

The Barbara Wand Seminar in Professional Ethics,  
Standards and Conduct

**Medical Assistance in Dying: Ethical Implications**

June 24, 2024

9am - 12pm



# AGENDA

9:00 - 9:10

**Welcome**

Barry Gang, Dip.C.S., C.Psych.Assoc.

Deputy Registrar & Director, Professional Affairs, College of Psychologists of Ontario

Ian Nicholson, Ph.D., C.Psych.

President, College of Psychologists of Ontario

9:10 - 9:40

**Introduction to MAiD in Canada**

Kathryn Morrison, Ph.D

Manager of Spiritual & Religious Care and MAiD Navigation, Health Sciences North

9:40 - 10:05

**The Role of Psychology**

Tony DeBono, MBA, Ph.D., C.Psych

Registrar & Executive Director, College of Psychologists of Ontario

10:05 - 10:15

***Break***

10:15 - 10:40

**Responding to MAiD Requests**

Kathryn Morrison, Ph.D

Manager of Spiritual & Religious Care and MAiD Navigation, Health Sciences North

10:40 - 11:10

**MAiD and Ethical Considerations**

Andrea Frolic, Ph.D

Director, Program for Ethics and Care Ecologies (PEaCE) and MAiD, Hamilton Health Sciences

11:10 - 11:20

***Break***

11:20 - 11:30

**Considerations MAiD and Mental Health**

Andrea Frolic, Ph.D

Director, Program for Ethics and Care Ecologies (PEaCE) and MAiD, Hamilton Health Sciences

11:30 - 11:40

**Interview with Sherry Lynn, RN, RP**

Tony DeBono, MBA, Ph.D., C.Psych

Registrar & Executive Director, College of Psychologists of Ontario

11:40 - 12:00

**Questions and Final Comments**

Tony DeBono, MBA, Ph.D., C.Psych and

Barry Gang, Dip.C.S., C.Psych.Assoc.

# The Barbara Wand Seminar in Professional Ethics, Standards and Conduct



## Medical Assistance in Dying: Ethical Implications

June 24, 2024

9am - 12pm

### SPEAKER BIOGRAPHIES

#### **Tony DeBono, MBA, Ph.D., C.Psych.**

Dr. DeBono is the Registrar & Executive Director of the College of Psychologists of Ontario. Tony received his doctoral degree in Clinical-Developmental Psychology from York University after completing his pre-doctoral internship at the Hospital for Sick Children. Tony earned dual MBAs from Queen's University and Cornell University, graduating with distinction. He has held a variety of clinical and leadership roles in academic health science. As Chief of Interprofessional Practice at Hamilton Health Sciences (HHS), he performed investigations of professional practice matters and has significant experience in applying the Regulated Health Professions Act, 1991, particularly with respect to mandatory reports to regulatory bodies. Tony has served as a bioethics consultant at HHS and on hospital ethics committees. Prior to his appointment to the College, Tony was working on transformational initiatives at The Royal Ottawa Mental Health Centre, with an interdisciplinary team developing strategic metrics and modernizing the process of obtaining client experience feedback. Tony served on the Board of Directors of the Ontario Psychological Association in 2022 and was the recipient of the Association's Dr. Ruth Berman Award for Leadership as an Early Career Psychologist in 2018.

#### **Andrea Frolic, Ph.D**

Andrea is the Director of the Program for Ethics and Care Ecologies (PEaCE) and MAiD at Hamilton Health Sciences and Assistant Professor in the Department of Family Medicine at McMaster University. She has a Ph.D. in cultural Anthropology from Rice University in Houston, Texas, including a two-year fellowship in Clinical Ethics at the University of Texas, MD Anderson Cancer Center. By sparking collaboration between psycho-spiritual care, ethics, trauma-informed care and end-of-life initiatives, including Medical Assistance in Dying (MAiD), the innovative PEaCE program aims to enhance provider resilience, teamwork, ethical practice, and quality of living and dying. Andrea's research interests include: MAiD; healthcare worker well-being; ethics integration from bedside-to-boardroom; and developing practices to enable whole person care for patients, families and providers. Andrea was member of the Canadian MAiD Curriculum Development Committee, responsible for the development of the National MAiD Curriculum that launched in 2023.

#### **Kathryn Morrison, Ph.D**

Kathryn Morrison is a Clinical Bioethicist at Health Sciences North (HSN) in Sudbury, Ontario. She also is the Manager of Spiritual & Religious Care and MAiD Navigation at HSN. Kathryn previously worked as a Clinical Ethicist at Hamilton Health Sciences (HHS), and collaborated with Ethics colleagues to support partnering organizations in the Hamilton Haldimand Brant Niagara LHIN. Kathryn completed her Ethics Fellowship with HHS and, during this time, she had the privilege of working with the HHS MAiD team as a MAiD Navigator. Kathryn received her PhD in Applied Philosophy at the University of Waterloo, her dissertation research focused on the ethics of MAiD and mature minors.

# Barbara Wand Seminar in Professional Ethics, Standards and Conduct June 24, 2024

## Medical Assistance in Dying (MAiD)

Kathryn Morrison PhD,  
Tony DeBono PhD C.Psych,  
Andrea Frolic PhD



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### Land Acknowledgement



[National Indigenous History Month](#)  
[GeoViewer –Who are your neighbours?](#)  
[Government of Ontario Treaties Map](#)



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## Disclaimer

This presentation is for information purposes only and does not constitute legal advice.

For legal advice, please speak to a lawyer.

Members are encouraged to contact the [College's Practice Advice Service](#) for specific practice questions.

Supervisees, please speak with your supervisor.



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## Acknowledgements

We would like to Sherry Lynn RN, RP, who participated in an interview for this presentation.

We would also like to acknowledge Rocsan Vaillancourt RN, who collaborated on education about responding to inquiries questions about MAiD.



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## Disclosures

### Kathryn Morrison

-Health Sciences North - Clinical Bioethicist/Manager of Spiritual Religious Care and MAiD (2023-present)  
 -Hamilton Health Sciences (HHS), MAiD Co-ordinator and Clinical and Organizational Ethicist (2020-2023)

### Tony DeBono

-HHS, Chief of Interprofessional Practice – MAiD (2020-2021)  
 -CAMAP, Canadian MAiD Curriculum, Reflection and Resilience, Committee Member (2022-2023)

### Andrea Frolic

-HHS, Director of Program for Ethics and Care Ecologies (PEaCE) (including MAiD) and Clinical and Organizational Ethicist (2004-present)  
 -Canadian Association of MAiD Assessors and Providers (CAMAP), Canadian MAiD Curriculum, Reflection and Resilience, Group Lead ([2021-2023](#))



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## Purpose

- Review current state of MAiD in Canada
- Discuss the role of psychology and ethical considerations
- Explore responding to inquiries and requests for MAiD
- Reflect on MAiD and Mental Illness
  - Concurrent with physical illness
  - As sole underlying condition



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## Out of Scope MAiD Topics

- The morality of MAiD
- Whether MAiD laws should exist
- Whether any specific registrant should provide MAiD-related services
- Whether *conscientious objection* should exist

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## Introduction to MAiD in Canada

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## Case Scenario: Greg



[iStock](#)

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## Case Scenario: Greg

Greg (54) is rural Ontario farmer who takes pride in his independence and his ability to care for himself. He was having problems with “twitchy muscles” which led to a diagnosis of amyotrophic lateral sclerosis (ALS). Greg learned that ALS is a progressive fatal disease of the nervous system causing loss of muscle control, eventual paralysis, and death from respiratory insufficiency.

Greg’s treatment team includes a psychologist who met with Greg at every clinic visit and stayed connected regularly via telehealth. Despite an initially stoic and taciturn demeanor, Greg nicknamed his ALS specialist “Dr. Neuron,” and jokingly called his psychologist “Dr. Feelings.” Greg has worked hard to cope emotionally with his new diagnosis, and has not shared his diagnosis with anyone outside his treatment team. Dr. Feelings diagnosed him as having an adjustment disorder with depressed mood.

Greg received weekly psychotherapy sessions focused on his depressed mood.

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## Case Scenario: Greg (continued)

About 6 months post-diagnosis, Greg noticed symptoms of increased fatigue, balance problems, occasional slurred words, and a weakening grip. At a recent care conference with Dr. Neuron and Dr. Feelings, Dr. Neuron informed Greg that his condition had progressed to mid-stage and he might want to consider moving closer to the city where personal assistance services are more readily available. Greg was accompanied by his adult son who helps run the family farm.

Dr. Feelings stayed with Greg after Dr. Neuron left. Greg was subdued, but calm, deliberate, and rational. He expressed that his disease may force him to live with becoming more debilitated and dependent. Greg took a deep breath and said, "Doc, I think it's time to take another trail. I've read about it, and when the time comes I think I want the needle."

Adapted from [Koocher GP](#)



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## Reflect...

- What are your personal beliefs and values about Medical Assistance in Dying (MAiD)?
- Where do your beliefs and values come from (your culture, religion, life experience, training, etc.)?
- What makes you nervous about MAiD as a care option? What are you curious about? What might Greg see as a benefit of MAiD?
- How might your own beliefs/values/concerns impact your clinical practice?
- If you were Greg's psychologist, how would you respond to his statement that "when the time comes I think I want the needle"?



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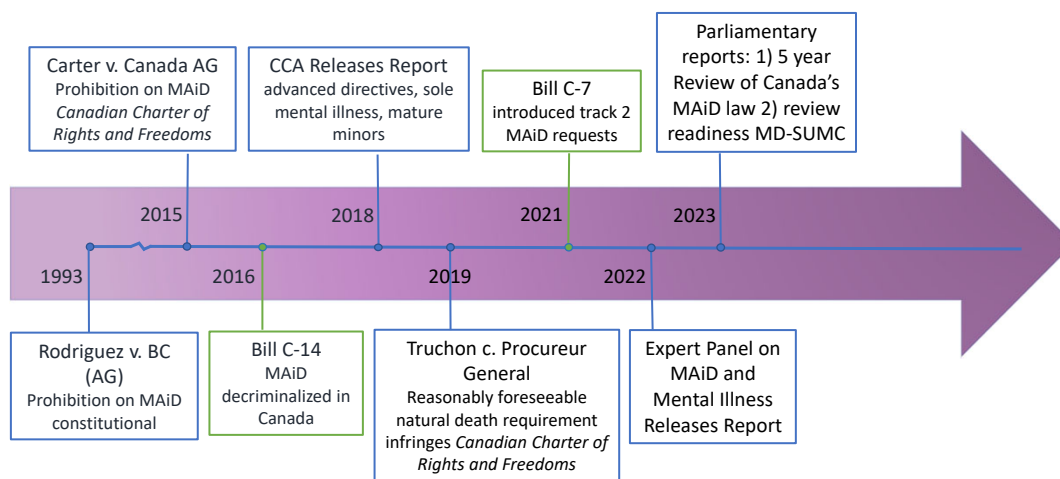


## What is MAiD?

- **Medical Assistance in Dying** means:
  - (a) the administering by a medical practitioner or nurse practitioner of a substance to a person, at their request, that causes their death; or
  - (b) the prescribing or providing by a medical practitioner or nurse practitioner of a substance to a person, at their request, so that they may self-administer the substance and in doing so cause their own death.

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## Timeline



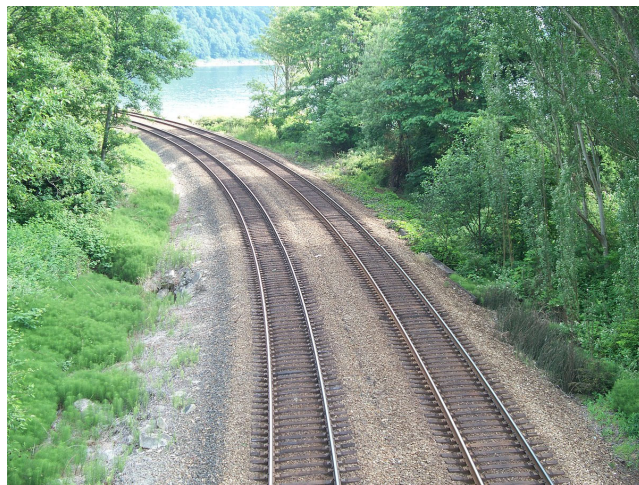
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## Eligibility

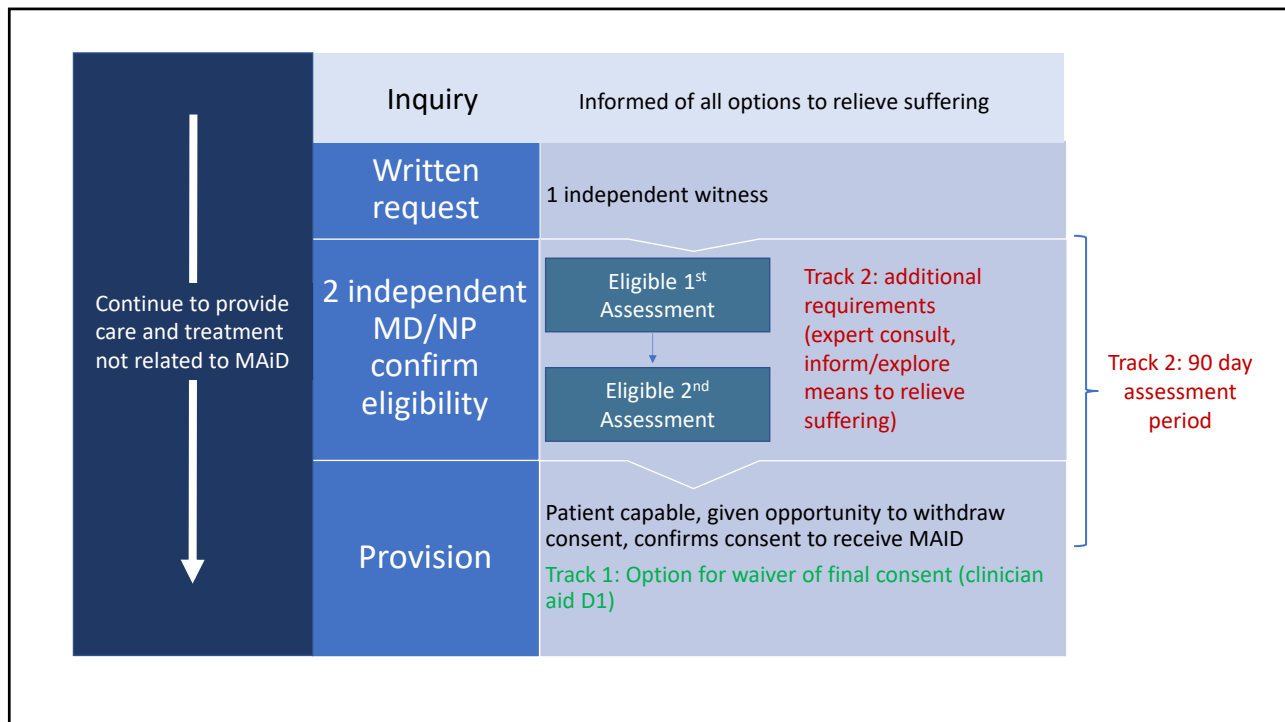
- To receive MAiD, patients must
  - be 18 years or older, eligible for publically funded health services
  - be capable of making health care decisions,
  - have a grievous and irremediable medical condition\*
    - serious and incurable illness, disease or disability
    - advanced state of irreversible decline in capabilities
    - enduring intolerable physical or psychological suffering, caused by their condition
  - be making a voluntary request
  - provide informed consent to MAiD after having been informed of the means that are available to relieve their suffering, including palliative care
  - \*a mental disorder does not meet this definition; however having a mental disorder does not exclude someone from accessing MAiD if they meet all other criteria

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## Two Tracks of MAiD Safeguarding



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Asking about MAiD does not mean a person will make a written request...

...requesting does not mean a person will be found eligible...

...eligibility does not mean person will have a MAiD provision.

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## More Information: The Written Request

- Initiated by the person
  - Cannot be proposed by HCP
  - Family cannot request on person's behalf
- Must be witnessed by 1 independent witness
- Authorized third person
- Patients can self-refer through provincial care coordination service
- Physicians have obligation to make effective referral

**Section 1 - Patient Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Sex at Birth:  Male  Female  Other (e.g., Intersex/Transsexual) \*  
 Date of Birth (YYYYMMDD): \_\_\_\_\_ Health Insurance Number (e.g., OHP Number): \_\_\_\_\_ Venison Code: \_\_\_\_\_  
 (Male) (Female) (Other) (Not Applicable)

Province or Territory that issued Health Insurance Number: \_\_\_\_\_ Postal Code Associated with Patient's Home Address: \_\_\_\_\_  
 (Patient does not have a home address)

**Section 2 - Request for Medical Assistance in Dying**

You must personally verify all data in this section and sign your own name. If you are unable to sign for yourself you may ask an authorized third person to complete for you and sign their name in Section 3 and authorize their person signature.

I, \_\_\_\_\_ (Print Name) request that a doctor or nurse practitioner help me to die. I confirm that:

I am eligible for health services funded by a government of Canada (i.e., I have a valid OHP card) and I am a resident of Ontario.  
 I am at least 18 years of age.  
 I have been informed by my doctor or nurse practitioner that I have a grievous and irremediable condition.



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## More Information: The Assessments

- Two independent MD/NP must assess
  - Track 1: No time period
  - Track 2:
    - min 90 day assessment period
    - expertise in medical condition causing requestor's suffering
    - informed, serious consideration means to relieve suffering
- Steps taken to support communication

**Section 1 - Patient Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Sex at Birth:  Male  Female  Person did not consent to provide the information.  
 Other (e.g., Intersex/Transsexual) \*

Gender:  Male  Female  Person did not consent to provide the information.  
 Other (e.g., Intersex/Transsexual) \*

Date of Birth (YYYYMMDD): \_\_\_\_\_ Health Insurance Number (e.g., OHP Number): \_\_\_\_\_ Venison Code: \_\_\_\_\_  
 (Not Applicable)

Province or Territory that issued Health Insurance Number: \_\_\_\_\_ Postal Code Associated with Patient's Home Address: \_\_\_\_\_  
 (Patient does not have a home address)

Person identifies as:  First Name  None  Initials  None of the above  Person did not consent to provide the information.

**Section 2 - Request for Medical Assistance in Dying**

You must personally verify all data in this section and sign your own name. If you are unable to sign for yourself you may ask an authorized third person to complete for you and sign their name in Section 3 and authorize their person signature.

I, \_\_\_\_\_ (Print Name) request that a doctor or nurse practitioner help me to die. I confirm that:

I am eligible for health services funded by a government of Canada (i.e., I have a valid OHP card) and I am a resident of Ontario.  
 I am at least 18 years of age.  
 I have been informed by my doctor or nurse practitioner that I have a grievous and irremediable condition.



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# More Information: Waiver of Final Consent

- Option for eligible Track 1 at risk of losing capacity
- Completed by person and MD/NP
- Must be on or before specific date
- Can name additional terms

The image shows two forms from the Ontario Ministry of Health. The first form is titled 'Clinician A15 D-1 - Waiver of Final Consent' and is applicable for individuals whose nature of death is necessary. It includes sections for 'Medical Assistance in Dying (MAiD)', 'Waiver of Final Consent', and 'Waiver of Final Consent'. The second form is titled 'Clinician A15 D-2 - Advance Consent - Self-Administration' and includes sections for 'Advance Consent - Self-Administration' and 'Advance Consent - Self-Administration'.

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# More Information: MAiD Provision

- Time mutually agreed by patient and provider
- Patient reassured they can change mind at any time
- Person given must give express consent immediately before provision
- If waiver of final consent signed, provision proceeds unless person refuses by words, sounds, gestures

The image shows a form titled 'Medical Assistance in Dying (MAiD) Death Report (MOR)' from the Ontario Ministry of Health. It includes sections for 'Instructions', 'Section 1 - Triage Assessment for Notification of MAiD Death to the Office of the Chief Coroner', and 'For all other cases, the practitioner is not required to call the Office of the Chief Coroner upon death'. The form contains several checkboxes for reporting requirements and a section for 'For all other cases, the practitioner is not required to call the Office of the Chief Coroner upon death'.

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## Local MAiD Policies

Healthcare institutions may have their own procedures to govern how MAiD is practiced within their organizations, including:

- Which staff may witness a patient's request form
- How care is continued during the patient's exploration of MAiD
- How assessments are documented in the health record
- Where MAiD provisions may take place
- Which pharmacy dispenses the MAiD kits
- Management of conscientious objections and effective referrals
- Physician credentialing to perform MAiD
- Roles of consulting services
- Etc.



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## An Overview of MAiD in Canada

- All MAiD provisions are reported to Health Canada
- In 2022 there were 13,241 MAiD provisions reported in Canada, representing ~4.1% of all deaths in Canada
  - 3.5% of MAiD provisions in 2022 were "Track 2" (i.e. patients without a reasonable foreseeable natural death)
- >44,958 reported MAiD deaths since MAiD was decriminalized in 2016
- Annual growth in MAiD cases steadily increasing each year

Year over year	Percent increase
2022/2021	31.2%
2021/2020	32.4%
2020/2019	34.2%
2019/2018	26.4%

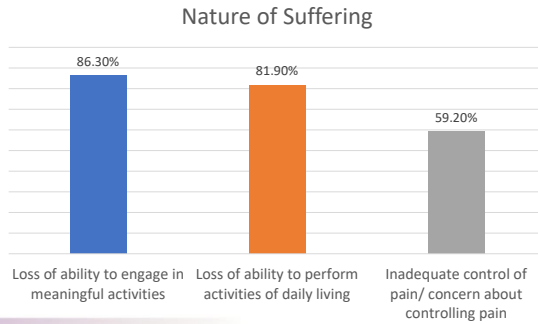
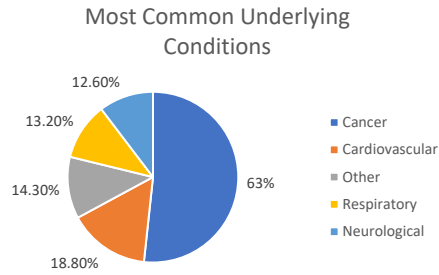
[Health Canada Fourth Annual Report of MAiD](#)



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## An Overview of MAiD in Canada

- Average age [2022]: 77.0 years
- Near equal proportion of males to females: 51.4% male, 48.6%
- 77.6 had received palliative care , 87.5% of the patients who did not had access

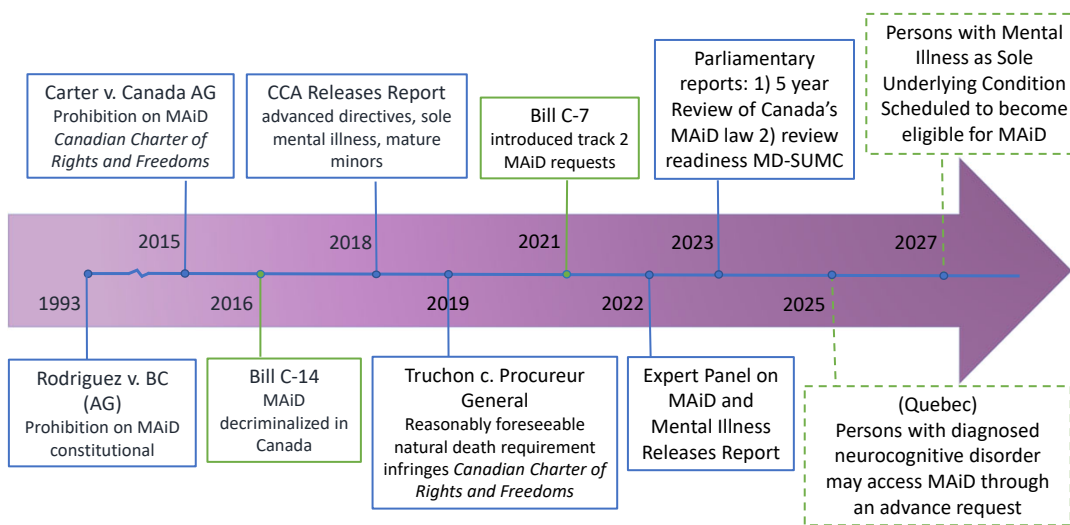


[Health Canada Fourth Annual Report on MAiD](#)











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## Timeline




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<p><b>CBC</b>  <b>Supreme Court says yes to doctor-assisted suicide in specific cases</b>          People with grievous and "irremediable" medical conditions should have the right to ask a doctor to help them die, Canada's highest court...          Feb 6, 2015</p> 	<p><b>CBC</b>  <b>Federal government seeking another pause on planned expansion of medical assistance in dying</b>          The federal government has announced it is seeking another pause on medical assistance in dying (MAID) provisions that would cover those...          Jan 29, 2024</p> 
<p><b>CBC</b>  <b>Montreal woman as 'rare' case of MAID</b>          Nicole G... assisted...          Sep 12, 2021</p> 	<p><b>CBC</b>  <b>Manitoba woman devastated over delay in MAID for mental illness</b>          Cathy Van Buskirk says she is heartbroken by the federal government's decision to delay expanding medical assistance in dying to the...          Feb 27, 2024</p> 
<p><b>CTV News Atlantic</b>  <b>'Audrey's amendment' is now the law after medically assisted dying bill gets royal assent</b>          The law governing who can qualify for medically assisted death has changed after Bill C-7 was given royal assent by the Senate on Wednesday...          Mar 18, 2021</p> 	<p><b>National Post</b>  <b>Expansion of MAID scrapped</b>          Article content...          called on the...          Feb 27, 2024</p> 
<p><b>Current State</b></p>	<p><b>Possible Future State</b></p> <p><b>CBC</b>  <b>Should dementia patients be able to make advance requests for medical assistance in dying?</b>          As the number of dementia patients in Canada continues to climb, so do calls to allow advance requests for medical assistance in dying...          Feb 13, 2024</p>  <p><b>The Globe and Mail</b>  <b>Opinion: As a gerontologist, I'm deeply worried about advance consent for MAID</b>          Tom Koch is an author and medical ethicist at the University of British Columbia. His most recent book is Ethics in Everyday Places: Mapping...          Mar 6, 2023</p> 

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## Federal and Provincial Resources

- Federal
  - [CAMAP National MAiD Curriculum](#)
  - [Health Canada Practice Standards](#)
  - [Health Canada Reporting](#)
- Provincial
  - Ontario Care Coordination Service
  - [Ontario Chief Coroner OCC Mandatory Reporting](#)
  - OCC Death Review Committee



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## Takeaways and Further Resources

- It is important for psychologists to familiarize with current laws and local policies on MAiD
- There is a robust legal safeguarding process, having a mental disorder does not exclude persons from MAiD if they meet all criteria
- No MD/NP is obligated to assess or provide MAiD, but must make an effective referral; other health professionals have their own college guidelines
- Persons who make a request 1) continue to receive all care not related to MAiD; 2) can withdraw their request at any time

CAMAP Curriculum [Topic 1: Foundations of MAiD in Canada](#)



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## MAiD and the Role of Psychology



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## Case Scenario: Lori



[iStock](#)

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### Case study: Lori

Lori is a 62-year-old woman who was referred for a MAiD assessment by her family doctor. She has chronic pain following an automobile accident 3 years ago.

She was formerly a massage therapist who ran a group practice, however she has been unable to work. Lori lives alone but has a close relationship with her 25 year old daughter Abigail who resides in Halifax.

Her chronic pain is contributing to increasing mobility challenges and frailty; the family physician is concerned she may soon need to move to an assisted living environment. Lori prizes her independence; she was a single parent.

Lori does not have any other significant physical illnesses; she does not have a reasonable foreseeable natural death, and so could qualify as a Track 2 patient.

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## Case Study: Lori (continued)

In her first visit with a MAiD assessor, the physician said they would like to review some of the available options to relieve suffering with her, including services that might remediate her chronic pain. Lori said she received “no help from the pain clinic” who provided care after her accident.

When the assessor spoke to the pain clinic they reported that she had attended on 4 occasions and then was “lost to follow-up.” Lori refused oral and injectable medications because she fears becoming addicted (her mother had a substance use disorder). She also discontinued physiotherapy due to physical discomfort, though she gets occasional massages from a trusted colleague.

Lori also has OCD which worsened following her accident. She participated in a mindfulness group therapy program and has tried one medication for OCD but stopped it due to the side effects.

Adapted from [Gupta M, Carter R, et al](#)



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## Case Study: Lori (continued)

When the MAiD assessor asked why she stopped going to the pain clinic, Lori replied, “I said it before, I don’t want meds. I don’t want to depend on that stuff.” She is emphatic that, “This pain is unbearable, it is stealing my independence and my dignity. Pain is my whole life. It will only get worse. I don’t want to live like this.”

The MAiD assessor told Lori that she needs to consider all reasonably available treatment options before being found eligible for MAiD. One option they reviewed was cognitive behavioural therapy (CBT), which would provide behavioural strategies and cognitive techniques. The assessor noted these therapies may also help with her OCD (Exposure and Response Prevention). Lori was agreeable to the assessor making a referral to a psychologist.

Geoff is a private practice psychologist with expertise in chronic pain. He receives a referral to offer Lori a consultation. Geoff realizes that she is being assessed for MAiD and feels conflicted about participating in the process.



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## Gut reactions to this case?



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## What questions would you have upon receiving this referral?

- Do I want to participate in Lori's care, if there is a possibility that she could receive MAiD?
- What treatments can I offer her to instill hope and improve symptoms?
- What is Lori's support system? How might I engage that?
- What if Lori isn't honestly engaging in treatment and sees this as a "checkbox" exercise to get MAiD?
- How will I respond if I am unable to help her and she chooses to die?
- How do I manage my own moral and emotional ambivalence?



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## What psychologists CAN'T do in the context of MAiD

- Find a patient eligible or ineligible for MAiD (can only be done by an MD or NP)
- Prescribe or administer medications as part of the MAiD procedure

*Thus, psychologists provide an important supportive role in the process of MAiD, but don't participate directly.*



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## Potential Interactions between Psychology & MAiD

- Psychodiagnostic assessment (to confirm diagnosis)
- Assessment of suicidality (for patients in acute mental distress)
- Support the assessment of the patient's capacity to consent to MAiD
- (Neuro)psychological assessment
- Psychotherapy with individuals, groups, families, couples
- Interprofessional team support



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## Fundamental Values That Guide Practice

Autonomy

Dignity

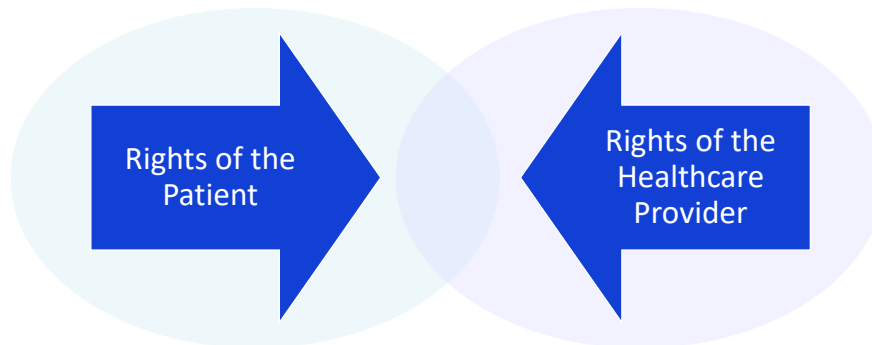
Beneficence/Non-Maleficence

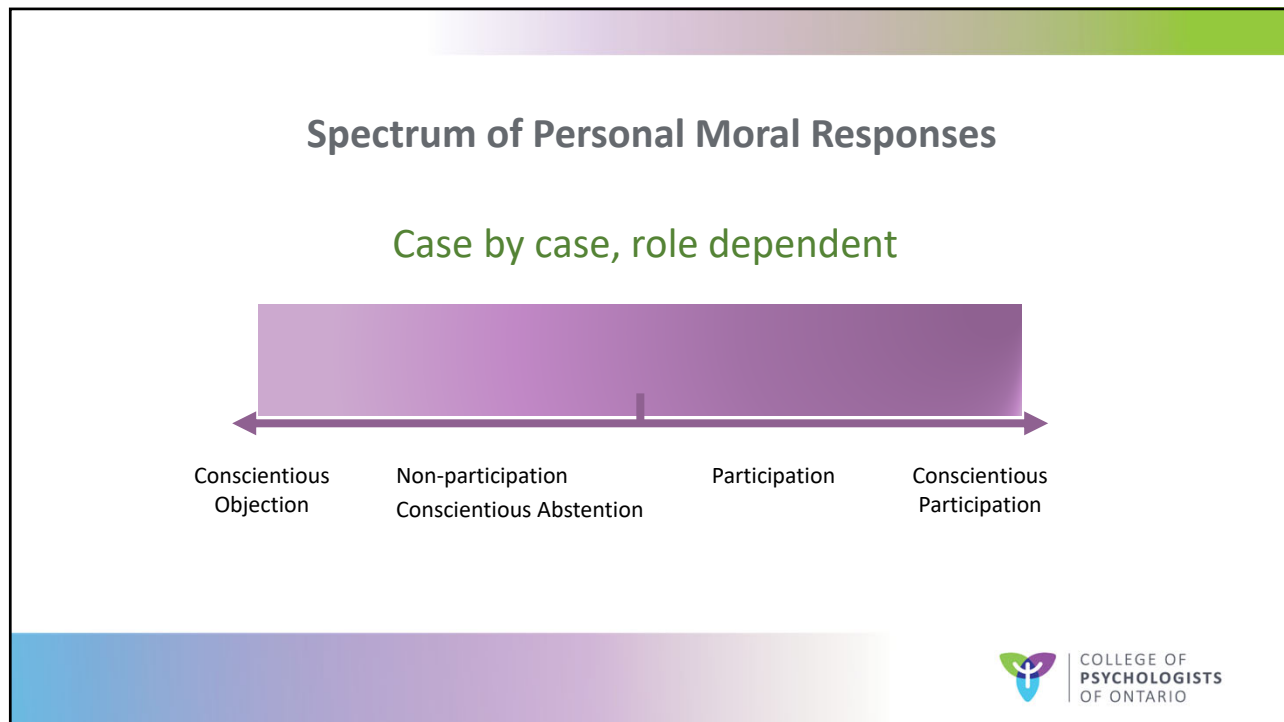
Best Interests

Utility/Futility



## To Participate or Not Participate






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## To Participate or Not to Participate?

Registrants...

- can conscientiously object to MAiD
- cannot coerce clients
- cannot discontinue needed professional services unless...



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## Duties Surrounding Transitions of Care

*Discontinuing professional services that are needed unless...*

- i. the client requests the discontinuation,*
- ii. the client withdraws from the service,*
- iii. reasonable efforts are made to arrange alternative services,*
- iv. the client is given a reasonable opportunity to arrange alternative services, or*
- v. continuing to provide the services would place the member at serious personal risk.*

O. Reg. 801/93: Professional Misconduct; Psychology Act (1991)



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## MAiD and the *Standards of Professional Conduct*



### STANDARDS OF PROFESSIONAL CONDUCT (2017)

APPROVED: MARCH 24, 2017  
DATE IN FORCE: SEPTEMBER 1, 2017  
REVISED: JULY 12, 2023

PRACTICAL APPLICATIONS  
CURRENT AS OF JULY 12, 2023

#### Examples of Relevant Domains:

- Competence
- Consent
- Record Keeping
- Compromised Objectivity, Competence or Effectiveness Due to Other Factors



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# NEW STANDARDS - JULY 1, 2024!



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# Principle I: Respect for the Dignity of Persons & Peoples



**Canadian Code of Ethics for Psychologists**  
Fourth Edition

*Freedom of consent*

I.27	Take all reasonable steps to ensure that consent is not given under conditions of coercion, undue pressure, or undue reward. (Also see Standard III.29.)
I.28	Not proceed with any research activity, if consent is given under any condition of coercion, undue pressure, or undue reward. (Also see Standard III.29.)
I.29	Take all reasonable steps to confirm or re-establish freedom of consent, if consent for service is given under conditions of duress or conditions of extreme need.
I.30	Respect the moral right of individuals and groups (e.g., couples, families, organizations, communities, peoples) to discontinue participation or service at any time, and be responsive to non-verbal



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## Suggested script for managing referrals

*“I want to do everything I can to work with you and provide you the best care I can offer. Your questions and values are important. If you are in agreement, I will be asking my colleagues to continue this discussion with you on medical assistance in dying. You can also contact the Ontario Care Coordination Service if you would like some information right away”. – Adapted from [Interior Health 2022](#)*

- Ensure you convey no judgment about their questions/values/beliefs
- Reassure that you can continue to provide care outside of the MAiD process



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## Takeaways and Further Resources

- Psychologists have a number of roles to support patients who are exploring MAiD, both directly and indirectly
- It is valuable for psychologists to reflect on their personal values re: caring for MAiD patients
- Where a registrant exercises their right of conscience is important to follow college guidance, particularly duties surrounding transitions of care

Alberta Health Services: [Values Based Assessment Tool](#)



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# Responding to Requests about MAiD

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Let's recall Greg...




"Doc, I think it's time to take another trail. I've read about it, and when the time comes I think I want the needle."

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## How should the psychologist respond to Greg?

The diagram consists of seven thought bubbles arranged in a circular pattern, each containing a question related to a patient's request for MAiD. The questions are:

- What does "I want the needle" mean?
- When does "the time come"?
- Is this an enduring wish?
- How is Greg being supported at home?
- Is this an expression of suicidality?
- Does he understand all of his options?
- How do I feel about continuing to treat Greg?
- What does he understand about MAiD? Would he qualify?



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## MAiD & the Exploration of "Intolerable Suffering"

The diagram is a circle divided into four quadrants, each representing a different aspect of intolerable suffering. The quadrants are labeled as follows:

- Physical:** Physical symptoms, decline
- Psycho-emotional:** Loss of enjoyment, loss of autonomy
- Existential:** Hopelessness, loss of self
- Social:** Being a burden, isolation


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## Client/patient, family feedback on how clinicians respond to MAiD requests:

- Lack of clarity on how to make a request
- Have to request multiple times before health care provider responds
- Negative experiences of clinicians trying to talk the patient out of MAiD. Moral judgement from healthcare providers.
- Lack of clarity on what to expect about MAiD process, scheduling
- Importance of family caregiver visits, negative experiences of visitor restrictions during COVID

[Hales B, Bean S et al](#)



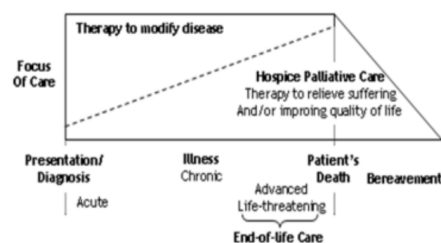
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## What could this mean for the client/patient

Figure 1

### Canadian Hospice Palliative Care Association Model

- Unaware of end of life options
- Impede or delay access to desired treatment
- Disempowerment, stigmatization, pathologization distrust
- Complicated grief for families



[Canadian Virtual Hospice](#)



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## Roles & Responsibilities: Who does what?



Any Health Care Provider can offer information about MAiD process & resources, and can support with system navigation

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<p><b>Treating Physician/NP</b></p> <ul style="list-style-type: none"> <li>• Discuss request</li> <li>• May assess MAiD eligibility, provide               <ul style="list-style-type: none"> <li>• (if unwilling make effective referral)</li> </ul> </li> <li>• Federal Reporting</li> </ul>	<p><b>Nurse</b></p> <ul style="list-style-type: none"> <li>• Provide ongoing care, support &amp; comfort</li> <li>• Can witness requests, insert IV line (with order)</li> </ul>	<p><b>MAiD Navigator</b></p> <ul style="list-style-type: none"> <li>• Provide information, support &amp; comfort</li> <li>• Facilitate effective referrals</li> <li>• Coordinate provision</li> <li>• Ensure safeguards met</li> </ul>
<p><b>MAiD Physician/NP</b></p> <ul style="list-style-type: none"> <li>• Assess MAiD eligibility</li> <li>• <i>Waiver of Final Consent</i> (optional)</li> <li>• Provide MAiD</li> <li>• Provincial/Federal reporting</li> </ul>	<p><b>Pharmacist</b></p> <ul style="list-style-type: none"> <li>• Dispense medication for planned MAiD provision</li> <li>• Federal Reporting</li> </ul>	<p><b>Allied Health</b></p> <ul style="list-style-type: none"> <li>• May witness written request</li> <li>• Provide ongoing care, support &amp; comfort</li> </ul>

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## It's okay to inform patients about the option of MAiD

- **\*Reminder\*** not all patients know MAiD is an option
- Potentially eligible clients should know the options available to relieve suffering, have right of due process
- Is MAiD consistent with the person's values and goals of care?
- Can make an effective referral to MD/NP willing to have the conversation
- Informing without coercion/pressure or judgment
- Document, document, document

[Health Canada](#), [Interior Health](#), [Daws T Landry J et al](#)



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## Interview with Fred Nelson, Social Worker



**Respectful curiosity:  
listening and asking  
questions**

[Canadian Virtual Hospice](#)



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Health Sciences North  
Horizon Santé-Nord

## Tips for Talking About MAiD

<b>Ask for clarification</b>	<p><b><i>“When you say you ‘want the needle, and to never wake up’ what do you mean by that?”</i></b></p> <p><i>“You have told me you ‘want to die’. What would you want your death to look like? What is important to you?”</i></p> <p><i>“Are you talking about Medical Assistance in Dying?”</i></p>
<b>Elicit patient understanding</b>	<p><b><i>“You mentioned MAiD/assisted dying/end of life. What is your understanding?”</i></b></p> <p><i>“Have you spoken with your physician about this?”</i></p> <p><i>“Would you like some more information?”</i></p>
<b>Make a disclaimer</b>	<p><b><i>“I am not making a suggestion, are you aware that Medical Assistance in Dying is an option in Canada?”</i></b></p>
<b>Provide reassurance</b>	<p><b><i>“Only you can request MAiD, no one else will pressure you or make the decision for you”</i></b></p> <p><i>“You can change your mind at any time”</i></p> <p><i>“I don’t make the decision on whether you are eligible, that is a physician/NP decision”</i></p>
<b>Follow the patient’s lead</b>	<p><b><i>“Is there anything we can do right now to help you?”</i></b></p> <p><i>“I actually don’t have the answer to that question, would you like to speak to our MAiD Navigator for more information?”</i></p> <p><i>“You said you want to sign the request form. I will have Social Work or our MAiD Navigator come speak with you about this.”</i></p>

Use your professional judgement

K Morrison R Vaillancourt. 2023.

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## MAiD Requests and Considering Suicidality

- Suicidality can arise at any time in one’s lifespan, including end of life
- By itself a MAiD request should not be assumed to be evidence of suicidality
- Ways to discern suicidality in patient’s requesting MAiD:
  - Is a mental disorder influencing person’s decision-making capacity?
  - Is MAiD consistent with the person’s values and goals?
  - Past behavior and extent to which mental disorder untreated/unstable?
- Timing of MAiD conversations (not during episode of acute suicidality)



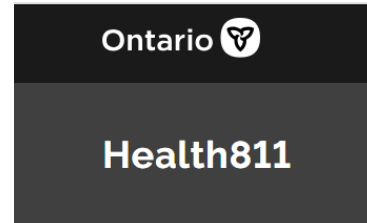
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## Where does the client/patient go to complete their request?

- MOH Clinician Aid A [form](#)
- Provincial care coordination service
- Regional, local care coordination
  - Home Care Community Support Services
  - Family Health Teams
- Family physician, member of hospital care team



Toll free at 1-866-286-4023  
or TTY 1-844-953-3350



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## Takeaways and Further Resources

- Patients and families report significant impacts when healthcare providers refuse to hear their requests for MAiD
- Any health care provider can offer information about MAiD process & resources, and can support with system navigation
- It is beneficial for psychologists to be aware of provincial, local pathways to request MAiD

Ontario MOH website: [MAiD Information for Patients](#)  
Canadian Virtual Hospice: [MAiD](#)



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# MAiD and Ethical Considerations

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## Some Ethical Challenges for MAiD Assessors/Providers

- Complex Capacity Assessments
- Patient gives serious consideration of options
- Risk of suicidality; providing suicide prevention supports
- Challenging interpersonal dynamics (esp. with family)
- Managing waitlists
- Voluntariness
- Managing stigma of being a MAiD provider (incl. challenging dynamics with objecting colleagues)
- Supporting privacy (esp. in small communities)

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## Ethical Considerations re: MAiD and Psychology

- Inequitable access to care – particularly psychological and behavioural health care
- Separating mental disorder from physical ailment: which is driver?
- Identifying when psychological treatments are “futile”
- Identifying when psychological suffering is “irremediable”
- Patient inconsistency (Are they capable? Are they trying treatment in good faith?)
- Divergent assessments of eligibility amongst the team
- Patients who don’t want to pursue treatment but prefer MAiD



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## Signs of an Ethical Issue

- “Yuck factor”
- Team conflict
- Balancing harms and benefits
- Conflict with organizational, personal or professional values
  - e.g. compassionate care vs. personal conscience
- Ambiguity in law or policy
- Moral distress



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## How does an ethics framework help?

- Provides rigorous process to apply values to decisions
- Helps to pause, reflect on:
  - Facts
  - Values
  - Perspectives
  - Consequences
  - Options
- Inclusive of all stakeholders
- Considers all factors, weighs harms and benefits of options
- Brings consistency and transparency to decision-making

### ISSUES:\*

Identify the ethical issue and stakeholders

Study the facts

Select reasonable options

Understand law, values, duties

Evaluate options and justify choices

Support the plan

\*adapted from the Hamilton Health Sciences' Ethical Framework



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## IDEA ETHICAL DECISION-MAKING FRAMEWORK TOOL



Modified from the Toronto Central Community Care Access Centre (Community Ethics Network), JULY 2008 document entitled, "Ethical Decision-Making in the Community Health and Support Sector, Community Ethics Toolkit"

## Intention Impact Tool

Branigan, M. Intention and Impact Tool

<p><b>HealthCare Worker/Self</b></p> <ul style="list-style-type: none"> <li>• How do I feel about this?</li> <li>• Does this action reflect my values?</li> <li>• Does this negatively impact on me?</li> </ul>	<p><b>HCW /Colleagues</b></p> <ul style="list-style-type: none"> <li>• Are there guidelines to help me?</li> <li>• Are there policies?</li> <li>• What would my colleagues say?</li> <li>• What is the impact on my colleagues/our relationship?</li> </ul>
<p><b>HCW/Client/SDM/Family</b></p> <ul style="list-style-type: none"> <li>• What is right for this client? (Ethical Principles, Values)</li> <li>• How might this affect my future clients?</li> </ul>	<p><b>HCW/Community</b></p> <ul style="list-style-type: none"> <li>• What are the applicable laws?</li> <li>• What would a member of the public think?</li> <li>• Are there other members of the community affected?</li> <li>• Is this socially accountable?</li> </ul>



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# ISSUES Ethics Decision-Making Worksheet

**A Framework for Addressing Ethical Issues in MAiD**

The tool is designed to support individuals and teams to engage in rigorous and reflective decision-making when facing ethical issues/concerns arising in Medical Assistance in Dying (MAiD) practice. These may be clinical ethics issues (regarding specific patient cases) or organizational ethics issues (regarding MAiD policies or programs). *NOTE: Ethical decision-making is not linear; you may revisit earlier steps as the process unfolds.*

**ISSUES: Identify, Study, Select, Understand, Evaluate, Support**

- Identify ethical issues, stakeholders, process:**
  - What is the ethical issue/dilemma/conflict, as you see it?
  - Reflect: What is your gut reaction and feeling about the situation? Where does your response come from? What is your role in the situation? What are your biases and fears; goals or hopes?
  - Who is impacted by the situation? What perspectives are needed to address the various dimensions of the situation? How can all stakeholders be engaged most effectively? How urgent is the issue?
- Study the Facts:**
  - Gather information about the situation from a variety of stakeholders.
  - Be inclusive of multiple perspectives, including patients and families, if possible.
  - Ensure everyone has a voice. Be aware of differences in power, mitigate barriers to participation.

<b>Patient Profile:</b> <small>(Consider: diagnosis/prognosis, treatment options; values/wishes, capacity, family/community/culture, context; social determinants of health/vulnerability)</small>	<b>MAiD Legal and Regulatory Context:</b> <small>(Consider: legal requirements; safeguards; eligibility criteria, regulatory or professional issues)</small>
<b>MAiD Assessor/Provider/Team Concerns:</b> <small>(Consider: safety concerns, moral distress, uncertainty, conflict, objection, workload, professional duties, team dynamics, supports)</small>	<b>Organizational or Systemic Context:</b> <small>(Consider: impact on human/financial resources; quality or access to care; policy issues; risk management)</small>

- Select Reasonable Options:**
  - Based on the facts gathered, what are the realistic options? (look for more than two)

Option 1:

Option 2:

Option 3:
- Understand Law, Values and Duties:**
  - What are the legal requirements, professional standards and policies (i.e. duties)?
  - What principles and values are relevant to the situation?
  - Are there values/principles that stakeholders share? Which are most important in this context?

Relevant Law, Values and Duties:  
 (Consider: Legislation and Regulation, Policies and Practice Guidelines; Values: Autonomy, Benefits/Harms, Capacity, Compassion, Confidentiality & Privacy, Conscientious Objection, Equity & Fairness, Informed Consent; Respect for Diversity, Trust & Honesty, Utility & Stewardship; Volunteerism)
- Evaluate Options and Justify Choices:**
  - What are the possible harms/benefits of various options to different stakeholders?
  - Which values/duties align with each option? Are some duties/principles/values more important?
  - Choose the option with best alignment with duties, principles and values.
  - State clear reasons for your choice, anticipate questions and criticisms.

Pros/Cons of Option 1:

Pros/Cons of Option 2:

Pros/Cons of Option 3:
- Support the Plan:**
  - Identify how best to implement, communicate and document the decision.
  - Reflect on the decision and the process. What worked well? What lessons can be learned?
  - Does the situation indicate a systemic issue (i.e. a policy/resource gap)? How might it be addressed?

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By: Andrea Frodo, frodo@hsc.ca, Director, MAiD Program | HAMILTON HEALTH SCIENCES

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## How might Geoff respond to Lori: ISSUES

**Identify the ethical issues and stakeholders:**

- To what extent is Lori’s psychological suffering contributing to her chronic pain condition, and is it remediable through treatment acceptable to her?
- Geoff is uncertain about his own feelings about MAiD; how might his ambivalence impact their therapeutic relationship? What is the right way for him to engage with Lori’s case?
- Stakeholders:** Lori, Abigail, MAiD assessor, Family Physician



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## Study the Facts

- **Patient Profile:** diagnosis, treatment options, responses to treatment, patient values/goals/beliefs/fears, cultural/social context, role of family
- **MAiD Legal and Regulatory Context:** Does she meet the “grievous and irremediable medical condition” criteria? Is her capacity influenced by her OCD or pain? Has Lori given “due consideration” to all treatment options?
- **Team Concerns:** Can Geoff offer unbiased care to Lori given his ambivalence? How can he safeguard their rapport? What supports does he need to process his feelings? How might Geoff engage with the family physician and MAiD assessor re: his concerns and questions?
- **Systemic issues:** Does Lori have access to other community or social supports to improve her coping and quality of life?



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## Select Reasonable Options

1. Geoff does **not** accept the referral but helps to find a colleague with more experience and comfort with MAiD.
2. Geoff accepts the referral and engages with Lori **only** about her OCD and pain coping, but doesn't engage in any aspect of her MAiD process.
3. Geoff accepts the referral, focusing on OCD and pain coping, but also engages with the multidisciplinary team re: her MAiD assessment, including supporting the assessment of her capacity and GIMC, as well as exploring her community and familial supports.



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## Understand Law, Values, Duties

- **Non-abandonment:** Duty to transfer the patient to willing provider if Geoff can't continue to support the process
- **Beneficence:** Considering and exploring benefits of all available psychological treatment options, as well as the possible harms/risks
- **Autonomy:** Honoring the right of a capable patient to refuse treatment, and choose a path that aligns with their values
- **Equity and advocacy:** Role of health care professionals to advocate for resources and supports to help Lori cope with her disability and new life circumstance
- **Privacy and whole-person care:** Consider how to engage Abigail in the process (with Lori's permission)



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## Evaluate Options and Justify Choices

### Geoff chooses to accept the referral for Lori:

- Spends time educating himself about MAiD and reaches out to colleagues with experience for peer support to ensure he is fulfilling his professional duties
- Geoff focuses on improving Lori's chronic pain coping through CBT; also engages with Lori re: conversations about her quality of life, existential suffering and values (Beneficence)
- Geoff asks to meet with the family physician and MAiD assessor after the course of CBT is complete to discuss Lori's case and psychological care options (Non-abandonment)



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## Support the Plan

- Lori experiences some benefit and relief of symptoms through CBT and a new medication; begins to explore option of moving to Halifax to be closer to her daughter
- MAiD Assessor puts her MAiD request on hold to give her more time to benefit from psychological treatment and social supports; offers to transfer her care to a colleague in Nova Scotia if she chooses to pursue MAiD in the future
- Family physician offers to connect Lori and Abigail to a social worker in her clinic to assist them in considering Lori's long-term housing and support options
- Geoff completes handover to family practice team; offers to provide peer support to other psychologists navigating MAiD requests



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## Ethical Issues are...

### Not...

- Unusual
- An indication of incompetence/weakness
- Something to fear/deny/avoid
- Just about "personal opinion" or "gut instinct"
- Unresolvable
- Resolvable by appeals to universal "rules" or evidence alone

### But really...

- An expected part of complex clinical practice
- A sign of moral consciousness
- Opportunity for reflection, growth, team-building
- Anchored in values, principles, evidence, guidelines
- Best addressed by systematic, standardized analysis
- Requires mindfulness, collective wisdom, contextual understanding

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## Benefits of Using ISSUES

- Mitigates unconscious and conscious biases
- Considers multiple perspectives and options
- Supports evidence-informed choices by gathering all facts
- Considers the trade-offs between different values/principles
- Promotes mutual support/learning within the team
- Enhances transparency, reflective practice
- Supports constructive conflict
- Leads to lasting solutions and QI
- Diminishes moral distress and moral injury



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## Other Resources to Support Ethical Decision-Making

- Mentors
- Peer Supports
- Ethicist/Ethics Committee
- Other institutional supports: Risk/Legal; DEI resources
- Your college!



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## Takeaways and Further Resources

- Psychologists have a number of roles to support patients who are navigating the MAiD process, both directly and indirectly
- Ethical issues are a normal part of any complex practice; it is important to identify them and get support
- An ethical framework can support individuals and teams to work through difficult cases and promote professional growth
- Where a registrant exercises their right of conscience is important to follow college guidance, particularly duties surrounding transitions of care

Alberta Health Services: [Values Based Assessment Tool](#)

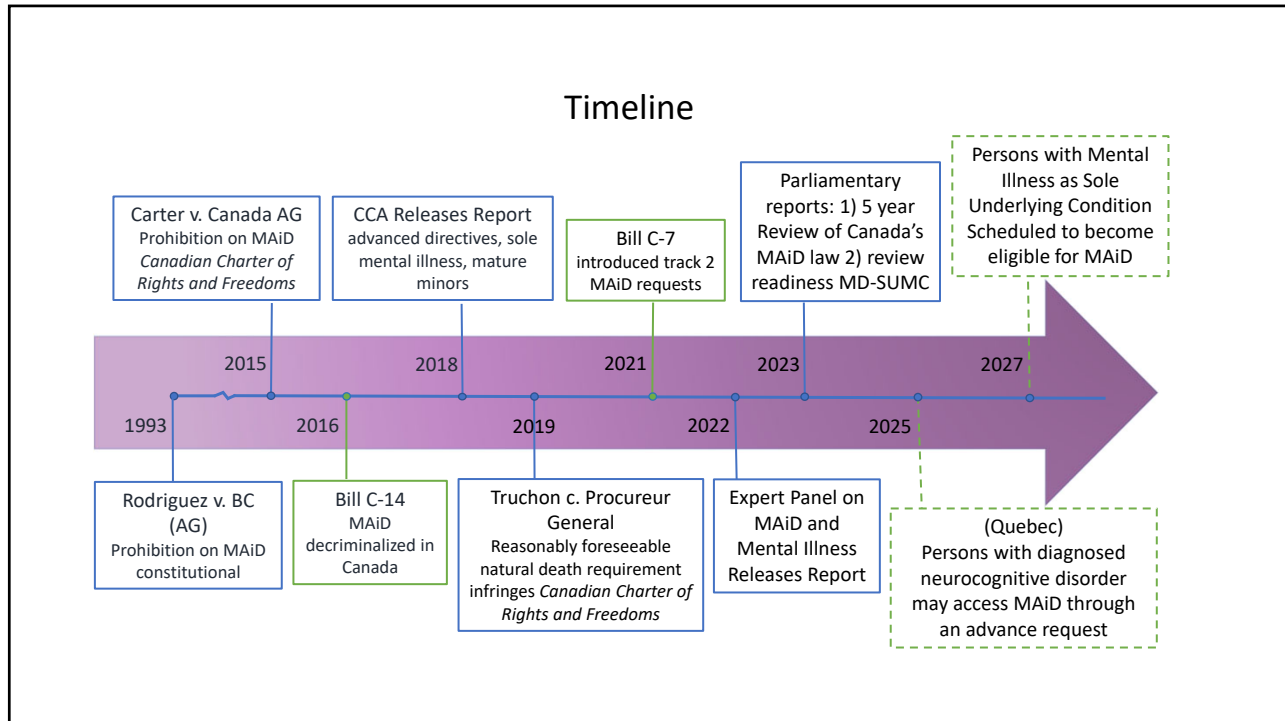


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## MAiD and Mental Illness as a Sole Underlying Condition




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**Remember:**

***Patients with Mental Disorders already access MAiD (however they must have another Grievous and Irremediable Medical Condition)!***



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### Examples of Concurrent Mental Disorders and MAiD:

- Stage 4 cancer patient experiencing anxiety re: future pain
- ALS patient with depression
- COPD patient with bipolar disorder
- Liver failure patient with remote history of suicide attempts
- Chronic pain patient with significant trauma history



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### For MAiD patients with Mental Disorders you can help by...

- De-stigmatizing people with mental disorders and advocating for equal treatment
- Reminding your colleagues that having a Mental Disorder does not make someone incapable of making informed choices
- Promoting psychological health and quality of life for patients in the midst of failing physical health
- Supporting a whole person approach to care (including family and couples therapy)
- Supporting MAiD Assessors in their assessments of capacity, voluntariness and psychological suffering



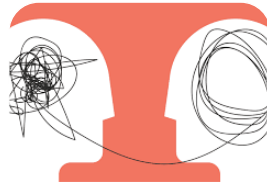
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## Unresolved questions re: MAiD for Mental Disorders alone



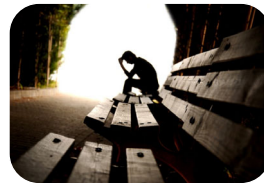
### Incurability and Irreversibility

How to deal with prognostic uncertainty and lack of access to mental health supports? When is further psychological care “futile”?



### Capacity Assessments

How to assess capacity for persons with waxing and waning symptoms? Reaffirmation over time?



### Desire to Die Symptom of Mental Illness

Is a desire to die ever “rational” and “well considered” for persons with refractory symptoms?



### Structural Vulnerability

Vast majority of MAiD patients globally are white and wealthy. How to support equitable access and protect the vulnerable?

[Gupta et al](#)



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## Procedural implementation considerations for MAiD for Mental Disorders alone:

- Consultations with First Nations, Metis, Inuit peoples
  - [Health Canada engagement](#) open until June 30<sup>th</sup> 2024
- Engagement with persons who have lived experience with mental disorders
- MAiD practice guidelines for mental disorders (?)
- Accountability and monitoring, prospective oversight (?)
- Additional safeguards (?)
- Support for Mental Health workers: **proactive engagement to prepare**



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**Interview with Sherry Lynn**



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**We All Have a Responsibility to Protect the Public**

**Self-Regulation is a Privilege**

**Thank You to All Attendees!**



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