



REGISTRATION FORM CHAC Pre-conference Workshop

Friday, April 30, 2010
1:30 - 4:30 p.m.

Rossetti Room
Delta Chelsea Hotel
33 Gerrard Street, Toronto

English Presentation Only

Sponsored by the
Catholic Health Alliance of Canada

A workshop to explore opportunities for Catholic health care to respond prophetically to the growing call for legalized euthanasia in Canada. This workshop is for all those who work in health care – front-line staff, physicians, support staff and administrators.

Euthanasia & Lamentation

How Should Catholic Health Care Face this Cultural Challenge?

How can we respond to our patients' lament 'Help me to die'? What does research tell us about the reasons a patient would ask for euthanasia? What are the social, economic and clinical factors that are pushing this cultural shift in attitudes? How are facilities in jurisdictions that allow euthanasia and assisted suicide (Netherlands, Switzerland, etc.) dealing with this challenge? How can we provide optimal pain control and appropriate withdrawal of treatments in ways that are not confused with euthanasia? Should we develop policies on palliative sedation? Is there research evidence to demonstrate models of care that enhance dignity and meaning while diminishing depression and perceived sense of burden?

Workshop Presenter



Dr. John Scott
– Associate Professor, Division of Palliative Medicine, University of Ottawa and Consultant in Palliative Care at the Ottawa Hospital.

Registration Fees: \$50.00

Registration for this half-day workshop includes a refreshment break.

Please return your completed form by fax or mail no later than April 16, 2010 - Registration is limited to 100 people.

Please register me for this workshop – (please print)

Mr. Mrs. Ms. Other.....Name.....

Position.....

Organization.....

Address.....

City.....Prov./state.....Postal Code.....

Telephone ()..... Fax ().....

E-mail (please print).....

By cheque: Please make out cheque or money order to the: Catholic Health Alliance of Canada

Please invoice me

By credit card:

Card Number.....ExpiryDate.....

Card Holder Name (please print).....Authorized Signature.....

Catholic Health Alliance of Canada

1247 Kilborn Place, Ottawa, Ontario K1H 6K9

Tel (613) 731-7148 ext. 250 • Fax (613) 731-7797 - jlawrence@chac.ca

www.chac.ca