

Position Statement

In Support of Maximizing Autonomy in End of Life (EoL): MAiD as EoL Care

Approved by:

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Introduction/Background Information

Legislation. Medical Assistance in Dying (MAiD) has been legal in Canada since 2016 following the passing of *Bill C-14*, An Act to Amend the Criminal Code and to Make Related Amendments to Other Acts (Medical Assistance in Dying). As well, the unprecedented 2015 decision of the Supreme Court of Canada in *Carter v. Canada (Attorney General)* has contributed to the context of policies and culture surrounding MAiD (Canadian Nurses Association, 2017). The term “Medical Assistance in Dying” refers to either administration by a Nurse Practitioner (NP) or Medical Practitioner (MP) of a substance to a voluntary client that causes their death or their prescription or provision of a substance to a voluntary client so that they may later self-administer and cause their death (Government of Ontario, 2018).

The *Charter of Rights and Freedoms* (henceforth the Charter) has been central in the process of passing *Bill C-14*. If a law is found to infringe on the Charter rights and freedoms, it will be considered “no force and effect.” In this way individuals have challenged regulations surrounding MAiD (Farmanara, 2017).

Regulations. While in Canada MAiD is a new legal service, other countries (such as the Netherlands) have been providing this service to their dying citizens for years. Eligibility requirements for Canadians receiving MAiD are stringent:

- at least 18;
- considered competent to make healthcare decisions;
- make the request voluntarily;
- be fully informed on the MAiD procedure and all other options available to alleviate their suffering, including palliative care;
- have a *grievous* and *irremediable* condition, comprised of,
 - an incurable illness, disease, or disability;
 - irreversibly declining in function and condition;
 - unbearable mental or physical suffering caused by their condition or their functional decline;
 - a natural death is anticipatable (Government of Ontario, 2018);

While an NP or MP may provide or prescribe the treatment, a Registered Nurse (RN) or Licensed Practical Nurse (LPN) may also take part in the MAiD process. According to CNA, RNs and LPNs role in this process is to “Directly engage with people and their human condition, assessing suffering and survival while supporting them as they progress through death and dying,” (Canadian Nurses Association, 2017). Furthermore, nurses of all designations are the professionals to whom clients talk and question most often; and nurses may be questioned about EoL care, including MAiD (Canadian Nurses Association, 2017). The scope of practice of LPNs and RNs may differ between province and territory, and thus it is imperative nurses understand the regulations of their governing body. Despite a nurse’s ability to participate in MAiD, a nurse

may also conscientiously object if they wish not to participate (Canadian Nurses Association, 2017).

Ethics. Respecting the autonomy of a capable client means respecting for wishes for death, and that this request does not indicate incapacity (Incardona, Bean, Reel, & Wagner, 2016). This can be difficult when considering the ethical responsibility of nonmaleficence (“to do no harm”). This fiduciary responsibility is brought into conflict because MAiD asks nurses to participate in the death of a client. Moreover, MAiD challenges the notion that death is harmful in all circumstances (Incardona et al., 2016). MAiD reveals that ongoing life may be seen as the more harmful option by the client, given a grievous and irremediable state (Incardona et al., 2016).

Mitigating risk for harm must not result in unnecessary barriers to accessibility; the criteria for MAiD are not *terminal illness* but rather *grievous and irremediable* conditions (Incardona et al., 2016). Barring clients on the basis of their condition, such as chronic or mental illness, infringes upon Sec. 7 and *Bill C-14*. Nonetheless, Conscientious Objection (CO) is an ethical dimension of MAiD that must be considered as well. Allowing for CO is in alignment with the provider’s rights under the Charter, in that it protects their autonomy, respects diversity in opinion, and “protects the [provider’s] moral integrity” (Incardona et al., 2016).

The Position of the Canadian Nursing Students' Association (CNSA)

The CNSA aims to support students in the journey to becoming licensed nurses by facilitating opportunities for professional development, advocating for quality nursing education and inclusion of students’ voices, and promoting nursing research and quality patient care. One manner in which the CNSA achieves this is through the production and adoption of position and resolution statements. As such, current CNSA literature covers a wide range of topics, but perhaps one of the most unaddressed

issues in current CNSA publications surrounds End of Life (EoL) care and treatments. According to the author's research, CNSA currently supports two resolution statement on EoL care: *Quality End of Life Care in Nursing Education* and *Mandatory End of Life Education for Nursing Students* (Chafe, Dawe, McGrath, Stapleton, & Trahey, 2015; Soer & Bloomberg, 2013).

In this document, CNSA support CNA's statement that to provide quality EoL nurses must meet the needs and respect the wishes of families and individuals (Chafe et al., 2015). As well, CNSA adopts several resolutions including developing a formalized and purposeful position statement supporting quality EoL care education and that CNSA delegates will advocate for the adoption of EoL content in their chapters (Chafe et al., 2015). Given CNSA's resolutions advocating for EoL content in nursing curriculum, it is fitting that CNSA address the largely overlooked topic of MAiD. Providing quality EoL care is encompassing of the family and, most importantly, the client's wishes. Every dying client deserves the right to a dignified death. This may include palliative care, hospice care, do not resuscitate orders, or receiving MAiD. While all these services and treatments are important, and clients' autonomy should be encouraged when deciding on the EoL care they would like to receive, the scope of this position statement is to support MAiD as a valuable treatment option in EoL care. Thus, the proposed position statement follows: the CNSA supports those clients, deemed competent, to request, receive information on, and have access to MAiD without undue barriers or hardship.

Relation to Canadian Nursing School Curriculums

In variably, nurses will work with clients at the end of their life, no matter in what area of nursing they work. MAiD is a legislatively new treatment option for nurses, each health authority, provincial/territorial, and municipal governing body will have its own regulations. As the primary resource for nursing students across Canada, and MAiD being such a new treatment option, CNSA must advocate for this to be included in curriculum in all our chapter schools. Nursing students must



be prepared to be competent practitioners, and understand their own morals regarding MAiD—including Conscientious Objection—to allow clients dignified deaths.

Conclusion and Restatement of CNSA Position

The Canadian Nursing Students' Association believes all nursing students have the right and the responsibility to understand EoL options. As our population ages and the incidences of chronic and comorbid conditions increases, this issue will become ever more important. The CNSA will continue to support, advocate for, and provide resources about quality EoL treatment options.

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