

## Plenary Session

2:30-3:30 p.m.

Facilitator: Daniel Blumberger

### Medical Legal History of Physician Assisted Dying – Where Do We Go from Here?

Plaza Ballroom

#### Derryck Smith

Derryck Smith graduated in Medicine at the University of Western Ontario and completed training and certification in psychiatry at the University of British Columbia in 1985. He is a past president of the British Columbia Medical Association. Currently Dr. Smith focuses his practice on treating attention-deficit hyperactivity disorder and brain injury in children and adults. Dr. Smith is a Clinical Professor Emeritus with the Department of Psychiatry. He frequently gives lectures on ADHD, brain injury and related topics. He is a past president of the Medical Legal Society. Dr. Smith is on the Board and co-chairs the Professional Advisory Committee of Dying with Dignity Canada and is a Board member of the World Federation of Right to Die Societies.

Objectives: At the end of this session, the attendees will:

1. understand the back ground of Physician Assisted Dying (PAD);
2. understand the recent decision of the Supreme Court on PAD; and
3. be aware of the options as we move forward with implementation.

Abstract: Behavioural and psychological symptoms of dementia, especially less well-known symptoms such as disinhibition, cause seniors, family members and long-term care managers significant ethical concern about using available measures such as “black box” medications, restraints or seclusion. Moreover, public educational materials about advance directives focus primarily on critical care and end-of-life medical interventions.

Physician assisted dying (PAD) has been a frequently debated issue for both doctors and lawyers since the Sue Rodriquez case was before the Supreme Court in the mid-1990s.

A review of legal decisions: PAD is no longer a criminal matter after February of 2016. The Supreme Court of Canada has recently and unanimously agreed that Canadians have a right to PAD. It is now up to politicians and medical regulators to decide how to implement these programs.

### Quality Palliative Care: What the Majority of Canadians Want

Plaza Ballroom

#### Romayne Gallagher

Romayne Gallagher has more than 25 years of experience in managing patients with advanced disease. She currently works as a physician in the Providence Healthcare Palliative Care Program in Vancouver. The program has a 12-bed palliative care unit, 12-bed hospice and consult services in two acute care sites and five residential care sites. Romayne is currently the Head of the Division of Palliative Care in the Department of Community and Family Medicine at Providence Healthcare. Dr. Gallagher is a Clinical Professor in the Department of Family Practice at UBC and a member of the Division of Palliative Care. She was the Founding Director of the Division of Palliative Care at UBC from 1997 to 2003.

Objectives: At the end of this session, the attendees will be able to:

1. be aware of what palliative care can do for people living with advanced illness;
2. learn about approaches to understanding and maintaining dignity in serious illness; and
3. understand the need for safeguards for physician-assisted death (PAD) in Canada.

Abstract: Access to quality palliative care is the biggest challenge facing Canada in the light of the Supreme Court decision permitting PAD. The vast majority of Canadians still choose to die naturally and we must ensure that they have access to care that controls symptoms and permits them to live with dignity to the end of their lives. Research into what dignity means to people is helping to develop therapies to safeguard and enhance dignity.