Medical Assistance in Dying

Overview for Non-Physician Providers

Medical Assistance in Dying

Medical Assistance in Dying is an important social and legal reality now in Canada.

As healthcare providers, we must be prepared (within our capacity and conscience) to assist patients with this new service.

Go to Resource page

NEXT

Medical Assistance in Dying

By the end of this overview, readers will:

- ✓ Understand the background surrounding medical assistance in dying in Canada from both a legislative and regulatory perspective.
- ✓ Differentiate between personal, professional and organizational values in relation to end of life care and medical assistance in dying.
- ✓ Increase knowledge and support understanding of what Medical Assistance in Dying means to ‘me’ as a healthcare provider
- ✓ Understand the role and function of the Care Coordination team
- ✓ Become familiar with resources and supports available

NEXT

As a Healthcare Provider, I should…

1. Ensure that I have taken the time to consider, reflect and come to a personal decision regarding my degree of involvement/non-involvement in Medical Assistance in Dying.
2. Understand that I need to honour differences and avoid judgment of others who have a different stance on the issue.
3. **Understand that my involvement is voluntary.**

NEXT

Alberta Health Services

Medical Assistance in Dying

Background | What this means… | Resources | Therapeutic Conversations | FAQ's | Contact Us

This is an interactive presentation

Click on the tabs along the top for an overview

Then, use the links located within each section to move through the resources.

All resources listed in this orientation are available at the AHS webpage:

Medical Assistance in Dying

NEXT

Alberta Health Services

Background

Medical Assistance in Dying

The legal, ethical, and political landscape related to end of life care is changing rapidly in Canada.

The Supreme Court decision in 2015 struck down the prohibition in the Criminal Code of Canada against medical assistance in dying.

History

Use the links below to navigate to specific sections and click on the background tab at the top to return to this page.

Alberta Health Services

Background

Medical Assistance in Dying

The legal, ethical, and political landscape related to end of life care is changing rapidly in Canada.

The Supreme Court decision in 2015 struck down the prohibition in the Criminal Code of Canada against medical assistance in dying.

History

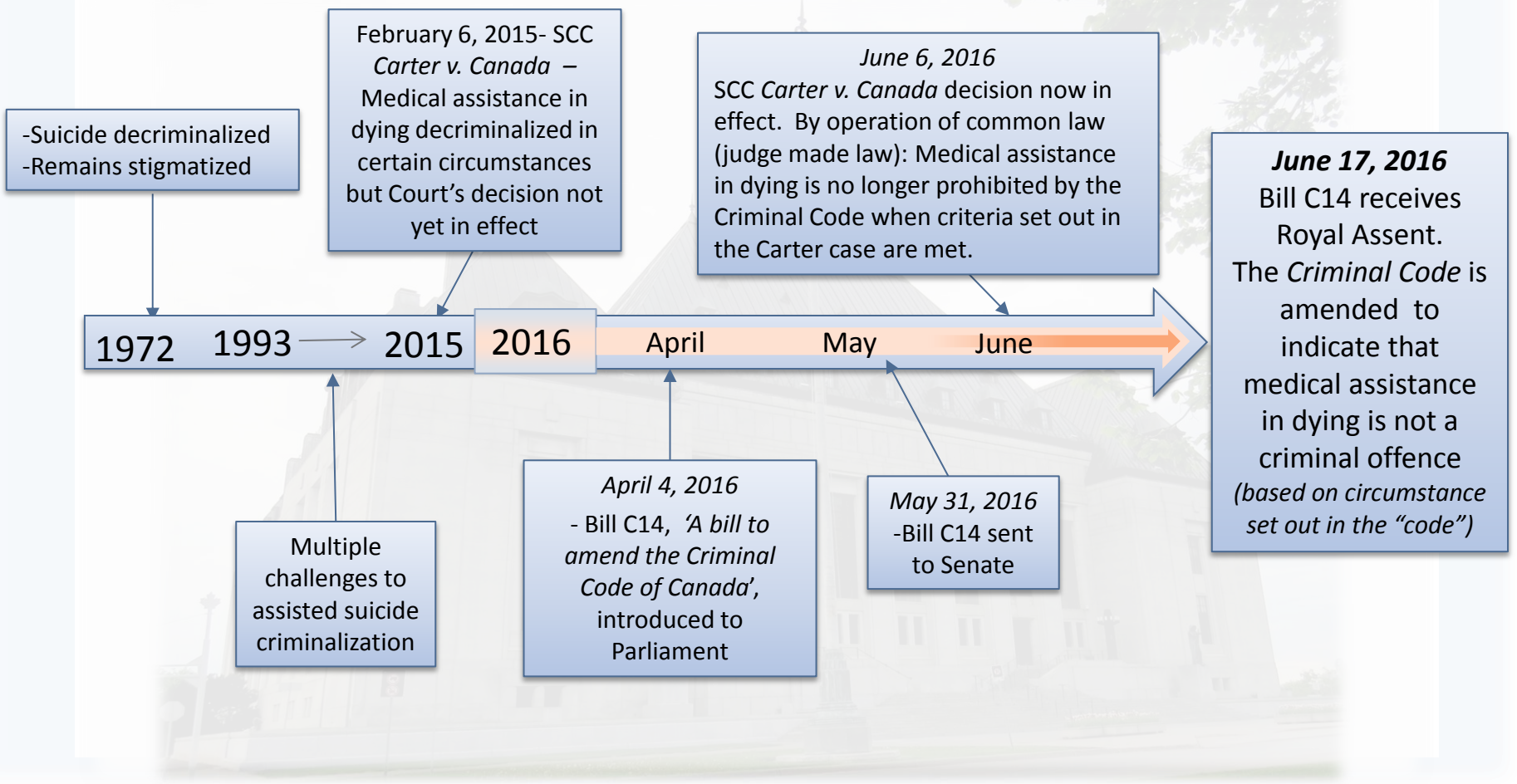
Use the links below to navigate to specific sections and click on the background tab at the top to return to this page.

- MAID Timeline
- Supreme Court of Canada
- Carter v. Canada
- Role of Governments (Legislation)
- Professional Colleges and Associations
- Alberta Health Services
- AHS Policy

Alberta Health Services

Background

Medical Assistance in Dying



Supreme Court of Canada

- In February 2015, the Supreme Court of Canada ruled in landmark court case that, in certain situations, parts of the Criminal Code were contrary to the Canadian Charter of Rights and Freedoms
- Under certain conditions (i.e., when specific criteria are met), the parts of the Criminal Code that would prohibit medical assistance in dying would no longer be valid.
- The Supreme Court (in *Carter* Feb 2015 and *Carter* Jan 2016) gave the government until June 6, 2016, to legislate on medical assistance in dying should the government wish to do so.
- In response, the federal government introduced Bill C-14: An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying) on April 14, 2016.
  - The Bill set out a comprehensive scheme where medical assistance in dying would not be considered a criminal offence.

Carter v. Canada

In a unanimous decision, the justices of the Supreme Court of Canada struck down parts of specific Criminal Code provisions that would prohibit medical assistance in dying *when certain criteria are met*. The reason was that, in specific circumstances, the Criminal Code provisions violated the *Canadian Charter of Rights and Freedoms*.

The *Carter v. Canada* ruling in 2015 (and extension ruling in 2106) would not be in effect until June 6, 2016. This was to provide the government with an opportunity to legislate with regards to medical assistance in dying should the government choose to do so. Criteria for determining who could access medical assistance in dying were included in the decision.

Full Text of the Supreme Court Decision in Carter vs. Canada

Professional Colleges and Associations

Please access you professional Colleges or association home page for regulatory information on Medical Assistance in Dying.

CARNA (Registered Nurse)

CLPNA (Licensed Practical Nurse)

ACP (Pharmacy)

CRPNA (Registered Psychiatric Nurse)

ACSW (Social Work)

ACOT (Occupational Therapy)

CASC (Spiritual Care)

CARTA (Respiratory Therapy)

CAP (Psychologists)

ACSLPA (Speech Language & Audiology)

Alberta Health Services

Background

Medical Assistance in Dying

Background | What this means… | Resources | Therapeutic Conversations | FAQ's | Contact Us

For current information on Medical Assistance in Dying please access:

[Alberta Health Services (webpage)]

Alberta Health Services

Background

Medical Assistance in Dying

The Role of the Government

Health care is an area of shared jurisdiction by federal and provincial-territorial governments.

Federal

The federal Parliament affects health care laws in several ways. With regards to medical assistance in dying, the federal Criminal Code of Canada is relevant.

Bill C14 amended the Criminal Code

- Bill C14 becomes "An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying)" (Medical Assistance In Dying law)

-on June 17, 2016, amendments to the Criminal Code came into effect providing that medical assistance in dying will not offend the Criminal Code when certain criteria are met.

Provincial

The provinces and territories create health care laws regarding health insurance, the regulation of health professions, medical consent/decision-making, and hospitals etc.

Alberta is responsible for all of these matters as they apply to medical assistance in dying.

Alberta Health (webpage)

What does this mean to me as a clinician…?

1. My participation is voluntary, based on several factors including my role, skills as well as moral conscience.
2. I need to know what I am willing and able to do.
3. I must honor a colleague's decision to assist or not assist in Medical Assistance in Dying.
4. I will need to know and understand the guidance set out by my regulatory body.

Alberta Health Services

Medical Assistance in Dying

Care Coordination Service - Overview

Supporting Families

Supporting Clinicians

Ethics

Ethics Dimensions of Medical Assistance in Dying: Video | Slides

Medical Assistance in Dying: values-based self-assessment tool

Supportive Review Process

Conscientious Objection Support

Care After Death

Spiritual Care

Care Coordination Service (Overview)

Alberta Health Services has developed a Medical Assistance in Dying Care Coordination Service to act as a single point of contact for patients, families and health care providers.

Two teams have been set up; one based in Edmonton to support the northern half of the province, and one based in Calgary to support the southern half of the province.

Contact the Care Coordination Teams: MAID.CareTeam@ahs.ca

For Families

For Clinicians

Back to Resources

Care Coordination Service - Supporting Families

As part of AHS' commitment to supporting patients and families in Medical Assistance in Dying, AHS has developed resource services to act as a single point of contact.

These services are available to provide general information about all end of life options available, including medical assistance in dying, and to connect patients to the health care provider or team who can best meet the patient's needs.

The service teams are designed to ensure patients and families receive up-to-date information on all of the choices available at end of life.

Patients and Families can access the North and South sector services by calling Health Link (811) or by sending a message to a dedicated email address: MAID.CareTeam@ahs.ca

Back to Care Co-Ordination Services

Care Coordination services - Supporting Clinicians

Medical Assistance in Dying Care Coordination Service

The Care Coordination services are also designed to assist health care providers across the province respond to requests for information and to provide education and support to providers.

Resources available through the Care Coordination services include:

- Nursing Responsibility Checklist
- Team Responsibilities Checklist (during each phase of Medical Assistance in Dying)

Healthcare providers can access the North and South sector Services by calling Health Link at 811 or by sending a message to a dedicated email address:

MAID.CareTeam@ahs.ca

Ethically Speaking…

Medical Assistance in Dying is an ethically complex issue as it taps into our fundamental values about:

- life…
- how we ought to treat each other…
- and the appropriate role of health care.

The ethics that underscore the range of perspectives on Medical Assistance in Dying are numerous and varied.

Health Care providers must honor that this range of perspectives can exist even when they do not align with personal perspectives.

Clinical ethics service and support: Email - clinicalethics@ahs.ca

ETHICS:

What do I do if…

I am not sure what I think about all of this…

With the decriminalization of Medical Assistance in Dying, care providers must determine how this aligns with personal values.

Please see **Ethics Dimensions of Medical Assistance in Dying**
Video | Slides

Clinical Ethics is available to provide support to AHS clinicians.
Clinical Ethics | Alberta-wide

ETHICS:

What do I do if…

I do not really know if I am prepared to assist or not…

AHS Clinical Ethics has also created a self-assessment resource to assist you to clarify or deepen understanding of your ethical perspective on medical assistance in dying.

Medical Assistance in Dying: values-based self-assessment tool

Supportive Review Process (Overview)

The Review Process is set up to support health care staff, physicians and other employees who play a role in facilitating access to medical assistance in dying.

This process is intended to:

1) Establish mechanisms to continuously improve procedures and practices relating to medical assistance in dying; and
2) Create forums for those facilitating access to medical assistance in dying or who have cared for a patient receiving a medically assisted death to discuss their perspectives and experiences.

For more information:

Contact the Care Coordination Team - MAID.CareTeam@ahs.ca

What is Conscientious Objection?

It is the choice not to participate in actions that are contrary to one's deeply held values or beliefs [1].

How does this pertain to Medical Assistance In Dying?

The Criminal Code includes a clause upon which health care providers can rely on when consciously objecting. It identifies that no one can be compelled to provide medical assistance in dying.

1. Landry, JT, Foreman T., and Kekewich M. (2015). Ethical considerations in the regulation of euthanasia and physician-assisted death. *Health Policy, 119:* 1490-1498.

A HCP's conscientious objection may range from no participation to limited participation.

If you conscientiously object… Consider where you stand:

- ❑ I do not wish to assist at any stage
- ❑ I am able to assist with a patient's initial request for MAID information (pre-contemplation phase)
- ❑ I am able to assist in assessment during a patient's transition through MAID services (contemplation phase)
- ❑ I am able to assist in the after care of the family (care after death phase)

The Conscientious Objector's Conundrum…

"How do I honor my commitment to patient care without dishonoring my own conscience…?"

"Who will assist the patient if there is no-one else available or has my skill set…?"

I can honour my commitment to patient care without dishonouring my own conscience by:

1. Anticipating this conflict and making my supervisor aware so that alternate arrangements can be considered

2. Not abandoning my patient. Refer to an alternate provider to assess or make my supervisor aware if referral is not an option
   * Determining what care I am able to continue to provide that is not related to the Medical Assistance in Dying inquiry.

3. Referring to my professional code of ethics for further guidance

But …who will assist the patient if there is no-one else available or has my skill set?

This is not so easily solved…

The HCP is confronted with two options:

a) Not to assist with MAID care (at the cost of the patient)

b) To assist with MAID care (at the cost to self)

Either option places the HCP in a position of moral compromise, is at a cost to the HCP's moral integrity and may result in moral distress.

Medical Assistance in Dying

Moral Distress occurs when an individual identifies what they feel is the ethically appropriate action but is unable (due to internal or external factors) to take that action [1].

A HCP may experience Moral Distress if one of their patients seeks assistance in dying and the HCP's values do not align with this choice.

A HCP's participation in patient care for those seeking assistance in dying may create internal conflict by contradicting deeply held ethical values which are integral to one's self.

All health care providers are encouraged to provide good self-care.

1. Epstein, E. G., & Delgado, S. (2010). Understanding and Addressing Moral Distress. *Online Journal Of Issues In Nursing*, *15*(3), 1.

Self-Care Supports

- Connect with others who share your core values
- Debrief situations with team members, your manager, or a clinical ethicist
- Mitigate isolation by honoring differences

See: *Heal the Divide: A Health Care Provider's Relational Approach to Medical Assistance in Dying Discourse*

- Take time out… go to a quiet space to just be, or to meditate/ contemplate
- Acknowledge and take time to grieve (lament) any loss you might feel.
- Engage your personal spiritual practices or access resources on Spiritual Care.

Care After Death

(Note: **Accessible to AHS Staff only at this time)

The primary focus of care after death is to respect the deceased patient and family's cultural, spiritual and/or religious beliefs while supporting a dignified, individualized, compassionate journey for loved ones through the grief process.

The Calgary Zone Palliative Care team has developed some excellent Care After Death resources.

AHS Staff

See: Care After Death Resources

Care After Death Resources

Manager Resources

Staff Resources

Patient and Family Resources

Care After Death- Manager Resources

Manager Tool Kit: Ways to Support Staff

Psychological Trauma: AHS Resources

Hazard Identification, Assessment & Control

Care After Death- Staff Resources

Self-Care Support for Staff

Employee and Family Assistance

Spiritual Care

Grief & Palliative Care Self-Care Video Resources

Patient Resources

Care Prior to Death Resources

What is Spirituality?

Spirituality can be understood in many ways.

It may be understood as the experience of relationship:

… with oneself;

…with others;

…with what one considers ultimate/Other (Pritchard, 2014).

Check out this great video (3.58 min) explaining what spiritual care is…

Providing Spiritual Care Services
(Center for Addictions and Mental Health- Ontario)

What is Spiritual Well-being and Spiritual Suffering?

- Spiritual wellbeing relates to the experiences of connection with oneself, with others, and with 'Other'. A sense of meaning and purpose is core to spiritual well-being.

- Spiritual suffering (distress) may be understood as the experiences of loss of connection or disconnection in any or all of these relational dimensions. Loss of meaning and purpose, and the experience of powerlessness lie at the heart of spiritual suffering (Pritchard, 2014).

How would I recognize spiritual distress in my patient?

Alberta Health Services

Spirituality

Medical Assistance in Dying

If you hear…

- My life has no meaning
- I just wish I could die
- I don't know myself anymore
- What's the point of my being here?
- I'm not good for anything

If you hear…

- I'm such a burden for my family
- I thought he/she would be there for me
- My going would certainly free up a bed
- I'm just taking up space

If you hear…

- Why?
- I feel lost
- I'm so alone
- I'm afraid of the Unknown
- What did I do to deserve this?

These comments are expressions of Spiritual Distress…

Contact Spiritual Health Practitioners for referral and/or support.

What is Spiritual Health Care?

Spiritual Health Care is much broader than religious care...

It is patient-centered, assessing and supporting the relational dimensions of coping within the illness experience.

…the patient experiences of connection (spiritual well-being)

…experiences of disconnection (spiritual distress).

Who provides Spiritual Health Care?

Spiritual health care is provided by all health care professionals through their practice of empathy and compassion:

Traditional spiritual practices such as the development of empathy and compassion are being shown to be vital active ingredients, even prerequisites, in effective health care – in the care giver and the cared for, these build wellness and happiness (Reilly, 2005).

Spiritual Health practitioners are specialists in this dimension of care.

Who are Spiritual Health Practitioners?

- Spiritual Health Practitioners are Alberta Health Services employees skilled in providing spiritual health care.

AHS Spiritual Health Practitioners provide culturally sensitive spiritual and religious patient care across all beliefs, cultural perspectives, and practices.

- The **AHS Spiritual Health Practitioner** can be distinguished from religious community visitors (which include religious leaders and volunteers) whose patient care is circumscribed by the perspectives and practices of particular religious/spiritual communities.

When should I make referrals to Spiritual Health Practitioners?

Practice has shown that patients' pre-conceived perceptions of spiritual health care often negatively impact referrals to the service,

e.g. patients or families may assume that spiritual health practitioners are representatives of specific religious/spiritual groups and may fear the possibility of proselytizing.

If your assessment identifies that a patient might benefit from emotional/spiritual support**;**

Please consider referral to a Spiritual Health Practitioner

Experience demonstrates that more patients are served when the initial patient consent to engage spiritual support is relationally navigated by a SHP.

Medical Assistance in Dying

How Can I Spiritually Support Myself?

Please check out Spiritual Care Resources @
http://insite.albertahealthservices.ca/11260.asp

Self-care resources:

Breathing Sensations: a Brief Contemplative/Mindfulness Practice

Reflecting upon Spiritual Attributes: A Spiritual Practice

Self-Compassion Guided Meditations and Exercises in support of empathy and self-care

Medical Assistance in Dying

As Health Care Providers (HCPs) we have all, at some level, been engaged in the process of coming to awareness around Medical Assistance in Dying, and its direct implications for personal practice.

As more information was disseminated we discovered ourselves more deeply engaged, and perhaps more acutely aware of where we stood in relation to Medical Assistance in Dying.

The question of our participation as a HCP and how this participation may impact our unit (team, program, floor…) may have become the focus of discussions and differences of opinions have become apparent…

What do you see in this picture?

Relational Communication and Honoring Differences

Consider the picture in the last slide…

Did you see an old man… or a kissing couple?

Back to picture

I don't see it…?

… Different people will see different things…

As clinicians we would accept others' interpretation of what they saw in the picture; so too must we honor others' perspectives when discussing Medical Assistance in Dying

For more information on Honoring Differences:

Healing the Divide: A Health Care Provider's Relational Approach to Medical Assistance in Dying Discourse

Alberta Health Services

Medical Assistance in Dying

Old Man

Kissing Couple

Medical Assistance in Dying

Effective communication is one of the most important aspects of Medical Assistance in Dying.

Whether you are communicating with colleagues or clients during this emotional discussion - **how** you say something is equally as important as what you say.

The resources in this section will assist you to communicate effectively when faced with MAID questions.

Use the links below to navigate to specific sections and click on the Therapeutic Conversations tab at the top return to this page.

Therapeutic Conversation

This Guide has been developed to support conversations during all stages of Medical Assistance in Dying and provide tools to skillfully and sensitively explore the nature of the request.

Also included are links to information for the patient and family and to determine necessary referrals to other providers at each stage of the process.

** NOTE: Prior to establishing any dialogue on MAID ensure that proper tools, devices and modes of communication are available, (i.e. translation facilitation if required; communication boards specific to MAID; appropriate technology for those with verbal communication challenges).

See: **Communicating with Vulnerable Populations**

Imagine you are living with ALS and are becoming increasingly less able to speak or write.

You feel anxious that you will not have the support and time needed to adequately explain your concerns or wishes during the final stages of your disease.

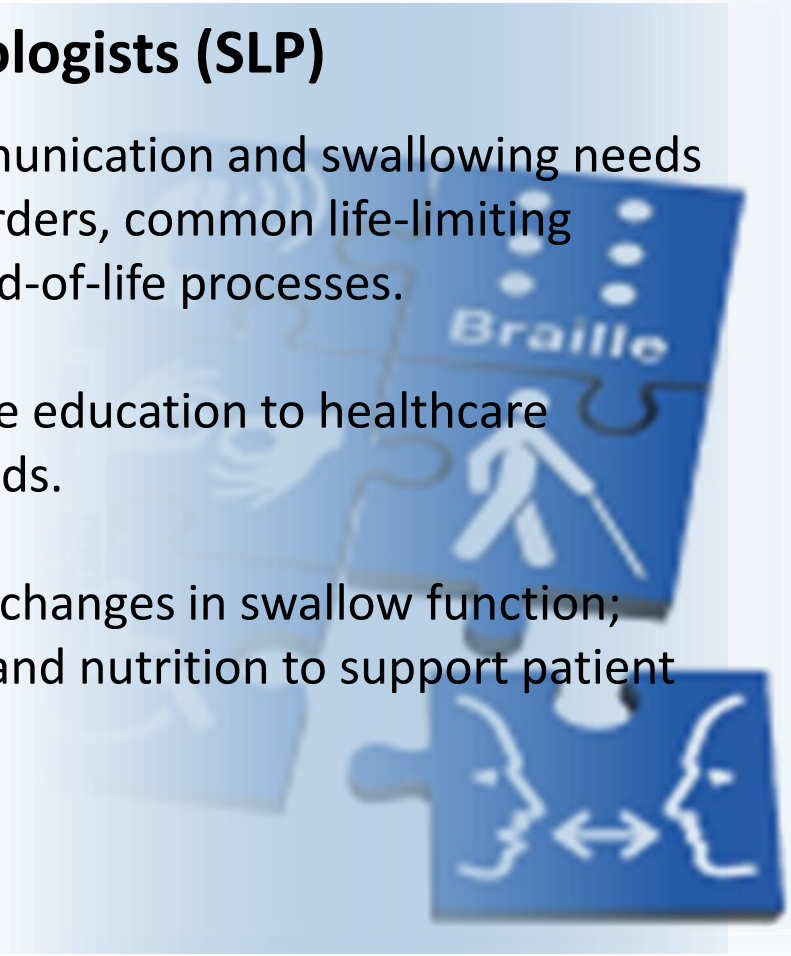
You were told that there are alternative communication methods and your Health Care Provider contacts a Speech Language Pathologist for more information…

Role of speech-language pathologists (SLP)

SLPs increase awareness of the communication and swallowing needs of patients with communication disorders, common life-limiting diseases and during the aging and end-of-life processes.

They will collaborate with and provide education to healthcare providers, patients, families and friends.

Also, the SLP will assess and monitor changes in swallow function; adapt treatment plans for hydration and nutrition to support patient choices and comfort needs.



When?

Throughout the end-of-life process Speech and Language Pathologists may:

- Support informed decision-making, therapeutic dialogues, advanced care planning and end-of-life conversations.
- Understand day-to-day care and comfort needs and preferences.
- Maintain social closeness and closure with family and friends.
- Support decisions about hydration and nutrition

How?

- Ensuring patients understand by using visuals, interpreters, personal amplifiers, environmental strategies, etc.
- Using communication strategies, interpreters, voice amplification devices, gestures, switches, communication boards/ devices, etc.
- Considering hydration and nutrition options, comfort feeding plans, etc.

For More information contact a Speech Language Pathologist in your area or go to insite

Provincial Speech Language Pathology Professional Practice Council

Physician FAQ

Patient and Family FAQ

Please check the website for other FAQ's and Q & A resources as they become available. www.ahs.ca/MAID

AHS Web Page:

www.ahs.ca/MAID

Care Coordination Team email:
MAID.CareTeam@ahs.ca

MAID Secretariat email:
MAID.secretariat@ahs.ca

Alberta Health Services

Medical Assistance in Dying

If you note any issues with the presentation and its functionality or have general comments, please contact.

MAID.secretariat@ahs.ca