



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

Guidelines for Spiritual Care Practitioners and Psycho-Spiritual Therapists in Responding to Inquiries Regarding Medical Assistance in Dying (MAID)





Section 1: Executive Summary

In February 2015, the Supreme Court of Canada struck down the federal law prohibiting medical assistance in dying (also known as assisted suicide) in certain circumstances. In response to the Supreme Court's decision, Parliament passed legislation on medical assistance in dying on June 17, 2016. This legislation now guides how medical assistance in dying can be provided.

This means it is possible for physicians, nurse practitioners and other healthcare members to be involved in medical assistance in dying without facing criminal prosecution, when eligibility criteria and other conditions are met.

Although Spiritual Care Practitioners and Psycho-Spiritual Therapists will not be administering or providing a substance to cause death, it is very possible that we may be involved during the process leading to the time of death. As integral members of interdisciplinary care teams, Spiritual Care Practitioners and Psycho-Spiritual Therapists bring a considerable expertise in the field of psycho-social-spiritual understanding of end-of-life care, ranging from one end of the life spectrum to the other. Hence, we have a distinct perspective as we journey with patients and families as they move through different stages of care.

It is important to acknowledge that Medical Assistance in Dying (MAID) has evoked strong and opposing views among health care providers and individuals in society at large. For some, these new amendments to the law have been long awaited welcomed. Yet for others, MAID challenges their moral and/ or religious beliefs to the point of causing moral distress. Regardless of one's personal feelings, those working in the health care field are now confronted with carrying out this new legal reality.

It is foreseeable that Spiritual Care Practitioners and Psycho-Spiritual Therapists will also have different reactions to MAID. Some welcome this new legal reality. For others, it may evoke both uncertainty and anxiety for it contradicts their personal and/ or religious beliefs. Therefore, we affirm that Spiritual Care Practitioners and Psycho-Spiritual Therapists should be free to exercise their conscience responsibly in each situation and healthcare context. Nevertheless Spiritual Care Practitioners and Psycho-Spiritual Therapists must be mindful of their professional responsibilities to those they serve.

In a clinical context, Spiritual Care Practitioners and Psycho-Spiritual Therapists are committed to engage individuals on the existential/ spiritual angst of sickness and suffering, seeking ways to ameliorate agony of mind, spirit and body which are intimately connected. In situations where this is not possible or a likely outcome is not realized, we accompany patients and their families throughout the trajectory of their illness and dying process. Our role, symbolically understood, is as one who walks alongside others in times of joy or sorrow, and stands between what is known and the mystery of the unknown. Medical Assistance in Dying may be a new clinical reality in our society today, yet, Spiritual Care Practitioners' and Psycho-Spiritual Therapists' commitment to those we serve remains the same.

CASC Board of Directors



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Section: 2: Introduction

Why we wrote these documents

In light of changes to the Criminal Code of Canada with respect to active participation in the death of health care consumers (i.e. Medical Assistance in Dying or MAID), many members of the Canadian Association for Spiritual Care (CASC) have asked the CASC Board of Directors for guidance and support in dealing with this new reality. These requests have fallen into three broad categories: (1) materials to facilitate member's personal reflection regarding tensions in ethical and clinical practice related to the duty to care and conscientious objection; (2) materials to help health care consumers and affected persons understand the rights and limitations of the relevant legislation; and (3) materials which can help other health care professionals engage in deepening their understanding of personal and practice implications in light of MAID.



In response to these requests the CASC Board of Directors have produced two documents: (1) A resource paper "Responding to Clients Considering or Requesting Medical Assistance in Dying (MAID)", and (2) "Guidelines for Spiritual Care Practitioners and Psycho-Spiritual Therapists in Responding to Inquiries Regarding Medical Assistance in Dying (MAID)."

How these documents came about?

At Board meetings, we identified that while MAID represents something new, concerns about personal freedom/conscience and required operational practices are addressed in a number of existing documents already adopted by our members and posted on our website. In particular materials developed by the Professional Practice Commission (e.g. Scope of Practice, Core Competencies) and the National Ethics Commission (Code of Ethics and Professional Conduct) offer considered perspectives related to self-aware reflection and practice which honours both the integrity of the practitioner and the needs of our clientele.

The "Responding to Clients Considering or Requesting Medical Assistance in Dying" resource paper, mentioned above seeks to capture relevant materials from existing CASC sources in order to create common parameters for our individual reflections and communal discourse.

The second paper, "Guidelines for Spiritual Care Practitioners and Psycho-Spiritual Therapists", was deemed necessary by the Board of Directors as we found there were misunderstandings and a lack of certainty with respect to what the enacted legislation did and did not say, did and did not allow. Some of the questions and concerns raised with us were simply addressed by providing accurate information. As a Board, we felt that a summary statement explaining the eligibility criteria and decision-making process would help our members to offer clear, correct and consistent messaging.



Who will benefit from these documents?

There are three target audiences.. The first and most direct audience is the membership of CASC. Second, and most likely an indirect audience, is health care consumers seeking clarity regarding MAID. The third audience is health care professionals, administrators, organizations, and community stakeholders. These documents will help them (1) understand the position of CASC on how we will respond professionally; (2) provide a clear explanation of what they can expect from our members; and (3) offers a framework for others to engage in practical and ethical reflection on the relationship between individual conscience and the duty to care.

Outline of the documents

The resource paper, [“Responding to Clients Considering or Requesting Medical Assistance in Dying”](#) is divided into three parts:

- 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’ professional and personal reflection and conduct when they are 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 must take should they choose to conscientiously object

The “Guidelines Paper” discusses (which follows below);

- Legislative guidance
 - Eligibility
 - Process for requesting MAID
 - Conscientious Objection
- Spiritual Care Practitioners and Psycho-Spiritual Therapists Responsibilities
 - Ethical practice
 - Roles and limitations



Colleagues,

It is our hope that this paper, “Guidelines for Spiritual Care Practitioners and Psycho-Spiritual Therapists in Responding to Inquiries Regarding Medical Assistance in Dying (MAID)” and its companion “Responding to Clients Considering or Requesting Medical Assistance in Dying” resource paper, will inform and guide your practice if or when you are called to respond to accompany individuals contemplating medical assistance in dying for themselves.

The strength of our professional association lies in our ability to support one another regardless where we live in the country. If you need any support before, during, or after journeying with a person who requests medical assistance in dying, please reach out to your Regional Ethics Chairs or/and Regional Professional Practice Chairs. We are here to support one another.



CASC Board of Directors

Section 3: Legislative Guidance

The Parliament of Canada has amended the Criminal Code, RSC 1985, c.C-46 to allow Medical Assistance in Dying (MAID) under certain limited circumstances. Medical Assistance in Dying means the administering by a medical practitioner or nurse practitioner of a substance to a person, at their request, that causes their death; or 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 death¹.

WHO CAN PROVIDE MEDICAL ASSISTANCE IN DYING?

Only physicians or nurse practitioners can assess a patient’s eligibility for and provide Medical Assistance in Dying.

ELIGIBILITY FOR MEDICAL ASSISTANCE IN DYING

The Act outlines the criteria required for the eligibility of Medical Assistance in Dying. It states:

241.2 (1) A person may receive medical assistance in dying only if they meet all of the following criteria:

- a. they are eligible for health services funded by a government in Canada;
- b. they are at least 18 years of age and capable of making decisions with respect to their health;

¹ Bill C-14 An Act to amend the Criminal Code and to make related amendments to other Acts (Medical Assistance in Dying), June 17, 2016

<http://www.parl.gc.ca/HousePublications/Publication.aspx?Language=E&Mode=1&DocId=8384014>



- c. they have a grievous and irremediable medical condition;
- d. they have made a voluntary request for medical assistance in dying that, in particular, was not made as a result of external pressure; and
- e. they give informed consent to receive medical assistance in dying after having been informed of the means that are available to relieve their suffering, including palliative care.

GRIEVOUS AND IRREMEDIAL MEDICAL CONDITION

A person has a grievous and irremediable medical condition only if they meet all of the following criteria:

- have a serious illness, disease or disability
- be in an advanced state of decline that cannot be reversed
- be suffering unbearably from your illness, disease, disability or state of decline; and,
- be at a point where your natural death has become reasonably foreseeable, which takes into account all of your medical circumstances (precise proximity to death is not required)

A person with mental illness may be eligible for medical assistance in dying if they meet all of the eligibility criteria, however, people suffering solely from a mental illness may not be eligible.

PROCESS

- The patient must submit a written, signed and dated request for MAID before two independent witnesses, who also sign and date the request. An assessment by a doctor or nurse practitioner is carried out to determine eligibility for MAID and, if the patient meets the criteria, the law requires a second assessment by a doctor or nurse practitioner, to confirm eligibility.
- The first and second assessors must be independent of each other and the patient, for example, and they must not have a supervisor-supervisee relationship.
- There must be a period of 10 clear days between the date the patient signs the request and when MAID is provided, unless their death or loss of capacity to provide informed consent is imminent.
- A patient found to be ineligible for MAID may seek an assessment from another doctor or nurse practitioner.
- A doctor who has a conscientious objection to providing medical assistance in dying should not abandon the patient and should refer the patient to a non-objecting, available and accessible physician, nurse practitioner or agency.

RIGHTS AND AUTONOMY

Patients have the right to make decisions about the kind of health care they receive; to have access to unbiased and accurate information about relevant medical issues and treatments.

Physicians have an obligation to provide their patients with health information and health services in a non-discriminatory fashion and an obligation not to abandon their patients.



Equally important, all individuals have the right to access and receive culturally and spiritually appropriate end-of-life care services.

CONSCIENTIOUS OBJECTION

Health care and other professionals should not be expected to participate in procedures that are contrary to their professional judgment or to their conscious. However, they must not abandon those to whom they provide care.

Nothing in the Criminal Code compels a person to provide MAID. Physicians or Nurse Practitioners may make a personal choice not to assess patients for and/or perform MAID, based on their values and beliefs.

Health care and other professionals have a duty to provide patients with enough information and assistance to allow them to make informed choices for themselves. This may include consulting with other experts on relevant medical facts and, when needed, competency assessments.

Section 4: Spiritual Care Practitioners and Psycho-Spiritual Therapists Professional Responsibilities

ETHICAL PRACTICE

Spiritual Care Practitioners and Psycho-Spiritual Therapists are expected to adhere to The CASC Code of Ethics and Professional Conduct in all practice areas and settings².

In relationships with Clients... The Code of Ethics and Professional Conduct binds us together in a relationship of mutual accountability and respect for one another. Therefore, in responding to inquiries regarding MAID, Spiritual Care Practitioners and Psycho-Spiritual Therapists are expected to treat all clients with dignity, demonstrate respect for client choice and remain non-judgemental in all interactions with clients and other care providers.

In relationship with Social Institutions... The Code of Ethics and Professional Conduct holds us accountable to communicate to our employer or/ and faith group as appropriate, if one chooses not to participate in an act that challenges and/or conflicts with one's moral and/or religious values. However, Spiritual Care Practitioners and Psycho-Spiritual Therapists need to:

- Notify their employer so that alternative care arrangements can be made and/or
- Transfer care of the client to another Spiritual Care Practitioner/Psycho-Spiritual Therapist who does not have a moral and/or religious objection to MAID so that the client's autonomy and rights to MAID are not restrained.
- Communicate to the client that one is not able to remain in a therapeutic relationship with the client due to personal conscience objection to participate in MAID.
- Reassure the client that they will not be abandoned. No personal moral judgments about the beliefs, lifestyle, identity or characteristics of the client should be expressed by the Spiritual Care Practitioner/Psycho-Spiritual Therapist. Until a replacement caregiver is found, the Spiritual Care

² CASC/ACSS Code of Ethics and Professional Conduct, Revised on September 30, 2016.
<http://www.spiritualcare.ca/manual.asp>



Practitioner/Psycho-Spiritual Therapist must continue to provide spiritual care, as per a client's spiritual care plan, that is not related to activities associated with MAID.

The issue of ending life raises many ethical considerations and generates differences of opinion. Because clients may make choices that challenge or conflict with the moral values of health professionals who care for them, it becomes necessary to recognize and acknowledge the rights of all persons with conflicting views. Spiritual Care Practitioners and Psycho-Spiritual Therapists have the right to uphold their own moral beliefs while at the same time have the duty to respect the moral beliefs of others.

In relationship with other professionals and the community ... The Code of Ethics and Professional Conduct holds us accountable to communicate sufficient information to other care team members while respecting the privacy of clients. In the case of clients who wish to talk about MAID, such conversations must remain confidential until the client requests to formally initiate a MAID process which will require the involvement of a physician or nurse practitioner.

LEGISLATION, REGULATION, AND ORGANIZATIONAL POLICY & PROCEDURES

Spiritual Care Practitioners and Psycho-Spiritual Therapists are expected to know and understand the federal and provincial laws and regulations and their healthcare institution's policy and procedures that pertain to MAID.

Some Spiritual Care Practitioners and/or Psycho-Spiritual Therapists may be employed by organizations engaged in the provision of MAID while others may work in organizations that choose not to provide MAID or have limitations on how they provide it. Hence, Spiritual Care Practitioners and/or Psycho-Spiritual Therapists employed by organizations must be aware of their own healthcare institution's purpose, mandate and function and how these impact on and limit professional relationships with clients.

ROLES AND LIMITATIONS IN RESPONDING TO INQUIRIES REGARDING MAID

In the paper presented by CASC to the External Panel on Options for a Legislative Response to Carter v. Canada, we are clear that 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, we accompany patients and their families throughout the trajectory of their illness and dying process.

Therefore Spiritual Care Practitioners and Psycho-Spiritual Therapists must:

- Assess their own feelings, emotions, and competencies when entering into end of life care conversations.
- Have the ability to be present and attend to the end of life needs of the client and family in a non-judgmental way.
- Acknowledge the request for information in a competent and compassionate way. Knowing that the client's request for additional information or further consultation on MAID is their right and must be honored.
- Willing to openly discuss not only the client's existential/ spiritual angst and concerns, but also any unmet needs, feelings, and desires about their care,



- Pay attention to their own reactions and responses to suffering and death and seek support as needed
- Continue to provide care and support to patient/family members and staff before, during and after MAID has occurred.

ADDITIONAL SOURCES OF GUIDANCE

We encourage all CASC members who have additional questions or concerns about MAID to contact their Regional Ethics Chairs and/or Regional Professional Practice Chairs for further support. Contact information can be found in our website <http://www.spiritualcare.ca/page.asp?ID=10>

Section 5: Conclusion

MAID is a delicate matter and the gravity of the issue will undoubtedly have a profound impact on those who are involved. As Spiritual Care Practitioners and Psycho-Spiritual Therapists we are committed to provide care and to walk alongside others in times of joy or sorrow, and to stand between what is known and the mystery of the unknown.

We recognize in humility, that we can't anticipate all possible scenarios where Spiritual Care Practitioners and/or Psycho-Spiritual Therapists may be asked to participate in supporting individuals, their families or staff when dealing or responding to MAID. Therefore, these guidelines are offered as support to CASC members knowing very well that we are navigating in uncharted territory.

References

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