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|  <p>Holy Family Home<br/><i>To Serve is to Love</i></p> | Policy Name:<br>Responding to Requests for<br>Medical Assistance in Dying<br>(MAID) | Page:<br>Page 1 of 7   |
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## 1.0 **PURPOSE:**



- 1.1 To provide a consistent ethical and compassionate approach, reflective of the *Health Ethics Guide* and Catholic teaching when responding to expressed requests for medical assistance in dying (“MAID”) within Holy Family Home.
- 1.2 To adopt and publish the official position of Holy Family Home as an “Abstaining Facility”, as that term is defined in the WRHA Medical Assistance in Dying Policy (Number 110.000.400) dated December 19, 2017, and in the Manitoba Health, Seniors and Active Living Policy (No. 200.33) dated January 2017.

## 2.0 **DEFINITIONS<sup>1</sup>:**

- 2.1 **Abstaining Facility:** The operator of a faith-based facility that is funded, but not owned or operated, by the WRHA, that provides health services to individuals in a manner which is consistent with the fundamental religious principles of the religion or faith to which it adheres, and which adopts and publishes a policy or position that it will not allow MAID, or certain aspects of processes associated with MAID to be provided within its facility.
- 2.2 **Advance Care Planning or Written Directive:** is a process whereby individuals indicate their treatment goals and preferences with respect to care at the end of life. This can result in a written directive, also known as a living will<sup>2</sup>.
- 2.3 **Conscientious Objector:** Any staff who refuses to provide or participate in providing MAID because such action would violate his/her faith and personal, deeply held moral or ethical beliefs.
- 2.4 **Medical assistance in dying:** the administration by a medical practitioner or nurse practitioner of a substance to a person, at that person’s request, that causes death; or the prescribing or providing by a medical practitioner or nurse practitioner of a substance to a person, at that person’s request, so that they may self-administer a substance and in doing so cause their own death. For greater certainty, MAID does not include processes that may or may not culminate in MAID.

<sup>1</sup> The definitions used in this policy are based on the Canadian Medical Association, which were used as a common reference point during a CHAC national dialogue and public consultation on end-of-life care. The definition of “Abstaining Facility”, “MAID Team” and “Conscientious Objector” are based on the WRHA Policy No. 110.000.400.

<sup>2</sup> Refer to the Holy Family Home Advance Care Planning/ Goals of Care Policy. Even though a directive may contain a previous expressed wish for medical assistance in dying, this does not obligate the Catholic health care organization to compromise its own institutional integrity. See *Health Ethics Guide* (2012), Article 91: “A person’s written or oral health care preferences are to be respected and followed when those directions do not conflict with the mission and values of the organization”.

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2.5 **Palliative care:** is an approach that improves the quality of life of residents and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification, assessment, and treatment of pain and other symptoms, physical, psychosocial and spiritual.

### 3.0 **POLICY:**



As a Catholic health care organization committed to the inherent dignity of every human being throughout the entire continuum of life from conception to natural death, Holy Family Home’s ethical and moral opposition to medical assistance in dying needs to be recognized, respected and honored by all persons served by, or working within Holy Family Home, including, but not limited to: funders, regulatory bodies, advocacy groups, and the larger community of Holy Family Home.

### 4.0 **COMMITMENT:**

While Holy Family Home personnel shall not condone or be involved in medical assistance in dying at Holy Family Home, the organization nevertheless reaffirms its commitment to provide quality palliative and end-of-life care, as well as compassionate support for dying persons and their families through all stages of life including:



- 4.1 Providing and honoring resident self-determination through the use of advance care planning, goals of care, and/or personal directives, including the role of substitute decision-makers/agents acting on behalf of the resident;
- 4.2 Offering quality palliative and end-of-life care that addresses physical, psychological and spiritual needs to persons who are dying and their families;
- 4.3 Delivering effective and timely pain and symptom management as outlined in the *Health Ethics Guide*, the foundational ethics resource used by Holy Family Home and all Catholic health care organizations in Canada.<sup>3</sup>

<sup>3</sup> “A person receiving care should be given sufficient pain and symptom management, by health care professionals who are knowledgeable in pain and symptom management, to lessen pain and suffering. It is important to note that these medications, if used appropriately, are effective, safe and do not hasten death. The goal is to alleviate pain and suffering while minimizing the potential side effects of medication. Such treatment does not constitute euthanasia but rather good pain management. Persons experiencing pain and other symptoms should be cared for by health professionals with training in this area, to ensure that they have the competencies required to use these medications appropriately,” *Health Ethics Guide* (Ottawa: Catholic Health Alliance of Canada, 2012) Article 68.

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**5.0 PRINCIPLES:**

- 5.1 The position and policies of Holy Family Home are based on the *Health Ethics Guide* and the Catholic fundamental values of respect for the sacredness of life from conception to natural death, compassionate care of dying and vulnerable persons, and respect for the integrity of the medical, nursing, and allied health professions.
- 5.2 Expressed requests from persons in our care for medical assistance in dying should be respectfully acknowledged without judgment or coercion.
- 5.3 Although Holy Family Home and its personnel are prohibited from participating in any actions or omissions that are directly intended to cause death, and from assisting in such actions or omissions, the values of Holy Family Home nevertheless ethically oblige personnel to explore and to try to ascertain the nature of the person's expressed request.
- 5.4 The response should focus on providing information and access to other appropriate physical, psychological and spiritual supports indicated in the *Health Ethics Guide*, to help address the person's needs that may underlie their expressed request.
- 5.5 This policy recognizes that suffering is a human experience which occurs throughout life and is not directly related to dying. A person in deep existential anguish needs to be appropriately supported so their suffering is addressed and ameliorated. The goal of care is to reduce such suffering.
- 5.6 As a publicly-funded institution, Holy Family Home recognizes that the persons in our care and the personnel serving them may be conflicted when responding to a request given the range of deeply held societal views on medical assistance in dying. Nevertheless, Holy Family Home has an institutional right to uphold its principles of faith and morals by which it is bound as a Catholic health provider and as recognized by provincial legislation and relevant agreements with both Government and the Regional Health Authority. Moreover, this policy clearly states that Holy Family Home does not condone euthanasia or medical assistance in dying.
- 5.7 At the same time, Holy Family Home is also morally and legally bound to work together with both residents and personnel to resolve potential conflict around the goals of care to find proactive solutions that respect the wishes and integrity of all. In some cases, this may require safe and timely transfer elsewhere if the services requested cannot be provided in Holy Family Home.
- 5.8 A Conscientious Objector shall not be forced, coerced or required to provide or aid in the provision of MAID, but shall comply with the requirements of their professional regulatory body, if applicable, and this Policy [ref.: para. 3.16 WRHA Policy No. 110.000.400].

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**6.0 PROCEDURES AND REQUIREMENTS:**

- 6.1 Upon admission, all residents will be informed of this Policy as part of the information shared during the orientation process.
- 6.2 Holy Family Home will inform all residents receiving care of their right to make decisions concerning their medical care, including the right to accept or withdraw medical or surgical treatment and the right to advance directives.
- 6.3 Holy Family Home will provide information to all individuals requesting information on its policy related to MAID , and will post its policy on its website at [www.holyfamilyhome.mb.ca](http://www.holyfamilyhome.mb.ca) [ref.: para. 3.6(a) WRHA Policy No. 110.000.400].
- 6.4 Residents, families, nursing, allied health staff and physicians are encouraged to fully explore and discuss care and treatment options for terminally ill residents. As part of that discussion, Holy Family Home recognizes that a request for MAID may occur within the context of the physician-patient relationship, or during interactions between the resident and members of the care team.
- 6.5 Holy Family Home respects the rights of all residents/nursing/allied health staff and physicians to discuss and explore all such treatment options, and fully expects that all residents/nursing/allied health staff and physicians will respect and adhere to Holy Family Home’s position as set forth in this policy while undergoing or providing treatment within Holy Family Home facilities, programs and services. In the context and discussion of all possible options available to a resident, it is understood that the option chosen will respect the requirements of this policy.
- 6.6 Holy Family Home encourages physicians and residents and /or their substitute decision-maker to engage in conversations regarding the person’s treatment/care options at the end of life, and actively supports the provision of quality palliative care.
- 6.7 The resident must be informed of the options for meeting the person’s care needs including palliative services for comfort and support as appropriate.
- 6.8 When a resident expresses a wish for MAID or inquires or requests information about MAID, the attending physician, the Medical Director and the Chief Executive Officer or Assistant Chief Executive Officer shall be notified as soon as possible.
- 6.9 The attending physician shall promptly review the resident’s medical status and seek to understand the resident’s reasons for the request. The attending physician will discuss the full

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range of treatment options with the resident, including all factually relevant information<sup>4</sup>. The health care team shall also advise the resident of Holy Family Home’s policy on MAID, and specifically that this service is not provided at Holy Family Home, but that the provision will be made for him/her to explore and access MAID services through the WRHA, together with the Provincial MAID Team.

6.10 Holy Family Home does not prevent residents from seeking information on MAID from available community resources, and if a resident requests information regarding MAID, contact information will be provided. For greater clarity, residents inquiring about or seeking information on MAID are entitled to timely and accurate responses, and, at a minimum, the resident should be provided with contact information for the MAID Team and/or Health Links within 24 hours of the inquiry or request [ref.: para. 3.6(c) and 3.13 of the WRHA Policy No. 110.000.400]. Contact information is as follows:

(a) MAID Team

Website address: <http://www.wrha.mb.ca/maid/index/html>

Email address: [maid@wrha.mb.ca](mailto:maid@wrha.mb.ca)

Telephone number: 204.926.1380

(b) Health Links



Telephone number: 204.788.8200

6.11 In the event a resident or resident representative contacts the MAID Team, or where the MAID Team intends to seek personal health information about a resident, the MAID Team shall notify the CEO or Assistant CEO of Holy Family Home before initiating contact with the resident or resident representative [ref.: para. 3.14 WRHA Policy No. 110.000.400].

6.12 In addition to paragraph 6.10 of this Policy, where a resident, or anyone on their behalf, expresses an interest in receiving MAID or requests information about MAID, the attending physician, the Medical Director and the Chief Executive Officer or Assistant Chief Executive Officer shall be notified and they shall promptly disclose and provide personal health information about the resident in accordance with *The Personal Health Information Act*, as well as access to the resident’s health record, to the MAID Team when requested by the resident, a

<sup>4</sup> Michael Panicola and Ron Hamel, “Conscience, Cooperation, and Full Disclosure: Can Catholic health care providers disclose ‘prohibited options’ to patients following genetic testing?” *Health Progress* 87, no. 1 (January -February, 2006), 52-59.

See also, the *Health Ethics Guide*, 2012, “Organizational Response to Conscientious Objection,” Article 165. While no person is required to participate in activities deemed to be immoral, “the exercise of conscientious objection must not put the person receiving the care at risk of harm or abandonment”. Moreover, “this may require informing the person receiving care of other options of care.”

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person on the resident's behalf, or the MAID Team [ref.: para 3.6(b) WRHA Policy No. 110.000.400].

6.13 When, after discussion with the attending physician, the resident's desire and intent is to pursue MAID and after the resident has been determined to be eligible and ready to receive MAID by the WRHA MAID Team, the resident shall be transferred to another facility under the care of an identified willing physician/nurse practitioner to receive MAID. Such transfers shall be undertaken in accordance with WRHA transfer protocols to ensure the safety and comfort of the resident. It is understood that the resident shall be transferred back to Holy Family Home in the event that the resident does not proceed with MAID [ref.: para. 3.8 WRHA Policy No. 110.000.400].

6.14 In accordance with the Manitoba Health Policy No. 200.33 and the WRHA Policy No. 110.000.400 [para. 3.6(d)], HFH recognizes that a resident may not be able to access MAID if:

- The resident is too ill or frail to be transferred to a non-abstaining facility;
- The resident declines to be transferred to a non-abstaining facility.

6.15 Holy Family Home is committed to continue providing for the health care needs of any resident who has inquired or requested information about MAID, whether or not they have been approved for MAID [ref.: para. 3.11 WRHA Policy No. 110.000.400]. This shall include effective pain and symptom management, and emotional and spiritual support, as needed.

## 7.0 **DOCUMENTATION:**

The attending physician will document in the medical record a summary of the discussion with the resident regarding her/his request for medical assistance in dying as well as the reasons outlined by the resident.

## 8.0 **CONSULTATION SERVICES:**



If situations arise that present ethical and/or legal issues, the Chief Executive Officer and the Director of Care at Holy Family Home shall be contacted and a referral shall be made to the Holy Family Home Ethics Committee for review and discussion.

## 9.0 **REFERENCES:**

*A Catholic Perspective on Health Decisions and Care at the End of Life*, Ottawa: Catholic Health Alliance of Canada, 2014.

"CHPCA Issues Paper on Euthanasia, Assisted Suicide and Quality End-of-Life Care", April, 2010. See: [http://www.chpca.net/media/7835/PAD\\_Issues\\_Paper\\_-\\_April\\_24\\_2010\\_-\\_Final.pdf](http://www.chpca.net/media/7835/PAD_Issues_Paper_-_April_24_2010_-_Final.pdf).

"CMA Policy Statement: Euthanasia and Assisted Suicide". Ottawa: *Canadian Medical Association*, Update 2014. See: <http://policybase.cma.ca/dbtw-wpd/Policypdf/PD14-06.pdf>

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*End of Life Care: A National Dialogue*, Ottawa: Canadian Medical Association, 2014. See: <https://www.cma.ca/Assets/assets-library/document/en/advocay/end-of-lif-care-report-e.pdf>

Furton, Edward J. "Physician-Assisted Suicide and Euthanasia". *Catholic Health Care Ethics: A Manual for Ethics Committees*, Peter J. Cataldo and Albert S. Moraczewski, OP, eds. Chapter 13 (Boston: National Catholic Bioethics Center, 2002).

*Health Ethics Guide*, Ottawa: Catholic Health Alliance of Canada, 2012.

Panicola, Michael, and Ron Hamel, "Conscience, Cooperation, and Full Disclosure: Can Catholic health care providers disclose 'prohibited options' to patients following genetic testing?" *Health Progress*, 87, no. 1 (January -February, 2006): 52-59.

WRHA Policy (Policy Number: 110.000.400) *Medical Assistance in Dying Policy* dated December 19, 2017.

Manitoba Health Policy No. 200.33, *Medical Assistance in Dying (MAID)* dated January 2017.