



Interfaith
Health Care
Association
of Manitoba



Hôpital St-Boniface Hospital



MAID WORKSHOP – GROUP DISCUSSION FEEDBACK

MANITOBA STATISTICS TO DATE:

384 contacts to MAID Team

120 were for information only 152 requests for an assessment 63 declined – mental illness, capacity, did not meet criteria

Of the 77 carried out, 24 were executed in 2016 and 53 in 2017
90% in palliative care, mostly due to cancer

The following bullets are a compilation of the messages that were written on the large post-it notes. Several lines under a bullet point represent the number of post-it notes that came from one table.

- The Term MAID
- Fear - other places, slippery slope, medicalizing suffering, Forgetting Community
- Prayer, Faith, Home, Language, Respecting Humanity
How do we address loneliness, feeling a burden, strengthen families?
Concerns about impact on family and loved ones
- MAID Team as time continues... number of interventions, increases
Confront undercurrent of utilitarian philosophy – money/cost concerns
- Education is needed for multi-faceted staff: regarding culture and religion. Support by management to provide same.
Companion with Judgement
Doula for the dying concept: focus on spiritual accompaniment
Comfort care: palliative sedation **allows** death to come as the body stops fighting to live
Query re: evaluation process – ex: if pain could be alleviated, would the choice differ?
Including emotional and spiritual concerns

- Focus on support for end of life care: palliative care, dementia care
 Education re: treatment options – comfort care, medication, pain relief
 Book: *We do not die well in the Western World*
 Suffering from a personal perspective

 Spiritual Care needed to support sufferer – define grievous
 Social isolation – correlated to requests for MAID?
 Query decision makers re: allocation of funding // cuts
- Meaning and Purpose
 Need for community to help with M & P
 Time / attention / listening
 Feelings of hopelessness
 Faith Crisis
 Dignity therapy an important option
Good palliative care
- Themes: Sound mind in decision
 - pain, mental illness, dementia, fear
- Questions?
 Palliative Care program not able to have discussions about MAID? (Aug 2016) – no information given. Is the collaboration between the two occurring now?
- Free Will: Choosing to stop eating / choosing MAID
- Surprised by the **quick changes** in culture / social norms concerning EOL care
 How to deal with suffering. Sounds more reactive.
 What are we doing in society to provide care?
 Need more education.
 Need pro-active care at EOL.
 Society is still death denying.
 Is our government providing enough palliative care services?
 Health care provides the need to be aware of what they believe.
- Is MAID a way to end our experience of the suffering of others?
 We allow people to make decisions against treatment which will lead to death – is MAID really different?
 Palliative Care: Assistance to a person in their dying process
 Language conflict: MAID is actually assisted suicide
 How can we be true to ourselves and care for a person whose decision is deeply anti-ethical to our beliefs / values?
 Is suffering inherently good or necessary?
 I would ask God to force a person – and (God's will) **DO NOT** suffer.
 I do believe in the **Power of Prayer**

- Issue: being with suffering. We need deeper listening and understanding of people's suffering. We value freedoms and liberties, but that value has taken us to an uncomfortable place.

Surprises: 1 in 5 who request MAID receive MAID?

Requests from PCH residents are very low (4)

Will we see an increase in the number of requests as younger folks age?

People value the MAID option: Value freedom / autonomy

What then is the value of continuity of care (in / for abstaining institutions)?

- Suffering: different ideas
 - Need for more people to talk about death and dying
 - Need for more EOL 'good death' resources
 - Need for dialogue among different experiences and information
- Need to have an examination of conscience.
 - Need to evaluate our morals and ethics, values
 - Palliative care is in a crisis
 - Whose autonomy are we supporting with MAID?
 - Spiritual Care providers walk with a person and their decisions regardless of agreement
 - Education is key in providing spiritual care at EOL.
- How does our evolving concept of God affect our views and beliefs?
 - Fine line between Palliative Pain medications and euthanasia
 - Accompany 'candidate' on the journey even though in disagreement with the process
 - How do you ensure that a person has an 'educated' conscience?
 - How is it possible to education a person's conscience? What process would you take?
 - What support is there for families whose loved ones have exercised MAID?
 - What happens after this? Slippery slope or abrupt cliff?
 - Why would those who are physically able to take their own life ask someone else to take their life?
- Spiritual Health Practitioners: How do we cope with the moral distress of MAID?
 - How do we prepare the families for the journey and the suffering?
 - Need to be okay with the hurting
 - Disturbing about the process – seeking the decision they want until the last minute.
 - Where's the peace?
 - Ripple Effects of MAID: Some members of a family are PRO with others are ANTI MAID. on families, the caregivers, the community, those impacted in participating in administering MAID. Feelings of guilt – needing forgiveness.
 - Needs to be dialogue in community. Health bodies role?
 - We are numb as a society: no longer taking the time to feel; de-ritualized and atomized
 - Need to include community
 - Common denominator of MAID = **Fear**
 - Need to nurture palliative care – change the experience of suffering

Still a lot of pain: being a burden; feeling lonely; physical pain

How can faith facilities respond to the needs of those who are suffering? Help with concept of death, loneliness, suffering. Ability to help those who have experienced it.

Uncertainty of how one would be when faced with MAID. Quest on how we prepare ourselves to respond to one who wants MAID vs not.

Where is the family and their ability to be in and with suffering? Able to see joy in suffering? Don't do suffering and death well.

Death doulas and ritual after death.

Meaning and purpose of life and dying: process; need to find a way to get more comfortable with death.

Quality of life: who defines it? In the eye of the beholder? What does it entail? Self-worth.

Need for more and better palliative care

- Will there be (we see) more requests for MAID?
People don't want to live with pain (emotional, psychological, physical); pain is subjective. No cookie-cutter approach.
MAID allows people to have a sense of control over their life by having a say in their own death.
Lots of sideline discussions about Palliative Care. Is it available? Is it appropriate?
Each situation is unique. Again, no cookie-cutter approach to this
- Pain is subjective: no cookie-cutter approach
MAID allows a sense of control
How do we surround people in a loving, compassionate way when they are seeking MAID?
In or out of abstaining institutions?
What is suffering? More than physical pain.
What is theological meaning of suffering? God's punishment?
Does suffering have redemptive value? Or anything to teach us? (maybe or maybe not)