Roles & Responsibilities of Recreation Therapists
In Medical Assistance in Dying

January 30, 2017

Preamble
The document guides recreation therapists working with Alberta Health Services (AHS) to provide a consistent, compassionate, patient and family-centred approach when responding to a patient’s request for medical assistance in dying (MAID). All healthcare providers must be prepared (within capacity and conscience) to assist patients with this new service. Recreation therapists may assist physicians and nurse practitioners in the process of caring for a requesting patient and his/her family. Recreation therapists are considered non-physician health care providers within the context of MAID.

This document includes:
1. Roles and responsibilities of AHS recreation therapists related to medical assistance in dying
2. Therapeutic conversations guide for AHS recreation therapists

<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibilities</th>
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| Non-Physician Health Care Provider | 1. Inform self:  
- Patients and Families Medical Assistance in Dying Process Map  
http://www.albertahealthservices.ca/assets/info/hp/maid/if-hp-maid-process-map.pdf  
- Who to contact and where to direct MAID inquiries (8-1-1 Health Link, MAID Coordination Service)  
- The information, support and guidance offered through Care Coordination Service (CCS)  
- Patient rights (e.g., confidentiality) and the conditions required for MAID (e.g., capacity, self-directed)  
- The legislation behind MAID  
- Obligation to be non-biased and factual (e.g., cannot request MAID on someone’s behalf, advocate for MAID for a patient, recommend MAID)  

2. Complete:  
- MAID orientation for non-physician provider  
http://www.albertahealthservices.ca/info/Page14381.aspx  
- Medical Assistance in Dying: Values-Based Self-Assessment Tool for Health Care Providers  
http://www.albertahealthservices.ca/assets/info/hp/maid/if-hp-maid-self-assessment-tool.pdf in order to: 1) Support individuals to clarify or deepen their understanding of their own ethical perspective on medical assistance in dying; 2) Provide individuals with a language with which they can better convey their perspective to others; and 3) Enable individuals to further understand other perspectives  

3. Know your rights:  
- Regardless of the legal status of medical assistance in dying, no health care provider is compelled to provide medical assistance in dying  
- Regardless of the individual perspectives involved, it is important that any interactions related to medical assistance in dying occur kindly, respectfully, and without judgment (from Values-Based Self-Assessment Tool for HCP)
| Professional member of the Alberta Therapeutic Recreation Association (ATRA) | **1. Be guided by, and perform duties within:**  
- Professional standards, legal responsibilities and advice to the profession provided by ATRA  
- The Competency Profile for Recreation Therapists in Alberta [http://www.alberta-tr.org/media/1378/atra_competency_profile.pdf](http://www.alberta-tr.org/media/1378/atra_competency_profile.pdf)  
- ATRA guideline of risk to the public, including risk of therapeutic boundaries, blurred and dual relationships  
- Governance for health professions as outlined in the Health Professions Act (HPA) and governance of unregulated professions, including performance of restricted activities, including Restricted Psychosocial Intervention  
- Provincial governance for health professionals including Protection for Persons In Care Act (PPIC), Health Information Act (HIA), and Freedom of Information & Protection of Privacy Act (FOIP) | **1. Inform self:**  
- MAID resources for health professionals (Alberta Health Services [http://www.albertahealthservices.ca/info/Page14381.aspx](http://www.albertahealthservices.ca/info/Page14381.aspx))  
- AHS Placemat for Responding to a Patient Request to Medical Assistance in Dying [http://www.albertahealthservices.ca/assets/info/hp/maid/if-hp-maid-placemat.pdf](http://www.albertahealthservices.ca/assets/info/hp/maid/if-hp-maid-placemat.pdf)  
- AHS Policy – Medical Assistance in Dying  
- *Healing the Divide: A Health Care Provider’s Relational Approach to MAID Discourse* [http://www.albertahealthservices.ca/assets/info/hp/maid/if-hp-maid-healing-the-divide.pdf](http://www.albertahealthservices.ca/assets/info/hp/maid/if-hp-maid-healing-the-divide.pdf) to exercise a colleague-centred approach in our relating with each other that actively promotes trust, safety and well-being within our teams.  
- Self-care supports and care after death staff resources (e.g., Employee Assistance Program, debriefing, on-site spiritual care and grief supports)  
- AHS Patient First Strategy – promoting respectful interactions between patients, families, providers and administrators; creating a culture of safe and collaborative patient-provider interactions; respecting opinions without judgement  
- **2. MAID conversations:**  
- Any conversation about MAID must be documented and reported to the manager/reporting structure  
- Inform manager if unwilling or unable to support the provision of either the patient’s usual care or care specific to MAID (respect for moral conscience as per AHS policy)  
- Upon patient request only and within your personal moral conscience, provide information about MAID solely from the source of truth: MAID website & CCS  
- MAID cannot be promoted as an option for anyone, nor suggested that it would be appropriate for them – be factual and non-biased |
### Recreation Therapist

1. **Inform self:**
   - The therapeutic conversations guide below to support therapeutic conversations as a recreation therapist during all stages of MAID and have the tools to skillfully and sensitively explore the nature of the request
   - Ethical and blurred boundaries in therapeutic relationships with patients and families
   - The limits of the role, competencies and professional boundaries of the profession

2. **Therapeutic recreation practice:**
   - Proceed with usual practice (e.g., suicide risk screening), as trained, even in the presence of MAID
   - Screening – specialized screening (e.g., spiritual care screening, quality of life, mood) as trained and refer to other professionals as appropriate
   - Assessments – therapeutic recreation assessments that contribute to meaningful, quality of life interventions and care planning
   - Diagnosis – utilize therapeutic recreation assessments which evaluate capabilities and performance to contribute to the intervention plan and diagnosis
   - Intervention – quality of life interventions for patients and families in palliative care and end of life (e.g., legacy projects, autobiographical program, end of life narrative) – performed within knowledge, skills, professional boundaries and respecting patient privacy and consent; find meaning to enhance quality of life; maintain the best possible level of physical, emotional, mental, spiritual and social life; relieve symptoms, ease distress, provide comfort
   - Documentation and communication – of any MAID conversation, with manager, Most Responsible Health Provider (MRHP), team, health record, as appropriate
   - Team collaboration - utilize the expertise of other professionals (e.g., SLP) in the case of communication and comprehension difficulties
   - Caseload management – utilize resources and team to provide time-sensitive interventions

### Manager, clinical lead, supervisor

1. **Provide:**
   - Orientation to MAID resources and role support for therapists, therapy assistants, aides, students and volunteers who are involved in therapeutic recreation service delivery

2. **Staffing:**
   - Deal with staffing (e.g., respect for moral conscience) and staffing needs that may arise
   - Anticipate workload needs
   - Prioritize staffing to address time sensitive patient needs
**Table of Contents**

- Member of HSAA
  - Inform self:
    - Education, resources and supports available
  - Know your rights:
    - Rights for the respect of moral conscience for deciding whether or not to participate in MAID

- Member of the Public and/or Family Member
  - Inform self:
    - Dual relationships as both a health care provider and family member
    - How to manage questions about MAID that may arise when out in the public
    - How to maintain confidentiality of patients and families outside of work role
  - Know your rights:
    - To engage in conversations about ethical perspective outside of your employment (e.g., with family, with supports)

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**Therapeutic Conversations Guide for Recreation Therapists**

Clinical practice in therapeutic recreation pivots on the relationships that therapists have with their patients and depends on the skills and abilities that therapists acquire through their clinical practice (Shank & Coyle, 2002). Skills and abilities to engage patients and families in conversations help therapists to build trusting relationships especially needed during conversations evoking thoughts, feelings and emotions.


In addition, specific therapeutic recreation scenarios are provided below.

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<thead>
<tr>
<th>Patient-Family-Provider Scenario</th>
<th>Therapeutic Conversation – What to say</th>
<th>Action needed</th>
<th>Relation to MAID</th>
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<tbody>
<tr>
<td>A family member who is struggling with caregiver fatigue</td>
<td>How can I support you today? What is going on/new/different that is contributing to how you are feeling today?</td>
<td>Identify resources and supports in place or additional resources Offer resources: caregiving, leisure, care for the caregiver</td>
<td>May or may not be MAID related, address the family and their immediate need Family members cannot request MAID on someone else’s behalf</td>
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<td>A patient expresses concern over being a future burden to family following a terminal diagnosis</td>
<td>Why are you feeling this way? Have you talked with your family? What is your main concern?</td>
<td>Offer to identify supports and resources Any referral options?</td>
<td>Address the patient concern first May or may not be MAID related, patient may just need to talk</td>
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<td>A patient initiates a conversation about Medical Assistance in Dying</td>
<td>Have you shared this with anyone else? Have you shared this with your doctor or nurse?</td>
<td>Document the conversation Consult with the MRHP (physician, nurse practitioner) Refer patient to the source of truth only (MAID website, consultation service, health link)</td>
<td>MAID information must be requested by the patient – it cannot be offered Be non-biased and factual Refer to AHS Placemat for Responding to a Patient Request to Medical Assistance in Dying</td>
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<td>A patient or health referral requests time sensitive therapeutic recreation intervention for end of life/quality of life (e.g., legacy project, community visit) due to MAID determination and period of reflection</td>
<td>How can I best support you in this request? What is the best way we can work together to meet this request based on time sensitivity? How can I best target my activities to meet your goal?</td>
<td>Caseload management: Utilize resources and team to manage time sensitive interventions and coordinate services Screen and assess based on individual need/value and suitability to provide intervention that is targeted, safe and optimized, respecting the unique situation of the patient and/or family Involve and consult other supports (e.g., family, team) who have relationship with the patient who may have input into intervention, planning or desire to be involved</td>
<td>Refer to Patients and Families Medical Assistance in Dying Process Map AHS Policy: Medical Assistance in Dying – Respect and dignity: Patients and their families shall be cared for by health care providers with open-mindedness, respect, compassion, and a thoughtful regard for their dignity and unique lived experience, including cultural elements that are important to the patient.</td>
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This document was endorsed by:

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