

The medical association also recommends that during the course of the person's illness that these orders be reviewed periodically. In other words, circumstances change, the patient's condition changes, so this should not be taken as a permanent form but should be reviewed periodically.

In another section it says: "If an advance directive is so general as to apply to all possible circumstances that could arise, it is usually so vague as to give no usable direction to the physician." In either case, physicians will have to rely on their professional judgment to reach a decision. This permits a physician in certain circumstances, perhaps something happens such as the member from Winnipeg mentioned, somebody choking on a piece of meat, where they also have a cancer which everybody felt was going to take their life. In this circumstance, the physician would be permitted to overrule the patient's request. It says: "The association therefore suggests that physicians who are involved in the consultative process surrounding such a decision make sure that patients understand the limits that are inherent in such advance decision making."

It goes on further: "Finally, the association suggests that physicians who are involved in the consultative process surrounding advance directives encourage their patients to identify a specific person who will have the legal power to act as a proxy decision maker for the patient should the need for clarification of an advance directive arise."

The association also encourages physicians to inform their patients that in an emergency situation it is not always possible to get in touch with this duly appointed proxy to seek clarification about the advance directive should that prove necessary. Patients should therefore be encouraged to make these directives as clear as possible.

We can see that this is just a small part of the work that the Canadian Medical Association has outlined. I think it would be worth while to review at this time their guidelines for the decision making that the patient has to make.

The first one is, Mr. Speaker, that a patient has the right to accept or reject any treatment or procedure proposed by a physician. This includes CPR, or any other life saving and/or sustaining measure. In other words, the patient is in control. The proposer of the bill mentioned that the patient at the end of life frequently has no control over what happens to them. What this is

doing is making sure that the patient is in control at a time when it is most important.

When a competent patient informs an attending physician that such measures should not be undertaken, the physician shall make sure that the patient understands the nature and consequences of this decision. This is not something to be made on an emotional basis, but a result of calm deliberation, and it is up to the physician to make sure that happens.

If, as a result of this communicative process the patient reaffirms this decision, the physician shall record this decision on the patient's health record.

When a patient is incompetent, an appropriate proxy decision maker informs the attending physician of the decision not to engage in resuscitative or life saving and/or sustaining measure. A physician shall engage in the same consultative and communicative process with the proxy as though it were with the patient himself or herself. If as a result of this, a proxy still insists on a request not to apply resuscitative and/or sustaining measures, the physician shall record this decision on the patient's health record.

Mr. Speaker, when this comes to the committee, as I hope it will, there are other guidelines that have been produced by these bodies to assist in the regulations that would naturally follow.

In summary, we feel that the welfare of the patient is the primary object. It is his or her care and comfort that we are looking for, and I believe the quality of life which this bill is protecting is all important.

Mrs. Barbara Sparrow (Parliamentary Secretary to Minister of National Health and Welfare): Mr. Speaker, at this point in time I want to say that I listened very carefully to the member for Fraser Valley West. He certainly raised a lot of important issues. There are some negatives to proposed Bill C-203, which is intended to provide protection for physicians in a number of treatment situations where the patient is terminally ill and where it is said that the legal position is not clear enough to permit the physician to treat or even refrain from treating without the fear of becoming involved in a possible criminal offence.

Similar principles were recommended by the Law Reform Commission of Canada. In the same report the commission recommended against decriminalizing voluntary active euthanasia and was in favour of continuing to treat it as a culpable homicide. The commission also recommended that the offence of counselling, aiding,