

# Roles and Responsibilities of AHS Occupational Therapists in Medical Assistance in Dying

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## Preamble

The document guides occupational therapists working with Alberta Health Services (AHS) to provide a consistent, compassionate, patient and family-centered 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. Occupational therapists may assist physicians and nurse practitioners in the process of caring for a requesting patient and his/her family. Occupational therapists are considered non-physician health care providers within the context of MAID.

This document includes:

1. Roles and responsibilities of AHS occupational therapists related to MAID
2. Therapeutic conversations guide for AHS occupational therapists

Role	Responsibilities
<b>Non-Physician Health Care Provider</b>	<ol style="list-style-type: none"> <li data-bbox="435 730 1385 766"><b>1. Inform self of:</b> <ul style="list-style-type: none"> <li data-bbox="483 772 1385 871">• Patients and Families Medical Assistance in Dying Process Map <a href="http://www.albertahealthservices.ca/assets/info/hp/maid/if-hp-maid-process-map.pdf">http://www.albertahealthservices.ca/assets/info/hp/maid/if-hp-maid-process-map.pdf</a></li> <li data-bbox="483 877 1385 1018">• Who to contact and where to direct MAID inquiries (8-1-1 Health Link, MAID Coordination Service: <a href="http://www.albertahealthservices.ca/assets/info/hp/maid/if-hp-maid-coordination-service.pdf">http://www.albertahealthservices.ca/assets/info/hp/maid/if-hp-maid-coordination-service.pdf</a>)</li> <li data-bbox="483 1024 1385 1087">• The information, support and guidance offered through Care Coordination Service</li> <li data-bbox="483 1094 1385 1157">• Patient rights (e.g., confidentiality) and the conditions required for MAID (e.g., capacity, self-directed)</li> <li data-bbox="483 1163 1385 1194">• MAID Legislation</li> <li data-bbox="483 1201 1385 1264">• Obligation to be non-biased and factual (e.g., cannot request MAID on someone's behalf, advocate for MAID for a patient, recommend MAID)</li> </ul> </li> <li data-bbox="435 1312 1385 1348"><b>2. Complete:</b> <ul style="list-style-type: none"> <li data-bbox="483 1354 1385 1417">• MAID orientation for non-physician provider <a href="http://www.albertahealthservices.ca/info/Page14381.aspx">http://www.albertahealthservices.ca/info/Page14381.aspx</a></li> <li data-bbox="483 1423 1385 1732">• <i>Medical Assistance in Dying: Values-Based Self-Assessment Tool for Health Care Providers</i> <a href="http://www.albertahealthservices.ca/assets/info/hp/maid/if-hp-maid-self-assessment-tool.pdf">http://www.albertahealthservices.ca/assets/info/hp/maid/if-hp-maid-self-assessment-tool.pdf</a> in order to: 1) Support occupational therapists to clarify or deepen their understanding of their own ethical perspective on medical assistance in dying; 2) Provide occupational therapists with a language with which they can better convey their perspective to others; and 3) Enable occupational therapists to further understand other perspectives</li> </ul> </li> <li data-bbox="435 1780 1385 1816"><b>3. Know your rights:</b> <ul style="list-style-type: none"> <li data-bbox="483 1822 1385 1911">• Regardless of the legal status of medical assistance in dying, no health care provider is compelled to provide medical assistance in dying (AHS MAID Policy, 2016)</li> </ul> </li> </ol>

	<ul style="list-style-type: none"> <li>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)</li> </ul>
<p><b>Alberta College of Occupational Therapists (ACOT) Member</b></p>	<p><b>1. Be guided by, and perform duties recognizing that:</b></p> <ul style="list-style-type: none"> <li>Occupational Therapists must practice within their competency, and comply with the Code of Ethics, Standards of Practice and in accordance with all relevant and applicable legislation</li> <li>ACOT supports Occupational Therapists to continue providing competent and ethical occupational therapy services in the context of MAID</li> <li>Occupational Therapists must not impede access to care or abandon patients they care for</li> </ul>
<p><b>Employee of Alberta Health Services (AHS)</b></p>	<p><b>1. Inform self of:</b></p> <ul style="list-style-type: none"> <li>MAID resources for health professionals (Alberta Health Services <a href="http://www.albertahealthservices.ca/info/Page14381.aspx">http://www.albertahealthservices.ca/info/Page14381.aspx</a>)</li> <li>AHS Placemat for Responding to a Patient Request to Medical Assistance in Dying <a href="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</a></li> <li>AHS Policy – Medical Assistance in Dying <a href="https://extranet.ahsnet.ca/teams/policydocuments/1/clp-med-assist-in-death-hcs-165-01.pdf">https://extranet.ahsnet.ca/teams/policydocuments/1/clp-med-assist-in-death-hcs-165-01.pdf</a></li> <li><i>Healing the Divide: A Health Care Provider’s Relational Approach to MAID Discourse:</i> <a href="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</a> <ul style="list-style-type: none"> <li>To exercise a colleague-centred approach in our relating with each other that actively promotes trust, safety and well-being within our teams.</li> </ul> </li> <li>Self-care supports and care after death staff resources (e.g., Employee Assistance Program, debriefing, on-site spiritual care and grief supports)</li> <li>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</li> </ul> <p><b>2. MAID conversations:</b></p> <ul style="list-style-type: none"> <li>Any conversation about MAID must be documented and reported to the manager/reporting structure</li> <li>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)</li> </ul>

	<ul style="list-style-type: none"> <li>• 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 &amp; Care Coordination Service for navigation support</li> <li>• MAID cannot be promoted as an option for anyone, nor suggested that it would be appropriate for them – be factual and non-biased</li> <li>• Be respectful of individuals who are seeking information about MAID as it is their right to do so</li> </ul>
<p><b>Employee of AHS working in a non-AHS context</b></p>	<ul style="list-style-type: none"> <li>• AHS staff who work in Covenant Health/Carewest sites, Designated Supportive Living sites or other non-AHS contexts should be aware of site or organization-specific policies</li> <li>• Therapists should consult with their manager regarding how MAID policies are to be applied in their specific work setting prior to providing information to patients</li> </ul>
<p><b>Occupational Therapist</b></p>	<ol style="list-style-type: none"> <li>1. <b>Review and reflect on:</b> <ul style="list-style-type: none"> <li>• Your own beliefs and values surrounding MAID, in order to be aware of how they may influence or impact your interactions with patients</li> <li>• Ethical and blurred boundaries in therapeutic relationships with patients and families</li> <li>• The limits and professional boundaries of occupational therapy</li> <li>• The therapeutic conversations guide found below to support therapeutic conversations</li> </ul> </li> <li>2. <b>Occupational Therapy Practice:</b> <ul style="list-style-type: none"> <li>• The occupational therapy role is to provide assessment, patient-centered interventions and enablement strategies in order to assist patients to maintain quality of life and engagement in meaningful occupations in end-of-life care</li> <li>• The supporting document from SAOT entitled, ‘The Role of Occupational Therapy (OT) in Medical Assistance in Dying’, details the unique contributions of occupational therapists in this area. These unique contributions are summarized below: <ul style="list-style-type: none"> <li>○ The holistic values of occupational therapy practice addresses a person's physical, psychosocial and spiritual needs, making occupational therapy a natural fit with the philosophy and approach of end-of-life care (CAOT, 2011)</li> <li>○ Collaborative practice allows teams to provide grief support in a shared practice approach. OTs contribute to the assessment of spiritual, psychological and religious-cultural needs for end of life care.</li> <li>○ OTs provide palliative care, with or without MAID and ensure meaning, quality and comfort in end-of-life care</li> </ul> </li> </ul> </li> </ol>

	<ul style="list-style-type: none"> <li>○ OTs recognize the roots of occupational justice, or the power of individuals to be acknowledged and respected in end-of-life planning</li> </ul> <p>Society of Alberta Occupational Therapists (SAOT) Position Paper: <a href="https://www.saot.ca/wp-content/uploads/2016/10/SAOT-The-Role-of-Occupational-Therapy-in-Medical-Assistance-in-Dying.pdf">https://www.saot.ca/wp-content/uploads/2016/10/SAOT-The-Role-of-Occupational-Therapy-in-Medical-Assistance-in-Dying.pdf</a></p> <ul style="list-style-type: none"> <li>● OTs should provide a compassionate, patient-centered approach when responding to a patient’s request for information about MAID</li> </ul> <p><b>3. Occupational Therapy Practice Specific to Capacity Assessment:</b> As per the AHS Policy for MAID, a patient requesting MAID must demonstrate the capacity to provide informed consent (<a href="https://extranet.ahsnet.ca/teams/policydocuments/1/clp-med-assist-in-death-hcs-165-01.pdf">https://extranet.ahsnet.ca/teams/policydocuments/1/clp-med-assist-in-death-hcs-165-01.pdf</a>).</p> <p>As per Memorandum received from the Office of the Public Guardian on October 14, 2016, under the Adult Guardianship and Trusteeship Act (AGTA), Designated Capacity Assessors (DCAs) are to perform Capacity Interviews for the purposes outline in the AGTA which does not include capacity specific to MAID. Therefore DCAs are not to complete capacity interviews to determine an individual’s capacity to decide regarding MAID.</p> <p>As a result, the occupational therapy role in assessing an individual’s capacity to make a decision specific to MAID is limited to the Pre-assessment phase. OTs, as part of the interprofessional team, contribute to the identification of the need for a capacity interview. Through cognitive and functional assessments, the occupational therapist may also provide information and recommendations that may be used by a physician to assist in determining capacity.</p>
<p><b>Manager, clinical lead, supervisor</b></p>	<p><b>1. Provide:</b></p> <ul style="list-style-type: none"> <li>● Orientation to MAID resources and role support for therapists, therapy assistants, aides, students and volunteers who are involved in occupational therapy service delivery</li> </ul> <p><b>2. Staffing:</b></p> <ul style="list-style-type: none"> <li>● Deal with staffing (e.g., respect for moral conscience) and staffing needs that may arise</li> <li>● Anticipate workload needs</li> <li>● Prioritize staffing to address time sensitive patient needs</li> </ul>
<p><b>Member of HSAA</b></p>	<p><b>1. Inform self of:</b></p>

	<ul style="list-style-type: none"> <li>• Education, resources and supports available</li> </ul> <p><b>1. Know your rights:</b></p> <ul style="list-style-type: none"> <li>• Rights for the respect of moral conscience for deciding whether or not to participate in MAID</li> </ul>
<p><b>Member of the Public and/or Family Member</b></p>	<p><b>1. Inform self of:</b></p> <ul style="list-style-type: none"> <li>• Dual relationships as both a health care provider and family member</li> <li>• How to manage questions about MAID that may arise when in public</li> <li>• How to maintain confidentiality of patients and families outside of work role</li> <li>• The responsibility to clearly indicate whether comments on social media are being made in an official capacity as an AHS employee or are personal or private opinions. Review AHS social media policy and guidelines: <a href="http://insite.albertahealthservices.ca/5193.asp">http://insite.albertahealthservices.ca/5193.asp</a></li> </ul> <p><b>2. Know your rights:</b></p> <ul style="list-style-type: none"> <li>• To engage in conversations about ethical perspective outside of work role (e.g., with family, with supports)</li> </ul>

## Therapeutic Conversations Guide for Occupational Therapists

Occupational therapists provide assessment, interventions and enablement strategies in order to assist patients to maintain quality of life in end-of-life care. Through a compassionate, patient-centered approach, OTs are able to respond to a patient needs including potential requests for information about 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>.

In addition, specific occupational therapy scenarios are provided below. In all scenarios, the first response would be an empathetic reflection back to the patient. This may include empathy expressed through facial expression, and a space for silence before proceeding with questions. Open-ended questions allow for discussion. Example: *“You sound like you are struggling. Do you feel comfortable sharing your thoughts with me?”*

Patient-Family-Provider Scenario	Therapeutic Conversation – What to say	Action needed	MAID Considerations
<p><b>1) CONSCIENTIOUS OBJECTION</b></p> <p>An occupational therapist needs to transfer care related to MAID due to conscientious objection. The patient’s inquiry is addressed in a caring, compassionate and non-judgmental manner.</p>	<p>Examples of conversation:</p> <p>“I understand your request, though I am unable to assist you myself, I can make a referral to the Care Co-ordination Service/my colleague who will be happy to follow up on this matter with you.”</p> <p><i>(Note: Emphasis is placed on the “I can make a referral” and the phrasing used will depend on the situation)</i></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 resources available (MAID website, consultation service, Health Link)</p> <p>Inform other team members and determine what follow-up is appropriate for this patient</p>	<p>Review information related to Conscientious Objection</p> <p><a href="http://www.albertahealthservices.ca/assets/info/hp/maid/if-maid-non-physician-provider-orientation.pdf">http://www.albertahealthservices.ca/assets/info/hp/maid/if-maid-non-physician-provider-orientation.pdf</a></p> <p>(see slide 15, click on Conscientious Objection)</p> <p>If unable to assist, an Occupational Therapist needs to ensure that an immediate supervisor or manager is informed accordingly so that an alternate treatment provider can be arranged as appropriate.</p>

<p><b>2) WORSENING CONDITION</b> A patient's medical condition results in significant difficulty with feeding, eating and swallowing. The patient expresses, "I might as well just die".</p>	<p>Examples of exploratory questions:</p> <p><i>Losing the enjoyment in food is a huge loss. What would help, do you think?</i></p> <p><i>How can I support you today?</i></p> <p><i>What is going on/new/different that is contributing to how you are feeling today?</i></p>	<p>Determine need for interventions related to eating, feeding and swallowing. Review patient's goals as appropriate.</p> <p>Provide supportive intervention and refer to/ collaborate with team as appropriate.</p> <p>Offer resources for ongoing support for patient/ family.</p> <p>Proceed with occupational therapy intervention as indicated.</p>	<p>Address the patient concern first.</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><b>3) CONCERN FOR FUTURE</b> On the third home visit, a patient expresses to their Home Care Therapist their fear over future suffering, loss of control and dignity regarding their medical condition.</p>	<p>Examples of exploratory questions:</p> <p><i>Sounds like you have some concerns. Do you want to talk about it?</i></p> <p><i>How can I support you?</i></p> <p><i>What is your main concern?</i></p>	<p>May or may not be MAID related, patient may just need to talk</p> <p>Offer to identify supports and resources</p> <p>Explore referral options</p>	

<p><b>4) SEEKING MAID INFORMATION</b> On your final visit prior to discharge, a patient requests information about MAID.</p>	<p>Examples of exploratory questions:</p> <p><i>Would you like to discuss this further with me?</i></p> <p><i>Would you like me to provide you with further information?</i></p> <p><i>(See example #1 for conscientious objection)</i></p>	<p>Document the conversation</p> <p>Consult with the MRHP (physician, nurse practitioner)</p> <p>Refer patient to the resources available (MAID website, consultation service, Health Link)</p> <p>Inform other team members and determine what follow-up is appropriate for this patient</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><b>5) INTERVENTION FOR MAID REQUEST</b> An occupational therapist receives a referral for seating to facilitate a community visit/outing. The request is time sensitive as part of the patient's end of life request. The patient's wish is to be outdoors to participate in an activity prior to MAID.</p>	<p>Examples of exploratory questions:</p> <p><i>What is the best way we can work together to meet this request based on time sensitivity?</i></p>	<p>The occupational therapist completes a comprehensive seating assessment to facilitate the patient's goal, respecting their unique situation</p> <p>Prioritize current caseload and communicate with the team and family as appropriate</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>

**This document was developed by the Occupational Therapy MAID Working Group**

**Working group members:**

***Kathy Gillis**, Senior Occupational Therapist, South Zone West; **Dawn Olson**, Occupational Therapist, South Zone East; **Todd Farrell**, Occupational Therapy Clinical Lead, North Zone; **Alanna Cunningham**, Program Coordinator, Calgary Zone; **Christine Gregoire-Gau**, Occupational Therapist, AHS and Covenant Health, Central Zone; **Carmen Lazorek**, Provincial Senior Practice Lead Occupational Therapy*

**With additional input from:**

***Deb Froese**, Professional Practice Leader, Calgary Zone; **Zinia Pritchard**, Senior Practice Leader, Spiritual Care; **Jane Papenhuyzen**, Senior Practice Leader, Recreation Therapy; **Maggie Fulford**, Registrar, Alberta College of Occupational Therapists*

This document was endorsed by: **Provincial Occupational Therapy Professional Practice Council**, April 13, 2017.

For more information please contact Professional Practice Consult Service at Health Professions Strategy & Practice at [practice.consultation@ahs.ca](mailto:practice.consultation@ahs.ca)