RESPONDING TO PATIENT QUESTIONS ABOUT ASSISTED DEATH

ETHICS ISSUE QUICK REFERENCE GUIDE

Updated October 2017

Quick summary

- Medical aid is now legal in Canada
- Health care providers may not know what to say when a patient makes a comment about assistance in dying
- A comment or question is an invitation to explore the suffering that prompted it

The Issue

A patient says to the porter taking her for an x-ray , "I just wish you were taking me somewhere for that lethal injection I've heard you can get now."

A nurse doing midnight rounds finds a patient quietly weeping in her bed. "I've had enough now. I'm ready to die," she says.

A patient's family mentions to the social worker, "He's been talking a lot about asking someone to help him die."

In February 2015, the Supreme Court of Canada struck down the federal law prohibiting medical aid in dying (MAID). This means it is now legal for certain people to receive help to die, in limited circumstances. The ruling applies to a competent adult who:

- Clearly consents to the termination of life; and
- Has a serious and incurable illness, disease or disability, who is in an advanced state of irreversible decline, who is suffering intolerably, and whose death is reasonably foreseeable.

It is now legal for a physician or nurse practitioner to assist an eligible person to die. It is a challenging time for the health system to know exactly how to respond to requests and know where to seek guidance. Obligations of the health system and health professionals have been clarified by the passing of Bill C-14, but many areas still do not have a process for responding to patient requests for a hastened death.

Firstly, all providers should follow the guidelines set by their regulatory colleges when engaging in discussions with patients about MAID. All providers are encouraged to explore a patient's questions and offer other options that may address their suffering. If a patient wants to pursue MAID, they can be given the contact information of the provincial Clinical Services Team: 204-926-1380 or MAID@wrha.mb.ca.

For more information, see the reference list on page 4.

What should I do when someone asks about help in dying?

A question about assistance in dying is prompted by physical or psychological suffering, the perceived loss of dignity and meaning in life, fear of the dying process and imminent death, and/or a desire to maintain control over one's life.

Every question and comment tells a health care provider that the patient may be experiencing suffering. It is important to acknowledge the question and not to ignore or minimize the patient's experience.

Your obligation is to ensure the patient is safe and feels heard, and that their suffering is addressed as soon as possible. This will mean communicating with the rest of the care team, and providing interventions within your scope of practice to relieve suffering.

Responding to patient questions about assisted death

What do I say?

If a patient expresses a wish to die, you might feel uncertain how to respond. Consider it your opportunity to open a dialogue. Such comments or questions might be transient, a result of a temporary distress, or they could be an expression of true suffering from unmet needs.

If you are comfortable engaging in therapeutic communication, you may be able to deeply explore the patient's suffering. Members of regulated health professions have generally received the education to engage in this way, and therefore have strong obligations to try to understand the patient's request, and to bring in appropriate resources to address unmet needs.

Even if you don't have much time, a strong relationship with the patient, or adequate training in difficult conversations, a comment or question about assistance in dying cannot be ignored. It is a signal that the patient might have unmet needs. Any health care provider can provide support, by simply listening, and bringing the patient's concerns forward to the rest of the health care team.

If a patient speaks about wanting to die, whether it's an offhand comment about "wishing it was over", wanting "to end it all", or even by making a formal request for help, you should respond. A good place to start is an open-ended comment or question that demonstrates empathy and caring.

"It sounds like you're feeling overwhelmed by how things are going right now.

I would like to let your nurse/health team know about how you're feeling. Would that be ok?"

When patients ask questions, ensure their immediate needs are met and every possible resource for managing symptoms has been exhausted. You can try these prompts for engaging with a patient.

- What do I need to know about you in order to give you the best care possible?
- Tell me a bit about what's making you feel this way.
- What are you most concerned about?

You may also need to assess for safety or suicide risk.

Frame the conversation in a tone of openness, empathy, and curiosity. Take as much time as you can to have a good discussion.

Once you have an understanding of the patient's request, it is essential that you bring in other appropriate resources (see page 3). Explicit requests should be referred to the patient's physician.

Responding with compassion

Providers must respond to questions about MAID with compassion. We are accountable and responsible to listen and acknowledge every patient's suffering. Failure to do this can increase suffering unnecessarily. Some requests may be motivated by an issue that can be treated or addressed. At minimum, we are all in a position to acknowledge the distress conveyed by the patient, and to ask if it is something that could be explored further. This will give the team an opportunity to resolve underlying issues that can be treated or addressed.

The nature of suffering revealed during these conversations will help the team determine appropriate resources and supports. See page 3 for some suggestions.

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Resources

Communication is the most important factor in understanding what the patient needs.

More resources will be added here as guidelines, framework documents and services are developed to address requests for assisted dying in Manitoba.

For more information, see the references listed on page 4 or contact us.

Whether or not you are directly involved in assisting someone to die, there is an obligation to provide safe, competent, professional and ethical care to the patient and family at all times. The role of the health care provider is to identify and alleviate the factors that prompted the request. Suffering can be due to physical symptoms such as pain or unrelenting breathlessness, or it could be less physical, such as anxiety or fear.
Staff across the province are encouraged to report any comments or questions about or requests for MAID through the process they would normally use to address patient-care concerns (i.e. a manager, supervisor or facility CMO) to ensure the request is brought forward to the provincial team led Clinical Service Team to be addressed. It remains illegal to aid, abet or counsel anyone to commit suicide, unless that person meets eligibility criteria as determined by a physician or nurse practitioner.

A compassionate response to a patient's question or comment about assisted dying may include any of the following.

1. **Spiritual Health Services may be able to help the patient explore existential (mental or non-physical) suffering and make plans to complete any unfinished business.**
2. **Psychiatry or clinical psychology may need to be involved if there is a potentially treatable mental health issue such as depression or anxiety, or the need for assessment of competency, safety, or suicide risk.**
3. **Social Workers may be able to provide or connect you with counseling and other supports.**
4. **Palliative care (if not already involved) may be consulted to help with symptom management in the context of a life-limiting condition.**
5. **Occupational Therapy can help assess for adaptive technologies.**
6. **Other symptom management services such as acute or chronic pain, speech-language therapy, wound care, or food and nutrition specialists may be able to address specific symptoms.**
7. **The provincial Clinical Service Team could be consulted to assess the patient and further discuss the options for their care and treatment.**
8. **Your professional college or regulatory agency can provide advice or resources, such as a Code of Ethics.**

Definitions

There are important distinctions between some of the concepts that are often considered in connection with MAID. Ensure there is a common understanding of the terms you are using if engaging with patients and families about MAID.

Health care providers may be more comfortable with some end-of-life interventions than others. It is important to ensure you have a shared understanding of terms.

From the Supreme Court decision: *"'**Assisted suicide**' means the act of intentionally killing oneself with the assistance of a medical practitioner, or person acting under the direction of a medical practitioner, who provides the knowledge, means, or both*". "'***Assisted dying***' *and* '***assisted death***' *are generic terms used to describe both assisted suicide and voluntary euthanasia."* **Medical aid in dying** and **medically hastened** death are generic terms that encompass all forms of assisted suicide and voluntary euthanasia performed by a medical practitioner or such as a physician or nurse practitioner.

Euthanasia is a deliberate act such as a lethal injection by a health care provider to end someone's life, with the intent of preventing or ending suffering. Some documents include euthanasia under "physician assisted death" and some only include assisted suicide.

Withholding and withdrawing life sustaining treatment or interventions—a decision is made, usually in consultation with the patient and/or family, to stop or not to start a potentially life-saving procedure such as a ventilator, a feeding tube, or CPR. With patient or family consent, this is considered to be ethically acceptable and has been legal for some time.

Palliative sedation, sedation for palliative purposes, terminal sedation—the planned and proportionate use of sedation to reduce consciousness in an imminently dying patient with the goal to relieve suffering that is intolerable to the patient and refractory to interventions that are acceptable to the patient. With consent, this is considered to be an ethical option in end-of-life care. This too is legal and is unchanged by the Supreme Court decision. It is not equivalent to euthanasia or assisted dying as it is intended to manage symptoms and not to cause death.

For more information on any of the points in this document, please contact us.

For more information please see

Canadian Virtual Hospice (2014) What Health Care Professionals Need to Know about Physician-Assisted Suicide and Euthanasia. http://www.virtualhospice.ca/en_US/Main+Site+Navigation/Home/For+Professionals/For+Professionals/The+Exchange/Current/What+Health+Care+Professionals+Need+to+Know+about+Physician_Assisted+Suicide+and+Euthanasia.aspx

Chochinov, H. (2007). Dignity and the essence of medicine: The A, B, C and D of dignity-conserving care. BMJ Vol. 35, 184-187.

Joint Statement from the Manitoba Nursing Colleges (2016) https://www.crnm.mb.ca/support/medical-assistance-in-dying

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Caring for Health

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