

Medical Assistance in Dying

The Patient and Caregiver Journey



Interior Health
Every person matters

The Patient's Journey

- * Pre-contemplative
- * Contemplative
- * Determination
- * Action
- * Support Afterwards



– Adapted From Alberta Health Services Expert Panel, 2015

Pre-contemplative

Patient explores options:

- * Web pages, friends, family, media coverage, etc.
- * Staff members encourage patient to speak with their family or primary care physician or nurse practitioner and/or health-care team about all options available to them.

Contemplative

Patient is thinking seriously about medical assistance in dying and is seeking more specific information.

- * Request is made to a health-care provider regarding medical assistance in dying and end of life care.
- * This is the invitation to engage in a therapeutic conversation to discuss their fears, needs, and wants.

Contemplative

- * Nine out of 10 individuals who request this conversation do not proceed with medical assistance in dying after a more fulsome discussion of their alternatives.
- * How will we respond to this invitation?

Contemplative

- * If a health-care provider's inner beliefs and values do not support medical assistance in dying, then the appropriate response is:

“I am not comfortable discussing this topic, but I can arrange for someone else to answer your questions.”

Contemplative

- * Health-care providers should not discuss in detail personal beliefs and should not pressure patients to disclose or justify their own beliefs.
- * Why not?
- * Consider what it means to behave as a professional.

Canadian Medical Association



Code of Ethics, 2004

Fundamental Responsibilities:

- * Consider first the well-being of the patient.
- * Practise the profession of medicine in a manner that treats the patient with dignity and as a person worthy of respect.

Canadian Nurses Association



Code of Ethics, 2008

Fundamental Responsibilities:

- * Providing safe, compassionate, competent and ethical care.
- * Promoting and respecting informed decision-making.
- * Preserving dignity.
- * Maintaining **privacy** and **confidentiality**.

College of Pharmacists of BC, 2007



College of Pharmacists
of British Columbia

Standard 3: Registrants Practice Respect for Patients

Guidelines for Application

- * Registrants respect the value and dignity of patients.
- * Registrants respect the patient's autonomy and freedom to make an informed decision.
- * Registrants recognize the power imbalance inherent in professional relationships (registrant-patient relationship) and maintain appropriate professional boundaries.

College of Pharmacists of BC, 2007

Standard 3 Guidelines, cont.

- * Registrants treat patients with sensitivity, caring, courtesy and respect.
- * Registrants provide pharmacy care that is respectful of the values, customs and beliefs of patients.
- * Registrants ensure that their personal beliefs and values do not prejudice patient care and do not engage in discrimination based on age, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, lifestyle, disability, socio-economic status or any basis proscribed by law.

Ethical Behaviour

- * All health professional codes of ethics speak to respecting the dignity and autonomy of the individual.
- * How will we demonstrate this for our patients?

Ethical Behaviour

Confidentiality

- * Patients, their families, and health professionals are entitled to the same respect for their confidentiality as we would expect for ourselves and our loved ones.
- * Remember, it has been a difficult journey for them.

Determination

Formal documentation phase begins using the provincial documents:

- * Health authority policies and College standards
- * IH Care Co-ordination Centre for medical assistance in dying may become involved to assist and support patients, physicians, teams, and organizations

Determination

- * While the patient is being assessed, we still have a duty to continue providing regular care in a manner that respects the patient's dignity.
- * We do not abandon the patient.
- * Remember that most patients will not proceed to medical assistance in dying.

Determination

- * Sometimes knowing that there is a “way out” returns enough control to the patient that they can manage.
- * Those who do choose medical assistance in dying are treated in a respectful and caring manner.

Action

It is important for the patient and family:

- * To plan out the journey
- * To say goodbye
- * To witness the last question
- * To grieve
- * To celebrate the person's life



Remember ... the journey is a spiritual journey.

Support Afterwards

Formal Supports:

- * For family/caregivers – through MSP
- * For health-care team – through IH Employee Wellness programs and the Physician Health Program

Support Afterwards

Informal Supports:

- * A trusted colleague to share with
- * Permission to contact
- * Take care emotionally, physically, and spiritually
- * Remember that it's okay to ask for help

Support Afterwards

A formal quality assessment will occur after medical assistance in dying is provided, if Interior Health facilities, programs or personnel are involved.

THE GOAL:
To better support patients, families, and care providers.

