Jonathan Reggler Jun 10

Hi Pam

Your point is well made and I think the problem is that I did not make my own point well and subsumed one issue within another.

The risk of such a case still being seen as suicide completion even if deemed Track 2 persists but the consequences are much reduced.

My argument is that deeming such a patient to be Track 1, and thus removing the requirement for a specified (90 day), not-to-be-shortened assessment period, would allow their MAiD to go ahead quickly, once capacity has been established. Then, if an anti-MAiD prosecutor wanted to go on the offensive, they would have an oven-ready excuse because of the "natural death" requirement: the patient's expected death is not natural and it must be for Track 1 to be legal. Result? Possibly a court case. Undoubtedly a prolonged period of stress and emotional discomfort on the part of the Provider whilst the prosecutor mulls over the case and the meaning of the word "natural".

If the Provider deems the patient to be Track 2, two things are achieved. (1) the need for a reasonably foreseeable ***natural*** death goes away (in Track 2 the expected death may legally be unnatural, given the wording of the Criminal code) and (2) the Provider can be seen to have demonstrably avoided an unduly (in the eyes of the public?) hasty assessment by requiring the patient to go through a 3 month assessment which might even allow the patient to change their mind about wanting MAiD (improbable perhaps, but the chance will have been given).

> Quote

It would be foolish of us to imagine, as MAiD clinicians and supporters, that the issue of the "optics" of such cases are of no relevance on the national stage.