

Medical Assistance in Dying – PSYCHOLOGY 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) Psychologists in understanding the role and general responsibilities of psychologists in relation to the Medical Assistance in Dying process. As well, psychologists’ 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 Psychologist will utilize their professional and clinical judgment to determine the specific activities and interventions that best support the individual patient and family who are exploring or have decided to pursue Medical Assistance in Dying.

PSYCHOLOGY in the Medical Assistance in Dying Process	
(General description)	<p>Psychologists may occupy a variety of roles in the provision of services related to Medical Assistance in Dying (MAID).</p> <ul style="list-style-type: none"> • Psychologists, like all health care professionals, may provide information regarding MAID, and contacts to obtain further information, when requested by patients. • A primary role for psychologists is assisting in the determination as to whether the individual requesting MAID has the capacity to provide informed consent. This may involve a formal assessment of the individual’s cognitive, psychological and psychosocial status in addition to the customary clinical interview. It typically involves collateral consultation with allied health providers and significant others. • A second role for psychologists is to assist with the determination of whether there are concurrent mental health issues or disorders contributing to the patient’s experience of intolerable physical and/or psychological suffering, and if there may be treatment options that the patient may find acceptable. • A third role for psychologists is to assist individuals contemplating MAID to evaluate MAID related decisions including an exploration of potential options as well as examining potential consequences for each alternative action.

	<ul style="list-style-type: none"> Psychological interventions may be part of the role of psychologists, working with and remaining available to patients as they proceed through the patient’s end of life and/or MAID process. In addition, psychologists may also provide services to those affected by MAID including both family members and allied healthcare professionals. <p>Psychologists participating in MAID related activities must possess a thorough understanding of the legislation that governs MAID. They should also be fluent in their professional regulatory obligations. Psychologists typically participate in MAID related activities only as part of a coordinated health care team. Psychologists should be aware of the resources and supports that are available and how to access them.</p>
PSYCHOLOGISTS’ GENERAL RESPONSIBILITIES	
<p>1. Regulatory & Ethical Responsibilities</p>	<p>Like all professional activities, psychologists should possess a full understanding of the regulatory requirements (standards of practice) and ethical principles that are applicable. These are in addition to any employer protocols that may be place. In addition to the College of Alberta Standards of Practice (2013) and Canadian Code of Ethics for Psychologists (2017) a Medical Assistance in Dying Practice Alert (2017) has been developed to guide psychologists. Participation in MAID related activities is dictated by several factors including professional role, competencies and moral conscience.</p>
<p>2. AHS Medical Assistance in Dying Policy</p>	<p>Review the <i>Health Care Providers’ Responsibilities in Medical Assistance in Dying</i> as outlined within Alberta Health Services Policy on Medical Assistance in Dying, section 5. AHS Medical Assistance in Dying Policy</p> <p><u>Witnessing</u> Witnessing the <i>Record of Request for Medical Assistance in Dying</i> 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: http://www.health.alberta.ca/health-info/medical-assistance-dying.html</p> <p>As well, reference AHS Medical Assistance in Dying Policy: Section 3 ‘Safeguards’, 3.1(c)l. Four (4) exclusionary conditions are noted, prohibiting specific individuals from acting as a witness.</p>

	<p><u>Signing on behalf of a Patient / Proxy Signature</u> 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 <i>Record of Request for Medical Assistance in Dying</i> form. Proxy signing of the form becomes an option when the patient is physically unable to sign on their own behalf.</p>
<p>3. Psychology Reflective Practice & Team Collaboration</p>	<p><u>Individual and personal reflections.</u> Psychologists should review and advance their understanding and appreciation of the continuum of ethical perspectives related to MAID, and further reflect on their own personal beliefs and values. The AHS document “Medical Assistance in Dying: Values-Based Self-Assessment Tool for Health Care Providers” is a resource to help psychologists and other health care providers in this endeavor. Link: http://www.albertahealthservices.ca/assets/info/hp/MAID/if-hp-MAID-self-assessment-tool.pdf</p> <p>Psychologists will determine the phases of the MAID process where they may be able to assist or are not able to assist (e.g., involved in determining capacity to consent or in providing supportive counseling). They should discuss and inform a direct supervisor/manager of what role, if any, they might have in working with patients or other health care providers in the context of MAID. Psychologists understand that over time, what they are able/not able to assist with in the MAID process may change as a result of practice, experience, continued learning, and ongoing reflections. This is to be expected and is a normal reflection of professional practice and growth. Psychologists should update their service area manager of any changes that impact where they are able/not able to assist in the MAID process.</p> <p><u>Team collaboration.</u> Psychologists should understand that other team members may hold different perspectives on MAID from their own. They aim to communicate with other team members in a respectful manner through the use of intentional language in MAID conversations to foster team collaboration and cohesiveness, as outlined in the AHS document “Healing the Divide: A Health Care Provider’s Relational Approach to Medical Assistance in Dying.” They may also help promote others’ awareness of the ethical continuum pertaining to MAID. Link: http://www.albertahealthservices.ca/assets/info/hp/MAID/if-hp-MAID-healing-the-divide.pdf</p>

<p>4. Conscientious Objection</p>	<p>Legislation allows a psychologist to follow their conscience with respect to involvement in MAID.</p> <p>Review AHS information related to Conscientious Objection:</p> <ol style="list-style-type: none"> 1) MAID Orientation for Non-Physician Providers (slide 15, click on “Conscientious Objection”) 2) Values Based Self-Assessment Tool 3) Healing the Divide: A Health Care Provider's Relational Approach to Medical Assistant in Dying Discourse <p>A psychologist may be unable to assist in any or all aspects of the MAID process due to reasons of conscience.</p> <p>If a psychologist is asked but unable to assist in MAID, that psychologist needs to ensure that their immediate supervisor or manager is informed in a timely manner so that a plan for alternate psychological support for patients and families can be discussed and developed.</p>
<p>5. Self-Care & Team Support</p>	<p><u>Self-care:</u> Self-care is always necessary, but is even more so where the psychologist is involved in the MAID process.</p> <p>Psychologists have an ethical duty to engage in regular self-care in order to ensure that they are competent and caring health care providers. It is recognized that a psychologist’s involvement in the MAID process may require additional self-care beyond what is normally done. Psychologists assisting in the MAID process are strongly advised to develop and implement an enhanced self-care plan. Psychologists must also be willing to inform their clients and managers should their continued involvement in MAID impair their professional judgement so that alternate psychological resources may be found.</p> <p><u>Psychologist Practice Standards and Code of Ethics:</u> Canadian Code of Ethics (4th Ed.): Principle of Responsible Caring II.12 College of Alberta Psychologists' Standards of Practice (2013) 5.4-5.6</p>

	<p>Access AHS and Medical Assistance in Dying support resources as required: Employee and Family Assistance Program– available for both assisting and non-assisting AHS staff MAID Orientation for Non-Physician Providers (slide 29, self-care)</p> <p>Team Support: Promote and model the use of the MAID Supportive Review Process: MAID Supportive Review Process MAID Orientation for Non-Physician Providers (slide 22)</p>
<p>6. Collaborative Practice</p>	<p>Psychologists are aware that collaborative care leads to better clinical decisions and outcomes. Psychologists, like all health care professionals, may provide information regarding MAID, and contacts to obtain further information, when requested by patients. Psychologists should not engage in MAID related activities outside of a collaborative team framework largely because a precursor to any MAID related professional discussions should be a determination by a physician and/or nurse practitioner that the medical criteria for MAID are met. Working outside of a collaborative environment and without a formal determination that the medical criteria for MAID are met may leave the psychologist legally and professionally vulnerable.</p> <p>Psychologists are guided by the CAP Standards of Practice (2013) that speak to collaborative practice. These standards include understanding one’s own scope of practice as well as that of other team members. Clarifying issues related to responsibility and accountability, communicating positively and effectively with all team members and focusing on the values and needs of clients are additional collaborative care values.</p>
<p>7. Off-Program or Off-Site Psychology MAID Support</p>	<p>Determine your interest in and ability to support an off-program or off-site psychology Medical Assistance in Dying referral.</p> <p>Discuss with your supervisor/manager. If both are in agreement that this would be feasible, inform the MAID Care Coordination Team at MAID.CareTeam@ahs.ca.</p> <p>Identify and provide the appropriate service approach (i.e., in person, or phone).</p>

<p>8. Documentation</p>	<p>Psychologists' contributions to clients' care must be documented. This documentation includes the discussion surrounding informed consent. Documenting when a client has requested and/or been provided with information related to MAID is also an expectation. Psychologists must adhere to the College of Alberta Psychologists Standards of Practice (2013) in relation to record keeping. These are available at www.cap.ab.ca.</p>
<p>9. Psychologist Role</p>	<p>The psychologist's role in the MAID process mirrors the psychologist's role in healthcare generally. In their practice, psychologists do one or more of the following:</p> <p>(a) assess, diagnose, treat, guide and support persons or groups of persons in order to enhance development, effective living and quality of life or to prevent, remedy or ameliorate mental, emotional, cognitive, behavioural and interpersonal difficulties;</p> <p>(b) teach, supervise or consult in the practice of psychology; and</p> <p>(c) perform the restricted activity of psychosocial intervention with an expectation of treating a substantial disorder of thought, mood, perception, orientation or memory that grossly impairs judgment, behavior, capacity to recognize reality, or ability to meet the ordinary demands of life.</p> <p>Psychologists are uniquely positioned to provide comprehensive and complex assessment and differential diagnosis, and to efficiently and cost-effectively develop and provide a range of treatment strategies and address factors related to the maintenance of mental and physical health, as well as the prevention of mental illness and physical disease.</p> <p>Specific to the MAID process, psychologists may</p> <ul style="list-style-type: none"> • like all health care professionals, provide information or regarding MAID, and contacts to obtain further information, when requested by patients. • have a primary role in assisting in the determination as to whether the individual requesting MAID has the capacity to provide informed consent. This may involve a formal assessment of the individual's cognitive, psychological and psychosocial status in addition to the customary clinical interview. It typically involves collateral consultation with allied health providers and significant others. • play a further primary role in assisting with the determination of whether there are any concurrent mental health issues or disorders contributing to the patient's experience of intolerable physical and/or psychological suffering, and if there may be treatment options for these that the patient may find acceptable.

	<ul style="list-style-type: none"> • occupy a third primary role in assisting the individual in evaluating MAID related decisions including an exploration of potential options as well as examining potential consequences for each alternative action. • provide psychological interventions, working with and remaining available to patients as they proceed through the patient’s end of life and/or MAID process. In addition, psychologists may also provide services to those affected by MAID including both family members and allied healthcare professionals. <p>Psychologist may provide psychotherapy to individuals considering MAID who would like to work through unresolved issues or who are dealing with the impact of their decision on their significant others. They may also be involved in working with families or friends who are trying to cope with the impact of having a loved one who is going through the MAID process, and in their grieving progress after their loved one’s death.</p> <p>Psychologists may be called upon to perform <i>specialty assessments</i> to inform physicians and nurse practitioners in their assessment of patient eligibility for MAID, such as</p> <ol style="list-style-type: none"> a psychology mental health assessment to assess the presence and potential impact of a co-occurring mental health disorder on decision-making, the assessment of decision-making capacity regarding the ability to provide informed consent to MAID, and/or a psychology assessment to assess whether there are any concurrent mental health issues or disorders contributing to the patient’s experience of intolerable physical and/or psychological suffering, and if there may be treatment options that the patient may find acceptable.
<p>10. Manager, clinical lead, supervisor, team lead role</p>	<p>Managers/Team Leads ensure staff and volunteers are provided with orientation to MAID resources; deal with staffing needs that may arise due to conscientious objection, and to other staff needs as they may present in relation to MAID; and anticipate workload needs.</p>
<p>11. Professional Practice Lead role</p>	<p>The Professional Practice Lead encourages adherence to psychology professional practice standards and guidelines, supports competency development and learning, and supports both staff and managers to adhere to AHS MAID related processes and requirements.</p>

	PSYCHOLOGISTS' CLINICAL RESPONSIBILITIES
	<p>AHS has followed a 5-phase model for categorizing an interested patient's readiness to pursue MAID. The 5-phases are pre-contemplation, contemplation, determination, action, and care after death. When patients or families wish to discuss MAID with a psychologist, it would be prudent to assess their stage of readiness in order to best meet their psychosocial needs. Suggestions and consideration for how to proceed are addressed below. Consider legal and ethical duties according to the Health Professions Act, the Canadian Code of Ethics for Psychologists, relevant Practice Guidelines and Alerts, and other documents found here: http://www.cap.ab.ca/Regulatory-Information. This content is not exhaustive and psychologists are encouraged to consult with the College of Alberta Psychologists (www.cap.ab.ca), with peers and supervisors, and to keep their training ongoing and updated.</p> <p>Only physicians and nurse practitioners can perform MAID eligibility assessments, this is not part of a psychologist's scope of practice. Psychologists are able to perform capacity assessments and psychological mental health assessments to assess for the presence and potential impact of a co-occurring mental health disorder on decision-making. If interested in providing capacity assessment for patients who request MAID, contact the MAID Care Coordination Team (see contact information below).</p> <p>All clinicians reserve the right to decline participation in MAID-related clinical services. AHS has provided a Values-Based Self-Assessment to help providers explore their personal level of comfort: http://www.albertahealthservices.ca/assets/info/hp/MAID/if-hp-MAID-self-assessment-tool.pdf.</p> <p>If you realize that you are not able to engage in MAID conversations in a therapeutic manner, forward referrals to colleagues and/or the MAID Care Coordination Team (MAID.careteam@ahs.ca; Health Link phone number: 811).</p> <p>For additional information about MAID within AHS, see:</p> <ul style="list-style-type: none"> - General information and FAQs: http://www.albertahealthservices.ca/info/Page13497.aspx. - MAID Care Coordination Team: Can provide information, answer questions, discuss options with any involved individuals (e.g. patients, families, clinicians), and help patients connect with health care practitioners and other resources. <ul style="list-style-type: none"> o Description of the MAID Care Coordination Team: http://www.albertahealthservices.ca/assets/info/hp/MAID/if-hp-MAID-coordination-service.pdf,

	<ul style="list-style-type: none"> ○ Contact Information for patients, families, and health care practitioners: (MAID.careteam@ahs.ca; Health Link phone number: 811), - MAID Process Map: http://www.albertahealthservices.ca/assets/info/hp/MAID/if-hp-MAID-process-map.pdf; - Flowchart for Responding to MAID Requests: http://www.albertahealthservices.ca/assets/info/hp/MAID/if-hp-MAID-placemat.pdf; - AHS-supplied information for Health Care Professionals, including General Information, Standards, Roles, Advice, Support and Education: http://www.albertahealthservices.ca/info/Page14381.aspx. - Palliative Care: Can provide symptom management of physical illness to help ease sense of suffering. This service is available regardless of a patient’s diagnosis or stage of disease (early, advanced, imminently terminal, etc.). Palliative care can be pursued alongside the consideration and/or pursuit of MAID (palliative.care@ahs.ca). <p>MAID conversations:</p> <ul style="list-style-type: none"> ● Any conversation about MAID must be documented and reported to the manager/reporting structure. ● Inform manager if unable to assist in 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 that is factual and based in AHS Policy. Refer to MAID website & Care Coordination Service for navigation support. ● MAID cannot be promoted as an option for anyone, nor suggested that it would be appropriate for them – be factual and non-biased. ● Be respectful of individuals who are seeking information about MAID, as it is their right to do so.
<p>1. Pre-Contemplation Phase</p>	<p><u>In this phase:</u> Patient seeks information, undertakes personal reflection and may be discussing Medical Assistance in Dying as an option with family</p> <p><u>Coordinating Care:</u> When requested, help provide general information and direct families to the MAID Care Coordination Team or other available resource for further information. It is not necessary to make a request for MAID in order to access the team’s expertise.</p>

	<p>Update your own knowledge as well. Connect patient/families with their physician or nurse practitioner to help them navigate the phases and process. Inform managers, if relevant in your setting. Engage in conversations with the patient's health care team to help assure the patient/family are receiving the services that may help attenuate their sense of suffering.</p> <p><u>Psychological Assessment and Intervention:</u></p> <p>Provide a safe and therapeutic space for patients and families to explore factors contributing to their eventual decision. Provide support for where they are in their end of life decision making experience. Consider whether inviting other family members to sessions may be helpful for the patient and family process. Assess factors influencing the patient's current phase and motivations for potentially considering MAID. Consider whether psychodiagnostic assessment or further referrals may be prudent to help identify concurrent mental health issues and/or attenuate their sense of suffering.</p>
<p>2. Contemplation Phase</p>	<p><u>In this phase:</u></p> <p>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.</p> <p>It is possible that a physician or nurse practitioner may perform a MAID eligibility assessment in this phase. Psychologists may provide support to this assessment by providing specialist psychology assessments.</p> <p><u>Coordinating Care:</u></p> <p>Help provide relevant and up-to-date information to patients and families using the resources above. Update your own knowledge as well. Connect patient/families with their physician or nurse practitioner to help them navigate the phases and process. Inform managers, if relevant in your setting. Engage in conversations with the patient's health care team to help assure the patient/family are receiving the services that may help attenuate their sense of suffering. AHS instructs clinicians to connect contemplative patients with the Care Coordination Team at this point. Readiness to make a request for MAID is not necessary.</p> <p><u>Psychological Assessment and Intervention:</u></p> <p>Provide a safe and therapeutic space for patients and families to explore factors contributing to their eventual decision. Provide support for where they are in their end-of-life experience. Consider whether inviting other family members to sessions may be helpful for the patient and family process. Assess factors influencing the patient's current phase and</p>

	<p>motivations for potentially considering MAID. Consider whether psychodiagnostic assessment or further referrals may be prudent to help identify concurrent mental health issues and/or attenuate their sense of suffering.</p> <p>Psychologists may provide support to physicians and nurse practitioners completing MAID eligibility assessments in the Contemplation Phase, through the provision of <i>specialty assessments</i>, such as:</p> <ul style="list-style-type: none"> (a) a psychology mental health assessment to assess the presence and potential impact of a co-occurring mental health disorder on decision-making, (b) the assessment of decision-making capacity regarding the ability to provide informed consent to MAID, and/or (d) a psychology assessment to assess whether there are any concurrent mental health issues or disorders contributing to the patient’s experience of intolerable physical and/or psychological suffering, and if there may be treatment options that the patient may find acceptable.
<p>3. Determination Phase</p>	<p><u>In this phase:</u></p> <p>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.</p> <p><u>Coordinating Care:</u></p> <p>Ensure that patients are connected with the MAID Care Coordination Team, who will initiate the MAID assessment process and provide additional support. Engage in conversations with the patient’s health care team to help assure the patient/family are receiving the services that may help attenuate their sense of suffering. Work with the patient’s health care team to inform collaborative care planning. Keep the MAID Care Coordination team updated regarding the patient’s and family’s functioning, coping, needs, and other considerations as the MAID process moves forward.</p> <p><u>Psychological Assessment:</u></p> <p>Consider whether psychodiagnostic assessment or further referrals may be prudent to help identify concurrent mental health issues and/or attenuate their sense of suffering.</p>

	<p><u>Psychological Intervention:</u></p> <p>Provide a safe and therapeutic space for patients and families to explore their end-of-life journey and experience of the MAID process. Consider benefits and willingness of individuals and families to attend sessions together. Assess factors influencing the patient’s desire for pursuing MAID. Remain available as part of the patient and family’s support network for ongoing care as they proceed with eligibility assessments. Emotional concerns are likely to arise throughout the process, whether their request for MAID is granted, whether they are deemed ineligible, as they wait for this decision, and as they process the decision.</p> <p>Psychologists may provide support to physicians and nurse practitioners completing MAID eligibility assessments in the Determination Phase, through the provision of <i>specialty assessments</i>, such as:</p> <ul style="list-style-type: none"> (a) a psychology mental health assessment to assess the presence and potential impact of a co-occurring mental health disorder on decision-making, (b) the assessment of decision-making capacity regarding the ability to provide informed consent to MAID, and/or (e) a psychology assessment to assess whether there are any concurrent mental health issues or disorders contributing to the patient’s experience of intolerable physical and/or psychological suffering, and if there may be treatment options that the patient may find acceptable.
<p>4. Action Phase</p>	<p><u>In this phase:</u></p> <p>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.</p> <p><u>Coordinating Care:</u></p> <p>Engage in conversations with the patient’s health care team to help assure the patient/family are receiving the services that may help attenuate their sense of suffering. Keep the MAID Care Coordination team updated regarding the patient’s and family’s functioning, coping, needs, and other considerations as the MAID process moves forward. Collaborate with the Care Coordination Team as the MAID provision is reviewed, confirmed, and provided.</p>

	<p><u>Psychological Assessment and Intervention:</u> Support patients as the MAID process moves forward. Speak to the family about available sources of psychosocial or spiritual support for the day of the procedure. Consider whether or not you are willing to be present the day of provision to support the patient and family.</p>
<p>5. Care After Death Phase</p>	<p><u>In this phase:</u> 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.</p> <p><u>Coordinating Care:</u> Collaborate with the Care Coordination Team to help provide or find sources of bereavement support for the family.</p> <p><u>Psychological Assessment and Intervention:</u> Consider whether or not you are an appropriate resource for your patient’s family members.</p>

Therapeutic Conversations Guide for Psychologists

Psychologists may receive requests for information about MAID from their patients. They may be involved in counseling individuals considering MAID in their efforts to clarify their wishes regarding end-of-life. They may provide psychotherapy to individuals considering MAID who would like to work through unresolved issues or who are dealing with the impact of their decision on their significant others. They may also be involved in working with families or friends who are trying to cope with the impact of having a loved one who is going through the MAID process, or with the grieving process after their loved one has died. Psychologists may be involved in the specialty assessment of determining the presence and potential impact of a co-occurring mental health disorder on decision-making. Psychologists may be involved in the formal assessment of decision-making capacity regarding the patient’s ability to consent to MAID.

To prepare for difficult and challenging conversations related to end of life, refer to *Engaging in End of Life Conversations with Patients and Families: A Four Part Series*

<http://www.albertahealthservices.ca/assets/info/hp/MAID/if-hp-MAID-engaging-in-end-of-life-conversations.pdf>.

Patient-Family-Provider Scenario	Therapeutic Conversation – Examples of what to say	Action needed	Relation to MAID/MAID Considerations
A family member is struggling with caregiver fatigue	<p>How can I support you today?</p> <p>What is going on/new/different that is contributing to how you are feeling today?</p>	<p>Identify resources and supports in place or additional resources</p> <p>Offer resources: caregiving, leisure, care for the caregiver</p>	<p>May or may not be MAID related, address the family and their immediate need</p> <p>Family members cannot request MAID on someone else’s behalf</p>

<p>A patient initiates a conversation about MAID</p>	<p>Have you shared this with anyone else?</p> <p>Have you shared this with your doctor or nurse?</p> <p>Can you tell me why you wish your life to end?</p>	<p>Document the conversation</p> <p>Consult with the MRHP (physician, nurse practitioner)</p> <p>Refer patient to the source of truth only (MAID website, consultation service, health link)</p>	<p>MAID information must be requested by the patient – it cannot be offered</p> <p>Be non-biased and factual</p> <p>Refer to AHS Placemat for Responding to a Patient Request to Medical Assistance in Dying</p>
<p>A patient initiates a conversation about MAID, but the psychologist would like to decline involvement due to reasons of conscience.</p>	<p>I want to do everything I can to work with you and provide you with the best care I can offer. If you are in agreement, I will be asking my colleagues to continue this discussion with you on medical assistance in dying with as much continuity as we can provide.</p>	<p>Document the conversation</p> <p>Consult with the MRHP (physician, nurse practitioner)</p> <p>Arrange for the patient to be referred to the available resources (MAID website, consultation service, health link)</p> <p>Inform immediate supervisor or manager so that an alternate treatment provider can be arranged as appropriate</p>	<p>Review information related to Consciousness Objection (slide 15, click on “Conscientious Objection”)</p> <p>Refer to AHS Placemat for Responding to a Patient Request to Medical Assistance in Dying</p>
<p>A patient expresses concern over fear of future suffering, loss of control and dignity regarding their medical condition.</p>	<p>Sounds like you have some concerns. Do you want to talk about it?</p> <p>We haven’t talked about this before....please tell me more</p>	<p>Offer to identify supports and resources</p> <p>Any referral options?</p>	<p>Address the patient concern first</p> <p>May or may not be MAID related, patient may just need to talk</p>

	<p>Can you tell me about the things that frighten or concern you the most right now? How can I support you?</p>		
<p>A patient or health referral requests time sensitive intervention for end of life/quality of life (e.g., helping patient work through unresolved issues; coming to terms with impact of decision on significant others) due to MAID determination and period of reflection</p>	<p>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?</p>	<p>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 As appropriate, 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</p>	<p>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.</p>

<p>A patient's worsening medical condition results in decline in functional ability or increase in pain. The patient expresses "I might as well just die."</p>	<p>What is going on/new/different that is contributing to how you are feeling today?</p> <p>Can you tell me about the things that frighten or concern you the most right now?</p> <p>Some people make this statement when they're feeling down; then when circumstances change they feel differently. What do you think things might look like tomorrow? Do you feel depressed or down? Could this be part of the reason that you want to die? We should explore fully so that we can find ways to support you and treat your symptom.</p> <p>How can I support you? What do you think would help?</p>	<p>Determine need for assessment and interventions related to mood or other mental health condition, functional ability and/or pain.</p> <p>Provide supportive counseling and refer to relevant resource or team as appropriate (e.g. Pain and Palliative Care; occupational therapy)</p> <p>Offer resources for ongoing support for patient/family</p>	<p>Address the patient concern first (i.e. functional difficulty; pain).</p> <p>May or may not be MAID related.</p>
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<p>A family member is struggling with their loved one's decision to pursue MAID</p>	<p>Do you want to talk about it? How can I support you today?</p>	<p>Identify resources and supports in place or additional resources</p> <p>Offer resources: caregiving, leisure, care for the caregiver</p>	<p>Address the family and their immediate need</p>
<p>A patient's worsening mental health disorder results in suicidal thoughts. The patient expresses "I might as well just die". (no specific request for MAID)</p>	<p>What is going on/new/different that is contributing to how you are feeling today?</p> <p>Some people make this statement when they're feeling down; then when circumstances change they feel differently. What do you think things might look like tomorrow? We should explore fully so that we can find ways to support you and treat your symptom.</p> <p>How can I support you? What do you think would help?</p>	<p>Conduct suicide risk assessment, as usual.</p> <p>Provide supportive counseling and refer to relevant resource or team as appropriate (e.g. psychiatry)</p> <p>Offer resources for ongoing support for patient/family</p> <p>Consult with the MRHP (physician, nurse practitioner)</p>	<p>Address the patient's mental health issues and intervene as usual.</p> <p>May or may not be MAID related.</p>

<p>A health referral requests time sensitive assessment of the presence and/or impact of a co-occurring mental health disorder, to assist with MAID determination</p>	<p>How can I best support you in this request?</p> <p>What is the best way we can work together to meet this request based on time sensitivity?</p> <p>How can I best target my activities to meet your goal?</p>	<p>Caseload management: Utilize resources and team to manage time sensitive interventions and coordinate services</p> <p>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</p> <p>As appropriate, involve and consult other supports (e.g., family, team) who have relationship with the patient who may be able to provide collateral information.</p>	<p>Refer to Patients and Families Medical Assistance in Dying Process Map</p> <p>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.</p>
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<p>A health referral requests a time sensitive assessment of the patient’s decision-making capacity to consent to MAID.</p>	<p>How can I best support you in this request?</p> <p>What is the best way we can work together to meet this request based on time sensitivity?</p> <p>How can I best target my activities to meet your goal? What are the triggers that are making you question the patient’s capacity and your request for a specialty assessment?</p>	<p>Caseload management: Utilize resources and team to manage time sensitive interventions and coordinate services</p> <p>Consult other providers regarding triggers for the assessment.</p> <p>Assess based on individual need, respecting the unique situation of the patient.</p> <p>As appropriate, and with the consent of the patient, consult family and others who have relationship with the patient who may be able to provide collateral information.</p>	<p>AHS Policy: Medical Assistance in Dying – a patient must demonstrate capacity to provide informed consent (insert link).</p> <p>Psychologists with expertise in conducting capacity evaluations and specific training in conducting capacity assessments for MAID may do so, and then provide information and recommendations that may be used by the physician or nurse practitioner in determining eligibility to participate in MAID.</p> <p>Refer to Patients and Families Medical Assistance in Dying Process Map</p> <p>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.</p>
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