffering.
- Many people with an intellectual disability can give legal consent on their own. They can make their own medical decisions. This includes decisions like asking for help with dying.
- Many people with an intellectual disability are forced or pressured to do things they may not want to do. They may do this to please others. They may ask for help to die so they won't be a burden to others.

CACL BELIEVES THAT ACCESS TO MEDICAL SUPPORT TO HELP PEOPLE DIE MUST RESPECT THE RIGHTS OF PEOPLE WITH A DISABILITY

CACL believes that access to medical support to help people die must respect the rights of people with a disability. That can happen by taking the following actions.

- Limit access to medical support to help people die to those at the end of their natural life. Make sure it is for people who are suffering a great deal and will not improve.
- Require that the request for medical support to help people die comes only from the person wanting to die. Make sure the request was not made under pressure. Make sure the request is clear and obvious.
- Require that people are given the chance to change their mind. Make sure they can take back their request at any point before the medical support to help them die starts.
- Require free and informed consent from the person asking for medical support to die. Make sure people really agree with the request to die. Make sure they are not being pressured or pushed into the decision. Make sure the person has the supports needed to give consent. This may be communication supports. Make sure the person continues to agree to the request over time.
- Make sure lots of care options are considered for the person. Connect with many different experts who provide care. Include those who have the power to advocate for better supports. Connect with other people who know the person, if possible.
- Require a deeper look into the person who is asking for help to die. Look at other factors that may cause their suffering. These could be physical or social factors. Or they could be spiritual or have to do with the person's mind. Look for ways to improve their suffering in these areas.
- Make sure that medical support to help people die is only approved as a last resort. Before medical support to die, make sure different kinds of supports are available to the person. This could be end of life care. Or it could be disability supports or respite services.
- Make a good system to monitor medical support that helps people die. Make sure the system gets the following kind of information.
 - How and why a person was suffering. What reasons they gave for asking for help to die.

- Capture the voice of people who are looking for medical support to help them die. The voices of their families and support systems should also be heard if needed. The reports of medical staff should not be the only voice.
- Find out about the people who ask for medical help to die. The following information should be tracked.
 - Social and economic status
 - Race
 - Sex
 - Sexual orientation
 - Gender identity
 - Indigenous identity
 - Age
 - Mental illness
 - Disability

This information will help to keep track of the different factors about people who ask for medical help to die.