### Medical Assistance in Dying –
**SOCIAL WORK Role and Responsibilities**

Medical Assistance in Dying (MAID) is a health care service available to patients who request it and who meet the eligibility criteria. The information provided below is intended to be a guide to assist Alberta Health Services’ (AHS) Social Workers in understanding the social work role and general responsibilities in relation to the Medical Assistance in Dying process. As well, social work clinical responsibilities are noted and aligned with the specific phases of the MAID process.

It is important to keep in mind that each request for Medical Assistance in Dying is unique, may involve complexities and needs to be addressed on an individual basis. It is understood and expected that the Social Worker will utilize their professional and clinical judgment to determine the specific social work activities and interventions that best support the individual patient and family who are exploring or have decided to pursue Medical Assistance in Dying.

#### SOCIAL WORK ROLE in the Medical Assistance in Dying Process

The social work role in the Medical Assistance in Dying process mirrors the social work role in healthcare generally. Social Workers provide assessment, care interventions and support to: (1) enhance psychosocial functioning, (2) provide resources, opportunities and services to address inequities, and (3) to contribute to the improvement of healthcare systems and policy.

Specific to the Medical Assistance in Dying process, Social Workers facilitate referrals on behalf of patients to the appropriate Physician or Nurse Practitioner, the MAID Care Coordination Team or the MAID Navigator as required. The relevant manager is also notified of the Medical Assistance in Dying referral. As the patient and family pursue the possibility of Medical Assistance in Dying as a service option, Social Workers who have identified their ability to support patients and families interested in this process continue to offer appropriate social work interventions as identified in the social work assessment and in alignment with the overall patient care plan. Common social work interventions that may also apply to the Medical Assistance in Dying process include, but are not limited to: psychosocial support and counseling, resourcing, problem solving, accessing financial benefits and community resources and clarification of patient & family beliefs, values and goals.

Social Workers approach their role in the Medical Assistance in Dying process with diligent professionalism. It is
recognized that the legalized availability of this service within the Canadian context provides an additional healthcare service option to support client self-determination while at the same time, requiring thoughtful review of social work services offered to support safeguards for marginalized and vulnerable individuals and groups (e.g. – access to palliative services, referral for financial benefits and community resources, facilitation of communication supports to enhance patient self-expression and autonomy). Balancing self-determination (autonomy) and protection of society’s marginalized and vulnerable (social justice) is a core function of the social work role applied across all healthcare settings and services.

Social Workers, who have identified that they are able to assist in the Medical Assistance in Dying process, are not involved in the determination of eligibility for this service nor are they involved in the provision of the chosen method of MAID. Rather, Social Workers collaborate with and provide services to patients, families, Physicians, Nurse Practitioners and other healthcare team members to assist with implementation of the patient’s goals and care plan and to provide support to the patient and their family as required.*

*‘Family refers to primary support persons as defined by the patient. Family may include a range of support persons important to the patient such as immediate or extended family members, friends, informal caregivers, community support staff and others.

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<th>#</th>
<th>SOCIAL WORK GENERAL RESPONSIBILITIES</th>
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| 1. Regulatory & Ethical Responsibilities | Review the Alberta College of Social Workers’ (ACSW) Standards of Practice, the Canadian Association of Social Workers’ (CASW) Code of Ethics (2005) and the AHS Social Work Role Clarity document (Health Professions)  
**ACSW Standards of Practice**  
**CASW Code of Ethics**  
**CASW Guidelines for Ethical Practice**  
**Social Work Role Clarity**  
**Health Professions Act** – Schedule 27, Section 3 – Social Work Practice Statement  
Review the principles and professional responsibilities outlined in ACSW’s and CASW’s documents addressing Medical Assistance in Dying  
**ACSW Medical Assistance in Dying Information Sheet**  

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# Medical Assistance in Dying

## SOCIAL WORK Roles and Responsibilities

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| **2. AHS Medical Assistance in Dying Policy** | **Review the Health Care Providers’ Responsibilities in Medical Assistance in Dying** as outlined within Alberta Health Services Policy on Medical Assistance in Dying, section 5.  
**AHS Medical Assistance in Dying Policy**  
**Witnessing**  
Witnessing the *Record of Request for Medical Assistance in Dying* form indicates that the patient’s identity has been confirmed. The witness must meet the criteria noted on the form. Access the form from the Alberta Health webpage @ the following link:  
As well, reference AHS Medical Assistance in Dying Policy: Section 3 ‘Safeguards’, 3.1(c). Four (4) exclusionary conditions are noted, prohibiting individuals from acting as a witness.  
**Signing on behalf of a Patient / Proxy Signature**  
Reference AHS Medical Assistance in Dying Policy: Section 3 ‘Mandatory Eligibility Criteria’, 2.1(f) which outlines the requirements to be met for proxy signing of the *Record of Request for Medical Assistance in Dying* form. Proxy signing of the form becomes an option when the patient is physically unable to sign on their own behalf. |
| **3. Social Work Reflective Practice & Team Collaboration** | **Personal**  
Review the continuum of ethical perspectives related to the MAID process  
**Values Based Self-Assessment Tool for Health Care Providers**  
Reflect on personal social work practice and discern values and beliefs (i.e. – ethical perspective) in relation to Medical Assistance in Dying. Identify your personal ethical perspective on this service option, recognizing that this reflection process may involve a moral dilemma along with potential moral distress.  
Use the identified personal ethical perspective to determine the aspects or phases of the Medical Assistance in Dying process where you are able / not able to assist. Inform the relevant supervisor / manager in your service area so that a plan can be made for accessing psychosocial and resource support for patients and families. |
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<tr>
<th>Understand that over time, what you are able / not able to assist with in the Medical Assistance in Dying process may change as a result of your practice experience, continued learning and ongoing reflections. This is to be expected and is a normal reflection of evolving professional practice and growth. Update your service area manager of any changes that impact where you are able / not able to assist in the Medical Assistance in Dying process.</th>
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<tbody>
<tr>
<td>Team</td>
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<tr>
<td>Promote others’ awareness of the ethical continuum. Use intentional language in Medical Assistance in Dying conversations to foster team collaboration and cohesiveness as outlined in the document below.</td>
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<tr>
<td>Healing the Divide: A Health Care Provider’s Relational Approach to Medical Assistance in Dying Discourse</td>
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<td>4. <strong>Conscientious Objection</strong></td>
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<tr>
<td><strong>MAID PowerPoint for Non-Physician Providers</strong> (see slide 15, click on Conscientious Objection)</td>
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<td>As per legislation, a Social Worker may decline to assist in any or all aspects of the Medical Assistance in Dying process due to reasons of conscience. If unable to assist, a Social Worker needs to ensure that the immediate supervisor or manager is informed accordingly so that a plan for alternate social work support for patients and families can be discussed and developed.</td>
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<tr>
<td>5. <strong>Self-Care &amp; Team Support</strong></td>
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<td>Practice self-care as an ethical imperative. Develop and implement a self-care plan.</td>
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<td><strong>Provincial Social Work Council webpage self-care resources:</strong></td>
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<td>Self-Care: The Overlooked Core Competency</td>
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<tr>
<td>The ProQOL measure – Professional Quality of Life scale to gauge burnout/compassion fatigue levels</td>
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<td>Self-Care Starter Kit - Self-Care Exercises &amp; Activities</td>
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<td><strong>Access AHS and Medical Assistance in Dying support resources</strong> as required:</td>
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<tr>
<td><strong>MAID PowerPoint for Non-Physician Providers</strong></td>
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<td>Self-Care Tips (see slide 29)</td>
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<td><strong>AHS Employee &amp; Family Assistance Program</strong>, - both assisting and non-assisting health care providers impacted by MAID</td>
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| 6. Collaborative Practice | Team Support  
Promote and model the use of the MAID Supportive Review Process and consider suggested strategies in support of self-care as outlined above.  
MAID Supportive Review (see slide 22 and AHS Supportive Review Process)  
As noted above, both assisting and non-assisting health care providers, impacted by a Medical Assistance in Dying event, may access support from the Employee and Family Assistance Program (EFAP) at any time. |
| --- | --- |
| 7. Off-Program or Off-Site Social Work MAID Support | Encourage team members to access social work support services for patients and families involved in any of the phases of the Medical Assistance in Dying process.  
Refer to team members as appropriate in order to provide optimal, safe, quality, patient-family centred care in the Medical Assistance in Dying process. |
| 8. Documentation | Determine your interest in/ability to support an off-program or off-site social work Medical Assistance in Dying referral.  
Discuss the viability of providing this support with your supervisor/manager. If viable, inform the MAID Care Coordination Team @ MAID.CareTeam@ahs.ca.  
Identify and provide the appropriate service provision approach (i.e. – in-person or phone) |
| 9. Social Work Exclusions in the MAID Process | Document social work activities and all relevant information related to the provision of healthcare to the patient, including way finding and resource referrals.  
Social Workers who are Designated Capacity Assessors (DCAs) are not permitted to provide capacity assessments specific to determining Medical Assistance in Dying eligibility.  
DCAs receive training and designation through the Alberta Government. This training is related to conducting capacity assessments for court applications under the Alberta Guardianship and Trusteeship Act. (AGTA). Given that medical assistance in dying is not governed by the Alberta Guardianship and Trusteeship Act (AGTA), Designated |
### Social Work Clinical Responsibilities

#### 1. Pre-Contemplation Phase

- **In this phase:**
  Patient seeks information, undertakes personal reflection and may be discussing Medical Assistance in Dying as an option with family

  Provide patient with information about the AHS Medical Assistance in Dying process in response to the patient and family’s information requests. AHS MAID web page: [http://www.albertahealthservices.ca/info/Page13497.aspx](http://www.albertahealthservices.ca/info/Page13497.aspx). Link patient with their Physician or Nurse Practitioner. Inform the relevant manager as well. If the patient does not have an identified Physician or Nurse Practitioner or the patient does not desire for their Physician or Nurse Practitioner to learn of the request, the Social Worker will facilitate a referral to the MAID Care Coordination Team by either Health Link (811).

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Capacity Assessors (DCAs) will not be allowed to complete capacity assessments required for Medical Assistance in Dying requests. *

*Alberta Health, Sept. 14, 2016 as relayed by Leeca Sonnema (Senior Program Manager – Seniors, Community and Addictions & Mental Health)

- **Conscientious Objection** – For the overall Medical Assistance in Dying process or for a specific phase or aspect of the MAID process, as identified by the Social Worker

- **Dual Relationship resulting in Conflict of Interest** – If the Social Worker has a personal or professional relationship that results in a conflict of interest (potential, perceived or actual), the Social Worker will disclose this, inform their supervisor or manager and make arrangements for the patient and family to receive the required support from another Social Worker or health care provider.

If unable to assist with the Medical Assistance in Dying process, reassure the patient that their information and support needs will be met. Inform the relevant supervisor or manager in order to identify an alternate Social Worker to provide the appropriate psychosocial and resource support. Engage the patient’s Physician / Nurse Practitioner or the MAID Navigator to address the patient’s information needs by making a prompt referral to the MAID Care Coordination Team via Health Link (811) or email: MAID.CareTeam@ahs.ca. Section 1.6 of AHS Medical Assistance in Dying Policy addresses Duty to Provide Care and prohibits abandonment of patients or denial of appropriate health care because of a patient’s request for or participation in Medical Assistance in Dying.
Support informed decision-making of patients by maintaining current knowledge about the processes and resources related to MAID.


### 2. Contemplation Phase

**In this phase:**

Patient might make a formal or informal request for further information, meets with their Physician/Nurse Practitioner or MAID Navigator and learns more about all options available to address their healthcare needs.

Engage in discussion with Medical or Nurse Practitioner, utilizing social work expertise to ensure relevant care options have been identified and are made available to the patient.

Assess and offer social work services for psychosocial and resource issues that may be impacting pain, symptom expression, level of distress, caregiver burden and other areas informing the patient’s consideration of Medical Assistance in Dying.

As noted above, the Social Worker is **not** responsible for assessing that eligibility criteria are met for Medical Assistance in Dying – all eligibility assessments are provided by a Medical Practitioner or Nurse Practitioner.

### 3. Determination Phase

**In this phase:**

Patient identifies interest in further exploring MAID as an option. Physician/Nurse Practitioner will determine if mandatory eligibility criteria is met and whether or not there are changes to treatment that might change the patient’s situation. If eligibility criteria is met and the patient wishes to proceed with MAID as an option, a 2nd physician assessment is arranged.

Provide psychosocial assessment upon request to inform collaborative care planning with patient, family and care team. Social work is uniquely positioned to identify, make treatment & service recommendations and implement social work
support & services that may impact the patient’s current psychosocial context with a resulting, potential impact on the patient’s decision-making related to this phase of the Medical Assistance in Dying process (e.g. – patient is motivated to seek Medical Assistance in Dying as a means of addressing caregiver burden, emotional and/or financial).

Potential social work support and services may include, but are not limited to (reference Social Work Role Clarity):

- Identifying and working with the patient, family and care team to address current psychosocial stressors and resource needs
- Assess for End of Life care needs, facilitate required healthcare and community resource referrals and provide psychosocial support and counseling to address patient needs (e.g. - reconciliation, forgiveness, meaning-making, end of life / celebration of life planning, financial benefits).
- Provide social work support to the patient’s family as required (e.g. - anticipatory grief, review and acceptance work, problem-solving, practical support)
- Promote culturally sensitive and aligned care interventions for patients and families (e.g. – involvement of elder or community religious or spiritual supports, community cultural supports)

Reference Health Care and Religious Beliefs

Collaborate with care team members involved in this phase (e.g. – Physician or Nurse Practitioner, MAID Navigator and other care team members) to provide required care as per the social work role within healthcare.

Ensure social work services are offered for further assessment, support and problem-solving to any requesting patient deemed ineligible for Medical Assistance in Dying. Extend social work services to the patient’s family as appropriate.

4. Action Phase

In this phase:
The Physician/Nurse Practitioner reviews the method and timing of MAID administration with the patient and confirms whether or not the patient wishes to proceed. The method that is chosen is then provided.

Patients identify who they wish to be present when the chosen method is provided. This may include formal and informal caregivers, healthcare providers, family, friends and others as identified by the patient.

Collaborate with other members of the health care team as the administration of Medical Assistance in Dying is
| **Care After Death Phase** | **In this phase:**
> Grief support and follow-up is provided to the patient’s family if desired. The patient’s body is cared for as per the arrangements that have been made.

Collaborate with other members of the health care team to provide bereavement and practical support following the patient’s death |

Support the patient and family members as requested / required.