



**CASC / ACSS**  
Canadian Association / Association canadienne  
for Spiritual Care / de soins spirituels

# Responding to Clients Considering or Requesting Medical Assistance in Dying (MAID)





*“What are you doing when you are doing what you are doing?”*

An ethics professor asked this circular and odd sounding question whenever his class was confronted with an ethical quandary whose answer or resolution seemed too far beyond their reach. This question by the professor serves as a reminder to develop a

keen awareness and understanding of our own motives and reasons for our actions and decisions in the care of our clients.

Many of us in the Canadian Association for Spiritual Care (CASC) face concerns and have ethical questions about our role and how we ought to respond to clients who may be considering or requesting Medical Assistance in Dying (MAID). It may be fair to say, that there are those of us who are clearly in favour of MAID, and there are also those of us who are adamantly opposed to it. Some of us are uncertain where we stand on it, needing to ponder further its meaning and significance for us personally. Then there are those of us who find ourselves in a state of flux: changing our minds and trying to hold such tension in place.

CASC does not take an official position for or against Medical Assistance in Dying. Each individual member of CASC/ACSS is to determine her or his own position on MAID and the level of her or his involvement in the care of clients who are considering or requesting MAID.

However, in response to requests made by members of CASC, the Board of Directors have produced two documents: (1) A resource paper “Responding to Clients Considering or Requesting Medical Assistance in Dying (MAID)”, which follows here, and (2) “Executive Summary and Guidelines for Spiritual Care Practitioners and Psycho-Spiritual Therapists in Responding to Inquiries Regarding Medical Assistance in Dying (MAID)”. The purpose of this companion paper is to serve as a summary and an information guide regarding what the legal criteria are in order to be eligible for MAID. Included in this companion paper is a detailed outline of the responsibilities of members in terms of their level of involvement in providing care to persons who are considering or requesting MAID. Members can find this companion paper and other papers referred to below on the CASC website-- which can be found at <http://www.spiritualcare.ca/page.asp?ID=272>

The purpose of what follows (“Responding to Clients Considering or Requesting MAID”) is to assist CASC members in their own reflection of how they will respond when their clients address MAID with them.

A fundamental way for members to address concerns arising from MAID is to make use of the CASC competencies and specific standards of the CASC Code of Ethics and Professional Conduct.



This paper is divided into three sections:

- The first section focuses on the importance of self-awareness, a core competency that speaks of members being conscious of their own values, cultures, beliefs, feelings, professional training and other vital factors and how they influence, shape and form members' own position on MAID and the way they provide care.
- The second section looks at MAID from an ethical perspective, specifically in terms of how the CASC Code of Ethics and Professional Conduct can guide members' conduct, professional and personal reflection in providing care to those clients who consider or request MAID.
- The third section affirms CASC's stance that members can conscientiously object to being involved in the care of clients who ponder or request MAID. This section discusses responsible actions that members ought to take should they choose to conscientiously object.

What is certain is MAID is a legal reality in Canada. Therefore, MAID can, and, for many of us, will touch directly our practice and may have the potential to create moral distress. For some clients, there is a spiritual dimension to their discernment of MAID. The work of the spiritual care practitioner or psycho-spiritual therapist is to engage clients in their own exploration of whatever the troubling questions about MAID are for them, and to assist them in using their spiritual resources to come to some resolution. Providing care does not end once clients receive MAID. Spiritual support continues with the clients' families and with the healthcare team as needed or upon their request.

There will be times that those to whom we provide care will want to share with us their inner struggle and conflict about MAID or to express to us their longing for it, to ask for our opinion of it, to assist them in convincing their families that this is what they want or to ask our advice of whether or not to proceed with MAID. Feelings of discomfort may arise quickly within us:



- “What am I supposed to say—to do?”
- “By providing spiritual care or counselling, does that mean that I am participating (directly or indirectly) in MAID, agreeing with or condoning a person's request for MAID?”
- “Whether I personally agree with MAID, I may feel reluctant even to speak with the person contemplating MAID.”



- “I am concerned that I might influence my clients even unintentionally by sharing with them my personal point of view.”
- “Should I even be in the room when the person is receiving MAID?”

Such questions and comments about MAID surface regularly from our membership. Much like the medical and legal communities, we are entering uncharted waters which can make us unsure how we as persons who provide spiritual care and counselling navigate these unsettling seas.

“*What are we doing when we are doing what we are doing?*” This question draws attention to how we in CASC might form and articulate a way that supports us in working with clients who are considering or who have already decided to request MAID. This question calls not only for an increased sense of self-awareness of how we ourselves feel about MAID, but also how those feelings, beliefs and, perhaps, ambivalence influence and impact our professional and ethical conduct when called to provide care for those contemplating or requesting MAID.

## **Section 1: Self awareness: the centre piece that links together our core competencies, ethical principles and professional practice**

Increased self-awareness is aligned with and is essential to our education, professional practice and ethics in the provision of spiritual care and psycho-spiritual therapy. Equally important, self-awareness and our expression of care and counselling are linked fundamentally to our CASC Code of Ethics and Professional Conduct and our Professional Standards and Core Competencies.

Therefore, one way to approach MAID is to turn to the *ethical principles of autonomy, beneficence and nonmaleficence*, which are core to the competencies that speak specifically to taking a relational approach with our clients, as well as to turn to the competency of self-awareness. Furthermore, the specific standards of our Code pertaining to respecting our client’s autonomy, being sensitive to power imbalances and an awareness of conscientious objection can serve as essential guideposts in navigating our role in MAID.

As professionals, our role is to employ our unique skills and competencies through the art of our practice in an effort to move conversations with our clients forward in nuanced ways. Specifically in light of MAID, our past president, Marc Doucet, was invited to speak on November 5, 2015 to the External Panel on Options for a Legislative Response to *Carter v. Canada*. He presented a paper on behalf of the CASC Board of Directors entitled: *A Submission to the External Panel on Options for a Legislative Response to Carter v. Canada*.



This submission paper describes in broad strokes what we are trained to do.

*“Often our work in spiritual care is to engage patients on the existential/spiritual angst of sickness and suffering seeking ways to ameliorate that agony of mind, spirit and body which are intimately connected. In situations where this is not possible or a likely outcome, we accompany patients and their families throughout the trajectory of their illness and dying process.”*

We draw deeply from our education, training and experience regardless of whether a person is contemplating MAID or is uncertain how to proceed in addressing any life challenge or in facing a difficult healthcare decision. Similar to the healthcare community, we follow the ethical principle of respecting a person’s autonomy. This principle finds its expression not in isolation but derives its meaning and purpose in valued relationships, particularly at the end of life.

As a professional association, we articulate strongly this understanding of autonomy, and it frames how we care for our clients at the closing of their lives and the losses they encounter.

*“Studies are showing that patients have common concerns at the end of life such as loss of autonomy, loss of ability to enjoy activities, loss of bodily functions, loss of dignity and increasing pain. We believe it is our ethical and professional obligation to see that patient concerns are heard and addressed to the best of healthcare’s ability. To add quality of living in the midst of the dying process is an important value we hold.”*

In addition, the ethical principle of nonmalificence, “to do no harm”, appeals to the core of our practice: to attend to the dignity and worth of each person, to advocate for their personhood when they are vulnerable and to listen actively to them.

*“In order to minimize risks and harm it is crucial to ensure patients are competent and are freely making the request. It is in these situations that the psycho-social-spiritual approach allows for appropriate understanding of the person making the request, their motivations and the factors beyond the medical indicators. Simply stated the plea from patients “I want to die” is not always a request for suicide. An important safeguard is maintaining that there is adequate timing, sequencing and assessment for vulnerable populations who are legally competent but whose capacity does waiver.”*

As CASC members, our experiences have shown us that clients long to be listened to, particularly in ways that take seriously their body language and the words they use to describe what is happening to them in the face of their struggle or conflict. To attend to their words and the way that clients use them helps us understand their meaning—what is behind the words they use, and in turn helps clients to gain a sharper sense of what truly matters to them. While at the same time, we strive to be self-aware of how our presence, spiritual assessments and interventions, and the choices we make of how we respond and interact with our clients contribute to our addressing their spiritual distress and supporting their well-being.



The purpose of our providing spiritual care and counselling is not to determine outcomes for our clients or to make decisions for them, but to engage attentively in the process, if you will, when invited by the person: to go wherever she or he wants to take us in the telling of her or his story. In attending to another person's story, we take a relational approach: to listen actively and deeply with curiosity and without judgment to a person's narrative. This relational approach is the hallmark of how we interact with those we serve.

This approach acts as the foundation of our spiritual care and therapeutic competencies. CASC defines these relational competencies as follows:

- 1.1.1. Engages with the client's experience.*
- 1.1.2. Facilitates expression and articulation of a client's beliefs, values, needs and desires that shape the client's choices and interactions.*
- 1.1.3. Encourages the client to express emotions and a full range of feelings.*
- 1.1.4. Encourages the client to share fears/concerns, hopes/dreams, creative expression, intuition and awareness of relationships, including the divine/transcendent in understanding the core identity of the client.*

## **Section 2: The Code of Ethics and Professional Conduct: our common guide in our ethical reflection on MAID**

From an ethics perspective, CASC advocates strongly for creating a professional and educational environment that centres on "everyday ethics". Ethics is not merely one aspect within professional practice, nor does our ethics manifest itself solely within the CASC Code of Ethics and Professional Conduct. Our understanding of ethics is tightly linked to how we practice our craft as it is expressed in our standards and competencies. Knowing that we adhere to a specific code of ethics offers guidance to how we treat and care for our clients, other professionals, the public, each other and ourselves.

Our Code does not instruct us how to act in specific situations. Therefore, the Code provides no specific standard on MAID nor is that its purpose. The Code provides us with principles and standards on how to behave and conduct ourselves as professionals. The Code of Ethics and Professional Conduct connects us together in a relationship of mutual accountability and respect for one another, our clients and the institutions and communities to which we belong. In addition to this, Kristine Lund, the CASC Regional Ethics Chair of Ontario Southwest, reminds us that the Code is a document that promotes and sustains our self-care. Specifically in our relationships with clients, our Code is clear that we do not impose our own beliefs or expectations on them.



When the inclination to respond to clients' in dealing with uncertainty is to tell them what they should do or to encourage clients to follow a direction that is more comfortable to us knowing that in their vulnerability they turn to us for guidance, this is when we need to ask ourselves: *"What are we doing when we are doing what we are doing?"* Two particular standards within our Code that can guide us in our relationship with clients in terms of respecting clients' choices and maintaining a balanced spiritual care and counseling relationship with them are the following:

## **CASC Code of Ethics and Professional Conduct**

### **Section II: Ethical Standards**

#### **A. In Relationship with "Clients"**

*1.3 Demonstrates respect for the cultural and religious values of those they serve and refrain from imposing their own values and beliefs on those they served.*

*1.4 Are mindful of the imbalance of power in the professional/client relationship and refrain from exploitation of that imbalance.*

In our common commitment to provide spiritual care and therapy to our clients, their families, and inter-professional healthcare teams, there is diversity among our members in how we go about this: we hold different values, beliefs, customs and opinions, and each of us hold these with different degrees of intensity. This in turn affects our practice and can impact how we respond to those who contemplate or request MAID. Our Code recognizes that an essential way to care for self with integrity is to follow one's conscience, even if it sets us on a different path in our commitment to care for our clients than a path that expects us to provide care that respects solely the rights of clients' choices.

## **Section 3: Conscientious Objection**

There are many in CASC who do not support MAID, though will have no problem in offering spiritual care/therapy to those seeking MAID. They do not see an issue between opposing MAID and supporting clients who may chose this, much as a spiritual care practitioner or psycho-spiritual therapist might support a woman choosing abortion even when the spiritual care practitioner/psycho-spiritual therapist may not agree with abortion.

There are those in CASC who do not support MAID and also do not feel they can offer spiritual care without compromising their conscience. The question can arise: "To respect a client's autonomy do I have to give up my own autonomy of remaining true to my own values and beliefs?" Odell, et al. (2014) have written on conscientious objection in an attempt to establish parameters when it is ethically permissible to follow responsibly one's own conscience.



Odell, et al. suggest that an ethical approach to conscientious objection might be to situate it along a spectrum. At one end of the spectrum is *conscience absolutism*, which holds that a person's conscience must be respected in all cases. At the other end of the spectrum is *professionalism*, which upholds professional norms and standards in all cases. In the middle of the spectrum is encountered *compromise*, which attempts to permit conscientious objection under certain circumstances. It is this midpoint on the spectrum that perhaps can guide how we respond ethically to MAID. Under this model, spiritual care practitioners and psycho-spiritual therapists can object responsibly to provide care to those who seek MAID while clients are still able to receive the spiritual care and therapy they seek.

If a CASC member conscientiously objects, then the member ought to transfer the care of the client to another spiritual care practitioner or psycho-spiritual therapist, who does not have a moral or religious objection to MAID in order that the client's autonomy and rights to MAID are not restrained. There is also a consideration that the practitioner or counselor needs first to inform the client of the member not being able to provide care to the client due to the member's conscientious objection before the member actually transfers care. In addition, the member should inform his or her supervisor (manager) of the transfer of care.

This model that Odell, et al. advocates is one that exists in our Code. In choosing to follow the path of conscientious objection, the CASC Code of Ethics and Professional Conduct calls us to do so responsibly. The specific standard of the Code that addresses this point is the following:

### *C. In Relationships with Social Institutions*

*2. Abide by the professional practice and/or teaching standards of the state/province, the community and the institution in which they are employed. If for any reason a Spiritual Care Professional is not free to practice or teach according to conscience, the Spiritual Care Professional shall notify the employer, his or her professional organization and faith group as appropriate.*

Therefore, in our association, "We affirm spiritual care providers should be free to exercise their conscience responsibly in each situation and healthcare context, and especially on this issue (MAID). We would also advocate for the same conscience responsibility for all healthcare workers." This affirmation reflects our values and principles as an association and serves as a means to safeguard a member's right to consciously object and to balance that with a duty to care for clients by not abandoning them and so transfer their care to another spiritual care practitioner or psycho-spiritual therapist when at all possible.



## *Conclusion*

Whether we are new to this work of providing spiritual care or psycho-spiritual therapy or we are well seasoned in this practice, concerns and questions about our role in MAID will undoubtedly surface. It is important that when facing those concerns or questions members need not be alone: resolutions to such questions are rarely easy. Regional Ethics Chairs and Regional Professional Practice Chairs along with their respective national chairs and vice chairs are available to work with CASC members who need to find an appropriate resolution to what the client is facing or who would like to talk about their role in MAID or their feelings about it.

Please consult the CASC web site for the names and contact information of these individuals:  
<http://www.spiritualcare.ca/page.asp?ID=10>

## **References**

CASC/ACSS Board of Directors. (November 5, 2015). *A Submission to the External Panel on Options for a Legislative Response to Carter v. Canada*,

Odell, J., Abhyankar, R., Malcolm, M. & Rua, A. (2014). Conscious objection in the healing professions: A reader's guide to the ethical and social issues. <http://hdl.handle.net/1805/3844>.