

**MEDICAL ASSISTANCE IN DYING**  
PERSONAL REFLECTION  
PROFESSIONAL RESPONSIBILITY

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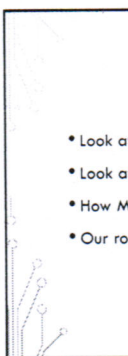
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**IN THIS SESSION**

- Look at the current situation
- Look at theological/spiritual and pastoral issues
- How MAID impacts us as individuals
- Our role as pastors

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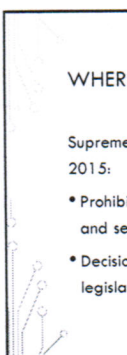
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**WHERE ARE WE AND HOW DID WE GET HERE?**

Supreme Court of Canada ruling *Carter vs Canada*, February 6, 2015:

- Prohibition against assisted suicide violates right to life, liberty, and security of the person under Charter of Rights and Freedoms
- Decision suspended for one year to allow Parliament to pass legislation

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ELEMENTS OF SUPREME COURT RULING

MAID must be made available to

- A consenting adult who
- Suffers from a grievous and irremediable condition that
- Causes suffering that is intolerable to the individual and that
- Cannot be relieved by any means acceptable to the individual
- No distinction made between physical and mental suffering

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- Liberal government requested 6 month extension to the deadline – granted 4 months (the length of the election campaign)
- Established Parliamentary Special Joint Committee
- Report and recommendations released February 2016 – 21 recommendations

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ELEMENTS OF JOINT COMMITTEE RECOMMENDATIONS

MAID should be available to individuals who are:

- Suffering from a grievous and irremediable condition that is
- Terminal or non-terminal, and that
- Causes enduring suffering that is
- Intolerable to the individual in the circumstances of his/her condition.
- Should not be excluded on basis of a psychiatric condition

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Two-stage legislative process

- Stage one applying immediately to competent adults
- Stage two applying to competent mature minors within three years
- Immediate study to examine moral, medical and legal issues re: "mature minor" and appropriate competence standards

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Advance requests for MAID:

- Any time after diagnosis but not before with:
- Condition that is reasonably likely to cause loss of competence  
or
- Diagnosis of a grievous and irremediable condition before suffering becomes intolerable

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- Legislation should respect freedom of conscience of practitioners
- Should require that an effective referral be made
- Should require that all publicly funded HC institutions provide MAID

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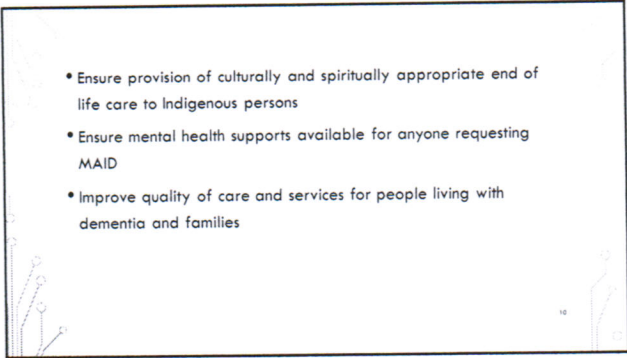
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- Ensure provision of culturally and spiritually appropriate end of life care to Indigenous persons
- Ensure mental health supports available for anyone requesting MAID
- Improve quality of care and services for people living with dementia and families

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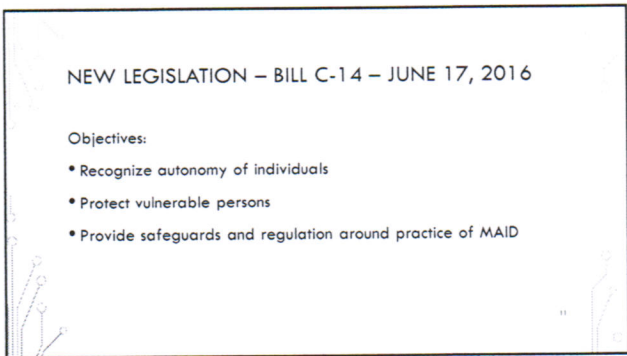
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NEW LEGISLATION – BILL C-14 – JUNE 17, 2016

Objectives:

- Recognize autonomy of individuals
- Protect vulnerable persons
- Provide safeguards and regulation around practice of MAID

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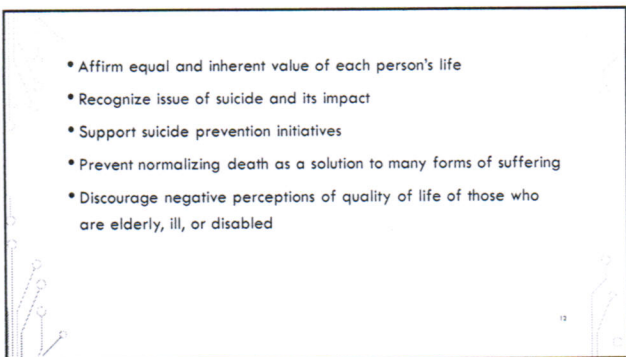
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- Affirm equal and inherent value of each person's life
- Recognize issue of suicide and its impact
- Support suicide prevention initiatives
- Prevent normalizing death as a solution to many forms of suffering
- Discourage negative perceptions of quality of life of those who are elderly, ill, or disabled

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### REQUIREMENTS OF LEGISLATION

- Mentally competent adult (age 18+), capable of giving consent
- Eligible for health services funded by a government in Canada
- Has a grievous and irremediable medical illness, disease or disability
- In an advanced state of irreversible decline

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- Causes enduring suffering that is intolerable
- Suffering cannot be relieved under conditions person considers acceptable
- Natural death is reasonably foreseeable
- Voluntary request that is not the result of external pressure
- Made by the individual. If physically unable to initiate request, a family member, friend or health care provider may do so on their behalf.
- Gives informed consent

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- Assessed by two physicians separately, meeting with each at least once
- Waiting period of 10 days (unless death or loss of capacity is imminent)
- Provides written consent (through a proxy if physically unable)
- Must meet ALL criteria
- Affirms the inherent and equal value of every person's life

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- Protection of conscience for individual practitioners
- Future consideration of mature minors, advance requests, and psychiatric conditions
- Commitment to improve end of life services including palliative care

The requirement of foreseeable death challenged within 10 days

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### WHAT/WHO IS RULED OUT?

- Non-terminal conditions
- Minors
- Advance requests
- Proxy requests
- Lacks decision-making capacity
- Mental illness is sole or primary condition

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### THEOLOGICAL ISSUES

- Suffering
- Free will
- Life as a gift
- Hope
- Human dignity – protection of vulnerable persons
- Conscience

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**PASTORAL ISSUES**

- Suffering and hope (again)
- Conscience
- Community and care – individuals, families, health care practitioners
- Culture
- Palliative care

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**ETHICAL PRINCIPLES**

**1. Respect for autonomy:**  
Individuals have the right to make decisions about their health and any treatment they wish or do not wish to receive.

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**Elements of informed consent**

- Mentally capable and legally competent
- Informed of options available to relieve suffering, including palliative care
- Aware that death is intended result

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• Aware of potential risks and complications

• Aware request can be withdrawn at any time

• Information is presented in a way the person can understand

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**2. Beneficence/Non-maleficence** (do good; don't do harm)

- Questions of diagnosis, history, prognosis
- Goals of treatment/care
- Questions of quality of life
- The patient decides what is acceptable or not
- Duty of care, non-abandonment

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**3. Justice/Fairness – Contextual Factors**

- Family dynamics
- Any provider issues – beliefs, values, biases
- Religious/spiritual and cultural values
- Financial/resource issues
- Any conflict of interest on the part of the institution

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### ABSTAINING FACILITIES

- Faith Based facilities funded but not owned or operated by WRHA
- Provide publicly funded health care in a manner consistent with the fundamental religious principles of the faith to which they adhere
- Adopt and publish a policy or position that they will not allow MAID or certain aspects of MAID processes to be performed within their facilities.

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### REQUIREMENTS FOR ABSTAINING FACILITIES

- Develop and make easily accessible to the public and staff an official written policy
- Post the policy on their website or post a notice on a public bulletin board
- Identify they are an Abstaining Facility
- Indicate where individuals can obtain a copy of the policy
- Make the policy available to any individual or staff on request
- Comply with WRHA transfer protocols

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- Staff, including conscientious objectors, must disclose and provide personal health information, in accordance with PHIA, and access to an individual's health record, to the MAID team on request
- Individuals must receive timely and accurate response when requesting MAID or information about MAID. At a minimum, this is defined as providing contact information for the MAID Team or Health Links/Info Sante within 24 hours of request.
- Abstaining Facilities must indicate that individuals admitted to the facility may not be able to receive MAID if their condition precludes transfer or if the individual declines transfer.

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Abstaining Facilities shall not:

- Disqualify or prohibit admission of individuals who have expressed interest in MAID or who may ultimately receive MAID
- Prohibit inquiries or discussion of MAID between individuals and staff
- Prohibit the MAID Team from accessing an individual for purposes of obtaining consent and information, or discussing all appropriate and therapeutic options available to the individual when requested/contacted
- Prohibit MAID Team members from documenting on health record

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- Take or threaten to take discriminatory or retaliatory action
- Take or fail to take action that results in diminution of health care services
- Discharge or transfer individual to another facility except in accordance with a documented plan for provision of MAID
- Take or threaten to take retaliatory or discriminatory action against staff who provide information to individuals or the MAID Team, choose to participate in provision of MAID at another facility, comply with applicable laws or comply with the standards and policies of their professional regulatory body

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### INDIVIDUAL REFLECTION

Where do I sit with regard to MAID?  
 What personal experiences do I bring to this conversation?

- Points where I agree
- Points that don't sit well
- Points where I'm unsure, have questions, maybe need more information

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**PAIRS/SMALL GROUPS**

- Top of mind issues
- Themes, differences, surprises

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**LARGER GROUPS**

- Themes, differences, surprises
- Insights
- Further questions

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**THE MAID PROCESS**

- WRHA MAID Team covers the province
- Physicians, nurses, social workers, pharmacists, speech language pathologists
- 2 physicians separately assess the person and agree he/she meets criteria
- Person completes written request for MAID, signed by 2 independent witnesses

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- Ten clear days between making the request and receiving MAID
- Patient and physician(s) involved arrange time and place. MAID can take place at home if desired and feasible.
- At the time of the procedure, person must be competent and provide consent
- Physician(s) will provide or administer medications, monitor the patient, confirm patient has died, and complete required documentation
- The person may change her/his mind at any time, up to and including time of procedure

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### SO WHAT IS OUR ROLE?

- There is ample room/opportunity for conversation
- Be aware of your personal values, beliefs, opinions, biases
- Explore person's reasons for thinking about/requesting MAID
- Explore options that may address suffering – physical, emotional, social, spiritual
- Explore the person's goals, needs and wishes
- Be present! Stay present!

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### FREQUENTLY ASKED QUESTIONS

Is this euthanasia or suicide? Answer – both. MAID is an umbrella term.

- Voluntary euthanasia – physician administers IV medication to cause death
- Assisted suicide – physician provides medication that patient takes orally to cause death

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How is this different from withholding or withdrawing life-sustaining treatment?

- Withholding/withdrawing are decisions not to start or to stop interventions that would prevent someone from dying
- MAID involves actions intended to cause death

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### WRAPPING UP

- What is our role as professionals and as individuals?
- What do you need to carry out your work?
- What should your employer/the Church do or not do?

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### FOR FURTHER INFORMATION

Website: [www.wrha.mb.ca/maid](http://www.wrha.mb.ca/maid)

- Sections for patients and families, and health professionals
- Links to documents and reports
- Links to professional college statements
- PDF information brochure – can be printed

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WRHA MAID Policy:  
<http://www.wrha.mb.ca/about/policy/files/110.000.400.pdf>  
Includes requirements for Abstaining Facilities

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**OTHER RESOURCES**

[www.anglican.ca/faith/focus/pad](http://www.anglican.ca/faith/focus/pad)

- *Care in Dying* (2000)
- Submission to the Special Joint Committee (2016)
- *In Sure and Certain Hope* (2016)

[www.elcic.ca/Decisions-at-the-end-of-life/documents/MAIDStudyGuide2016\\_FINAL.pdf](http://www.elcic.ca/Decisions-at-the-end-of-life/documents/MAIDStudyGuide2016_FINAL.pdf)

- ELCIC Study Guide for Conversations on Medical Assistance in Dying

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