CPhA surveys pharmacists on physician-assisted dying

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WHILE MUCH OF THE ATTENTION IN THE FALL-out of the Supreme Court of Canada decision striking down the ban on assisted dying has been focused on the responsibilities and protections afforded to physicians, little attention has been paid to the role of hospital and community pharmacists—not only as members of the interdisciplinary patient care team, but also as the dispensers of lethal doses of medication.

In jurisdictions where assisted dying is legal, experience shows there are profound implications for pharmacy practice. In the case of physician-assisted dying, a patient is provided with a prescription at a high enough dosage to cause their death. This would require a community pharmacist to fill the prescription and may necessitate pharmacist counselling. In the case of voluntary euthanasia, a doctor could inject the patient with a lethal dose of medication. This would require a hospital or community pharmacist to fill the prescription, and may also necessitate pharmacist counselling.

In order to help inform government consultations on the response to the decision, CPhA has undertaken a policy development process focused on the role of pharmacists in physician-assisted dying. As part of this effort, CPhA surveyed pharmacists across the country to better understand the pharmacy community's views on the issue.

With nearly 1000 responses, it is clear that the profession has a significant interest in this contentious and emotional issue. Specifically, the survey garnered 978 individual responses, the majority from community hospital pharmacists representing every province and territory and touched on a variety of issues, including protection of conscience, pharmacist participation, pharmacist counselling and drug information issues. While these findings are preliminary, the initial results suggest that there is some consensus among pharmacists on certain issues.

Protection of conscience

The Supreme Court decision noted that a physician's decision to participate in assisted dying is a matter of conscience, and in some cases, religious

belief, and that nothing in its decision would compel physicians to provide assistance in dying. Pharmacists agreed overwhelmingly that there must be equal consideration given to the role of pharmacists, who must not be compelled to dispense lethal medication for the purpose of assisted dying. Pharmacists believe strongly that any federal legislation that protects physicians' freedom of conscience should apply equally to pharmacists.

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. Many respondents referenced provincial pharmacy regulators' existing policies on refusal to fill for moral or religious reasons, which were introduced to respond to concerns from pharmacists who do not wish to dispense emergency contraception.

Pharmacist counselling

In certain jurisdictions where assisted dying is legal, pharmacists are not only asked to dispense lethal drugs, but can be expected to offer advice to patients and physicians. For example, in Oregon, community pharmacists are allowed to dispense lethal doses of medication to a physician, patient or family member.¹ As a requirement of the law, pharmacists must offer oral medication counselling to the patient or patient's agent.² Consistent with this approach, CPhA's survey found that Canadian pharmacists favour such a requirement for pharmacist counselling to the patient, physician or patient's family as part of dispensing lethal medication.

Drug information issues

In dispensing a prescription, a pharmacist assumes a proportion of the responsibility for that prescription and therefore must be assured that it is entirely appropriate for the patient. The same principle would apply for prescriptions used in assisted dying. In the absence of a specific requirement, pharmacists may not be privy to certain aspects of the doctor/patient relationship that play an essential role in the end-of-life decision process. Given that there are currently no medications that are

uniquely indicated for physician-assisted suicide, and that dispensing pharmacists may be unaware of the intended purpose of a prescription, pharmacists strongly agree that they should have full access to the patient's diagnosis and care plan when filling prescriptions intended for the purpose of assisted dying.

Additional considerations

Pharmacists volunteered a number of additional considerations in addition to the questions posed by the survey:

- They expressed concern that they presently lack the training to dispense prescriptions for lethal medication and provide appropriate counselling.
- They highlighted the need to consider the unique practice environments of hospital and community pharmacists.
- They expressed concerns about limiting liability associated with their participation in assisted dying.
- They were divided on whether or not a requirement to refer is adequate protection

About the Supreme Court decision *Carter v Canada*

In early February of this year the Supreme Court of Canada struck down the ban on physician-assisted dying, ruling that it could be permissible for a competent adult under 2 conditions: 1) the person must clearly consent and 2) the individual has a "grievous and irremediable medical condition" that causes intolerable suffering.

Recognizing the complexity of the issue, the Supreme Court suspended its ruling for a period of 12 months to allow Parliament the opportunity to develop and implement a new legislative framework.

for those who object to participate for reasons of conscience.

Over the coming months, CPhA will be further examining these questions through a Policy Working Group comprised of community and hospital pharmacists, and experts in the fields of palliative and end-of-life care, with the goal of developing a more robust position on the role of pharmacists in this issue. This policy will be used to inform government consultations and to advocate for pharmacist protection in physician-assisted dying. ■

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