

Deepening Perspectives on Medical Assistance in Dying

A values-based approach

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What is Ethics?

- Asks the question, what do we owe each other, and how can we live up to that?
- Figuring out what can be ethically justifiable rather than what is right and wrong
- The thoughtful, careful, systematic examination of the **values** and beliefs the underpin our attitudes, decisions, and actions



Medical Assistance in Dying



- (a) Where a substance that causes death is administered by a physician or nurse practitioner to a patient who has capacity and has requested this assistance

- (b) Where a substance that causes death is provided to the patient by a physician or nurse practitioner. The patient then ingests the substance themselves

The Ethics of MAID



Respect for Patient Autonomy

Under certain circumstances individuals ought to be able to decide the terms and timing of their death.

Benefiting Patients

Patients who are suffering without chance of improvement or recovery ought to have support in ending that suffering.

Fairness

Individuals should have the means to end their own lives when they choose, regardless of their physiological abilities.

The Ethics of MAID



Preciousness of Life

Life is mysterious and precious so should never be actively ended.

Limits of Human Authority

There is a limit to what we can do to each other (for religious or secular reasons). Causing another's death steps over this limit.

Protection of Vulnerable Persons

We ought to protect those with less power to protect themselves.

Conscientious Objection



- Legalization, in part, due to the underlying ethical arguments about autonomy, ending suffering, and fairness
- The Carter Ruling very clearly notes that these values may not be compelling to everyone
- Individual rights to conscientious objection must be respected under the Carter Ruling and federal laws

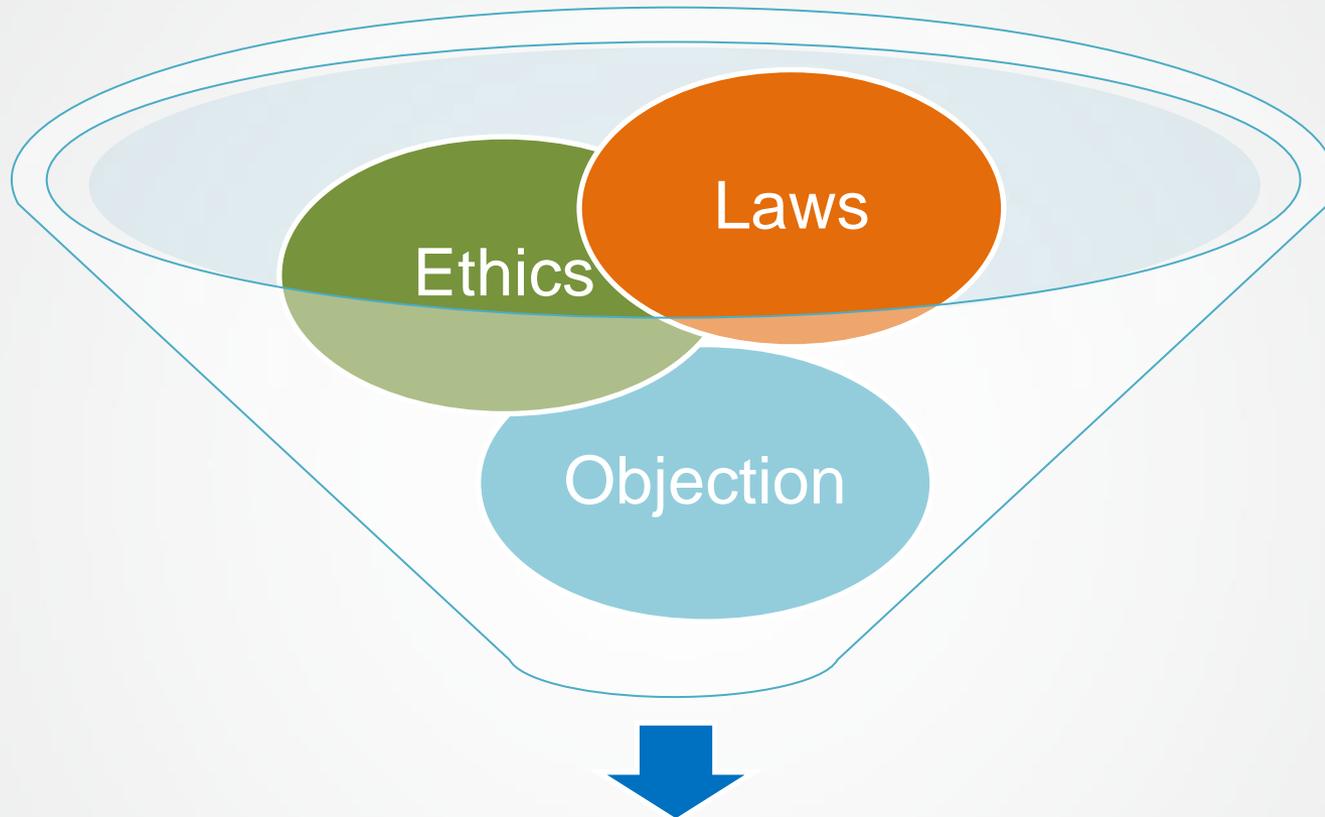


Conscientious Objection



- No health care provider is required to participate in providing an assisted death if it contravenes their conscience
- Health care providers are not obliged to participate in extended conversations about assistance in dying
- *Regardless of individual perspective, physicians must provide inquiring patients the means to get more information about Medical Assistance in Dying. Non-physicians can also share this information.*
 - By phone: Healthlink – 811
 - By email: maid.careteam@ahs.ca

Where does this leave us?



Where do you stand?

(What values about MAID matter to you?)

Identifying Values



- ❑ **Respect for Limits on Human Authority** – A human being does not have the authority to take another human being's life, no matter what the circumstances
- ❑ **Respect for the Divine** – The decision to end life sits with a higher being/power (God, Allah, the Creator, etc.) and so humans should not interfere with this greater plan
- ❑ **Sanctity of Life** – Life is sacred; therefore, we should never actively end another person's life
- ❑ **Minimizing Suffering** – It is important that we minimize suffering for our patients. Access to MAID for eligible patients is an option that can relieve physical pain and emotional, and existential/spiritual suffering

Values



- ❑ **Respect for Patient Wishes** – In certain circumstances, patients should be able to control the mode and timing of their deaths
- ❑ **Promoting Fairness/Justice** – MAID enables more equal access to the choice to end one's life. Able-bodied individuals may be able to end their own lives without assistance, whereas those with diminished abilities may not be able to. Those with social and financial means may be able to seek an assisted death internationally, whereas those without may not
- ❑ **Preserving Dignity** – People who are living with terminal conditions may wish to avoid living in states that they perceive to lack dignity or want to be remembered in particular ways (independent, vibrant) and so should have control over the timing of their death

Values



- ❑ **Prolonging Life** – Without access to MAID, patients who have degenerative conditions may act to end their lives sooner than they might otherwise choose, while they still have the physical capacity to do so
- ❑ **Care over the entire span of life** – Medical professionals are obliged to develop skills and deliver care over the complete span of life including death. The care, attention, and energy that so often goes in to prolonging life should be matched by efforts toward ensuring that patients receive expert and compassionate care at the end of their lives
- ❑ **Commitment to life-saving approaches** – The availability of MAID could lead to a devaluing of life within medicine which could result in a more cavalier attitude among physicians about hastening death, putting others at risk

Values



- Protection of the Vulnerable** – The availability of MAID could lead to greater pressure on vulnerable others (sick, elderly, disabled) to choose medical assistance in dying
- Matching Care to Patient Need** – It is important that excellent health care, including palliative care, is available to all patients suffering with challenging chronic symptoms, or who are nearing the end of life. The availability of MAID may lead to fewer efforts to address treatable conditions or to find other services or approaches that can meet our patient’s needs.
- Preserving Trust** – It is important that people can trust that their health care providers will look after their needs. Knowing that MAID is provided within the health system could lead to people mistrusting health care, which could result in some people not seeking the help that they need. It could also damage the therapeutic relationship

Values



- Preserving Loved One/Care Provider Well-being** – It is important that I preserve my emotional/spiritual/psychological well-being and I am concerned about the potential personal impact of supporting patients/loved ones to receive a medically assisted death.

- Accountability and Organizational Support** – It is important for me to understand the process. I need to know more about how MAID will be provided, and specifically what my role might be and how I would be supported before I get involved.

- Preserving Harmonious Relationships** – It is important to me to retain a positive image and have harmony with others. I do not want to be stigmatized or challenged by colleagues or friends/family/ neighbours/ members of my faith community, which may occur if I
 - do become involved in MAID
 - do not become involved in MAID

Connecting Values with Perspectives



1. Ethically object to MAID due to having principled concerns
2. Ethically object to MAID due to having concerns about consequences
3. Not able to assist with MAID based on inadequate information, practical, or personal concerns

4. Ethically, not in support of MAID but able to assist with MAID in a limited fashion
5. Ethically in support of MAID, but only able to assist in a limited fashion

6. Ethically in support of MAID, and able to assist however is needed

Implications



Perspectives 1, 2, 3



Suggests individual would not elect to be involved in MAID beyond preliminary interaction or usual care



Suggested next steps →

Aligns with respect for conscientious objection, duties to refer/provide usual care remain

Implications



Perspectives 4, 5



Suggest ethical alignment with some elements of MAID allowing participation with some phases, or for particular patients



Suggested next steps →

Clarify when/how one could be involved, and to inform leaders/colleagues/loved ones when relevant

Step 4: Implications



Perspective 6

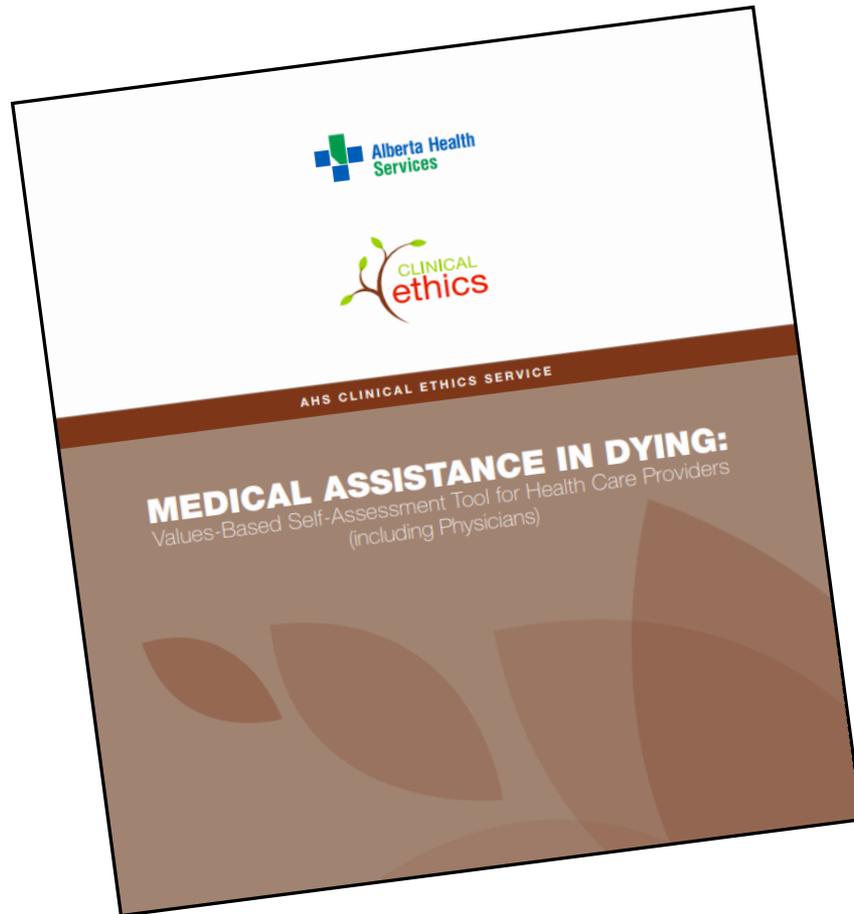


Suggests ethical alignment with MAID and an ability to provide assistance through all phases



Suggested next steps →

Inform leaders/regulators of ability to be involved and to become familiar with available resources



This process outlined in a Tool

It was developed to assist in helping individuals to understand their own views about MAID

Focuses on health care providers, (but relevant to patients, loved ones)

Available on AHS Public Website



maid_careteam@ahs.ca 811 (Health Link)

General Information Standards, Roles & Advice **Support and Education** Forms

Staff Support

- [AHS Supportive Review Process](#) (February, 2017)

The following are sections from the Education meeting given by Dr. Jim Silvius in June 2016:

- [Current state \(landscape\)](#) (updated August 17, 2016)
- [Care Coordinator Service](#) (updated August 17, 2016)
- [Ethics Dimensions of Medical Assistance in Dying](#) (July 17, 2016)
- [Five Process Phases of Medical Assistance in Dying](#) (updated August 17, 2016)
- [Questions and Comments](#) (updated August 17, 2016)

Physicians

- [CMA: Education on end-of-life care and medical assistance in dying](#)
- [Values-Based Self-Assessment Tool for Health Care Providers](#) (including physicians) (updated February 3, 2018)
- [Engaging in End of Life Conversations with Patients and Families: A Four Part Series](#) (December 19, 2016)

Useful Links

- [Conversations Matter: Advance Care Planning / Goals of Care](#)
- [Covenant Health response to medical assistance in dying](#)
- [Palliative and End of Life Care](#)

tinyurl.com/y7ps8znm

Thank you



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