SHARED HUMAN EXPERIENCE

As Health Care Providers (HCPs) we have all been engaged in the process of coming to awareness around Medical Assistance in Dying, and its direct implications for personal practice. Recognizing that individual experiences vary, for many it may have begun with a vague awareness that hastening a patient's death was now a permissible activity within healthcare. In time, we may have begun to wonder what Medical Assistance in Dying actually entailed: questions began to surface, and we may have had informal conversations with those within our support system, expressing our initial thoughts and feelings. As more information was disseminated from various sources, (the organization, colleges, local presentations, and the media), we discovered ourselves more deeply engaged, and perhaps more acutely aware of where we (professionally and personally) stood in relation to Medical Assistance in Dying, and the question of our participation as a HCP. Whatever our resulting decision, we have shared a common human process of coming to awareness.

SHARED STIGMA:

Both HCPs who have assisted **and** HCPs who have not assisted in Medical Assistance in Dying may also have begun to share the experience of stigma:

> "As an assisting HCP, I can suffer stigma for my involvement in hastening death, but you as a non-assisting HCP can also suffer the stigma of being perceived as not being patient-centered."

Though the nature of the stigma differs, the risk of stigma is a shared reality for all HCPs.

HONOURING DIFFERENCES:

There is little doubt that a HCPs approach to Medical Assistance in Dying will be circumscribed by the HCP's moral conscience. In some cases, a HCP is able to assist in the patient's request for hastened death, and in other cases is unable to assist in the patient's request for hastened death. Given the variety of beliefs and values (spiritual, religious, cultural, and philosophical) that co-exist within health care teams, each individual **needs to honour** this variance when interacting with each other. To honour, in this context, means "I do not have to agree with nor support what you say but I do need to allow you the space to express your perspective without challenging you on it." In this manner**, to honour is to exercise a "colleague-centered" approach in our relating** with each other that actively promotes trust, safety, and well-being within our teams.

HONOURING DIFFERENCES THROUGH SHARED LANGUAGE

The language that HCPs choose is important--word choice can either facilitate or be a barrier to connecting with each other. The following reflections and recommendations focus on how self-awareness in HCP's *intentional* use of language can foster a relational rather than divisive approach to Medical Assistance in

Dying related discourse, (and assumes HCP's current practice of the primary principles of respectful communication).[1] Shared language can assist HCPs in honouring differences.

Divisive Language:

Use language that does not emphasize the divide between HCPs in this new practice. Be mindful of words that imply a value statement or judgement that could potentially induce guilt.

Examples:

a. Use of the word "willing" - If I say, "I am **willing** to help my patient" this can therefore imply the opposite, "I am **not willing** to help my patient."

b. Use of the word "support." If I say, "I am **supporting** my patient" this can therefore imply the opposite, "I am **not supporting** my patient."

Relational Language:

Use of the verb "assist"*:* "assisting" does not necessarily reflect the moral stance of the HCP, whereas "willing" or "supportive" do:

> "I can feel comfortable to know that there are HCPs assisting patients. What I am not comfortable to know is that these HCPs are the 'willing ones' or the 'supportive ones' which in my mind can cast a shadow upon, and subsequent judgment of, the 'unwilling' or 'unsupportive' HCPs."

As HCPs we can indicate our involvement/non-involvement in Medical Assistance in Dying by the phrases, "I am able to assist," or "I am unable to assist."

RESPECTING THE DIFFERENCE BETWEEN BEING CAPABLE AND BEING ALLOWED

Consider why some HCPs may not be assisting

While a HCP's capability relates to competency in patient care, in the context of patient hastened death, the deciding factor is more likely to be if one's participation is *allowable.* In this context, 'allowable' refers to the cultural or communal norms that shape a HCP's conscience in regard to what he/she is permitted to do. Hence, while HCPs may be 'capable' of assisting, some HCPs may not be 'allowed' to assist.

Honour Differences

In the context of Medical Assistance in Dying, HCPs need to be aware of and honour that an individual's cultural or communal norms can play a significant role in guiding his/her ability to assist in patient hastened death.

[1] Use "I" statements, not "you" statements, and a respectful tone and manner; exercise active listening: paraphrasing, reflecting, and seeking clarification as required; adjust your communication style to the context or situation; and ensure you are communicating in a clear manner.