
Medical Assistance in Dying: Responding to Requests

1.0 Introduction

1.1 Description

The purpose of this policy is to provide a consistent ethical and compassionate approach, reflective of the *Health Ethics Guide* and Catholic teaching, when responding to a person in care within Providence Health Care (“PHC”) who requests [Medical Assistance in Dying \(“MAiD”\)](#), either through medically assisted suicide, where the [patient](#) is provided assistance in intentionally ending his or her own life, or voluntary euthanasia, where a physician directly administers a lethal dose of medication to end the patient’s life. The procedure further outlines the steps for a safe and timely transfer of care for the patient to another facility/setting in accordance with their wishes.

1.2 Scope

This policy applies to all PHC [Staff](#), physicians, volunteers, students and any other persons acting on behalf of PHC and caring for PHC patients (to be referred to as “Personnel”).

2.0 Policy

As a Catholic health care organization, PHC is committed to the inherent dignity of every human being throughout the entire continuum of life from conception to natural death. PHC has an institutional obligation as a Catholic health care provider to uphold the principles of Catholic moral teaching as set out in the *Health Ethics Guide* (3rd ed. 2012) approved by the Canadian Conference of Catholic Bishops (“the Guide”). Given the incompatibility of Catholic teaching with actions intended to terminate human life, PHC Personnel will not provide MAiD and MAiD will not occur where PHC provides medical services.

PHC reaffirms its commitment to provide quality palliative/hospice and end-of-life care, promoting compassionate support for dying persons and their families, and to alleviate all manners of suffering experienced by its patients at all stages of their lives, including:

1. Honouring patient self-determination expressed as current treatment preferences, [advance directives](#), [advance care planning](#) and/or [options for care](#) designation, including clear recognition of the role of [substitute decision-makers](#);

2. Offering quality palliative/hospice and end-of-life care that addresses physical, psychological, social, and spiritual needs of persons who are dying and their families,
3. Delivering effective and timely pain and symptom management, and;
4. Exploring and responding to patients' physical, psychological, social and spiritual suffering.

2.1 Principles

- 2.1.1. A request for MAiD from a patient in our care is received in a compassionate and respectful manner.
- 2.1.2. The patient is provided support in a non-judgmental way to ensure they are aware of all care options available to them, and they are provided with the wanted and appropriate physical, psychological, and spiritual supports to help address needs (suffering) that may underlie their expressed request and impact their quality of life.
- 2.1.3. Patients and their families' personal beliefs are respected and honoured. Inquiries or requests for MAiD are actively engaged in a timely manner and access to the lawful MAiD request process is not impeded.
- 2.1.4. Given the medical fragility of patients in our care and the dynamic nature of informed decision making for those experiencing suffering, formal assessments for MAiD eligibility take place at PHC sites if wanted by the patient.
- 2.1.5. Formal on-site assessments are carried out by external providers through Vancouver Coastal Health's Assisted Dying Program, or another Health Authority's MAiD Care Coordination Service.
- 2.1.6. PHC welcomes patients to remain in PHC's care until a transfer of care for MAiD is required. At PHC we are committed to a culture of compassion and social justice that honours and respects the individual in their suffering during their most difficult times of life, regardless of their end-of-life choices.

2.2 Compliance

Staff who have concerns about care provided in relation to this policy, or care that is NOT being provided as envisioned by this policy, are asked to contact the MAiD Response Lead or Vice President of Mission, Ethics and Spirituality for follow-up.

3.0 Procedure

If a patient makes an inquiry about or request for MAiD to any personnel, the MRP and unit social worker shall be notified.

As is consistent with practice standards, the MRP will respond to and explore the request for MAiD with the patient and, in collaboration with the interdisciplinary team, ensure the patient is aware of all possible end-of-life care and treatment options, including modifications to the current care plan, community supports and medical treatments, and referral to palliative care specialists.

Patients who explore care options, will be provided them to every extent possible regardless of their pursuit of MAiD. When a patient pursues a MAiD request, the MRP, unit social worker or designate will liaise with the MAiD Response Lead who will initiate the process with VCH (assisteddying@vch.ca or by phone at 604-613-5885 or 1-844-550-5556), or the appropriate Health Authority MAiD Care Coordination Service.

A safe transfer of care to a MAiD provider to a location identified by the MAiD provider will be ensured. If, at any time following transfer of care for MAiD, the patient seeks to return to PHC for care, re-engagement with PHC services will be expedited.

If there are significant ethical complexities involved with a MAiD request, the MAiD Response Lead will coordinate a supported response involving other members of the Ethics team.

3.1 Responsibilities

3.1.1. All Personnel (including Physicians)

Maintain strict confidentiality concerning a request for MAiD, as with all patients' personal information.

3.1.2. Direct Care Staff

Respond as able to patients' requests for information on MAiD and inform the MRP and MAiD Response Lead/unit Social Worker of the request.

3.1.3. Operations Leadership

Ensure all staff are aware of this policy. Consider impact of requests for MAiD on care teams and provide support to staff as appropriate.

3.1.4. All Physicians

- Ensure compliance with the College of Physicians and Surgeons of BC (CPSBC) Standard concerning MAiD

- Ensure the patient requesting MAiD has had the opportunity to consider all services and interventions which may alleviate their suffering.

3.1.5. Most Responsible Provider

Inform the MAiD Response Lead or unit Social Worker of the request, if not already aware.

3.1.6. Unit/Program Social Worker (or designate)

- Lead unit team MAiD response
- Inform and consult with MAiD Response Lead on MAiD request and appropriate response
- Provide psycho-social support, system liaison and information to patients exploring MAiD and their families
- In consultation with MAiD Response Lead, support arrangements for appropriate transfer of care.

3.1.7. Medical Assistance in Dying Response Lead

- Provide education to PHC personnel and others on this Policy.
- Provide support to staff responding to a request for MAiD.
- Liaise with VCH and other healthcare stakeholders for on-site assessments and transfer of care to a non-objecting location when appropriate.
- Sits on the Ethics Services team.

3.1.8. Spiritual Health Services

Spiritual Health Practitioners will make themselves available to support patients from all religious and spiritual traditions, as well as those who identify with none (i.e. atheist or agnostic), exploring end-of-life options, including MAiD, and all spiritual and existential suffering.

4.0 Supporting Documents

4.1 Related Policies

- [Advance Care Planning](#)
- [Consent to Health Care](#)
- [Options for Care](#)

5.0 References

[BC College of Social Workers Practice Guidance](#): Medical Assistance in Dying, 2021

[Covenant Health Policy](#): Responding to Requests for Medical Assistance in Dying, December 3, 2018

[College of Pharmacists of BC](#): Medical Assistance in Dying,

[College of Physicians and Surgeons of BC](#) Professional Standards and Guidelines – Medical Assistance in Dying, revised Jan 2022

[BC College of Nurses and Midwives](#): Scope of Practice; Standards Limits and Conditions

[Health Ethics Guide 3rd Ed.](#) Catholic Health Alliance, 2012

6.0 Definitions

Advance Care Planning is the process of a capable adult talking over their beliefs, values, and wishes about the health care they wish to consent to or refuse, with their health care provider and/or family, in advance of a situation when they are incapable of making health decisions.

Advance Directive provides written consent to (or refusal of) health care to a health care provider in advance of a decision being required about that care. Advance directives must be written, signed by a capable adult, and be witnessed by two witnesses (or one witness who is a lawyer or notary public). Advance Directives are considered to be legally binding in British Columbia.

Medical Assistance in Dying (MAiD) is used to describe the assistance provided to a person with the aim of intentionally ending his/her life, as well as voluntary euthanasia, where a legally recognized health professional directly administers a lethal dose of medication (or equivalent) in accordance with the wishes of the patient.

Medical Assistance in Dying Response Lead (“MAiD Response Lead”) means the individual tasked with providing practical and psychosocial guidance and education to PHC Staff. The MAiD Response Lead also liaises with VCH and other healthcare stakeholders in the MAiD response process and to facilitate a transfer of care to a non-objecting location when necessary.

Most Responsible Provider (MRP) means the attending physician or nurse practitioner who has the overall responsibility for the management and coordination of care of the patient or resident at any given time.

Options for Care the PHC Options for Care policy sets out five “Options for Care” in the event of a serious illness or sudden collapse during admission in a PHC facility. “Options for Care” provides a framework for patients/residents and their families to decide their treatment or care preferences during a current admission or episode of care.

Patient For the sake of readability, reference is made to the “patient” throughout this document. Unless otherwise directed, any reference to “patient” should be interpreted to mean patient, client and/or resident.

Personnel means all employees (including management and leadership), medical staff (including physicians, midwives, dentists, and nurses), residents, fellows and trainees, health care professionals, students, volunteers, contractors, researchers and other service providers engaged by PHC.

Substitute Decision Maker If a decision is made that an adult is incapable of making a consent decision, consent must be obtained from a properly executed Advance Directive or from someone on the patient's behalf. The person making decisions on behalf of a patient is called a "substitute decision maker."

Questions: Contact [MAiD Response Lead](#) at Ethics Services

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	V2.0	04-MAY-2022	<ul style="list-style-type: none"> • inclusion of legislated changes to MAiD eligibility • clinical role involvement reflecting current practice • removal of appendix no longer applicable to practice • clarified PHC's position on provision of MAiD on site 	Carrie Smith

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