

The Saskatchewan Health Authority respects patients' rights to make informed decisions about their care and treatment options; this includes MAID. The Provincial MAID Program has developed this information to support facilities and healthcare professionals in understanding their rights and responsibilities as they pertain to MAID. The "Frequently Asked Questions" document attached will provide you with some basic information and is a resource you can give to any inquiring patient or family member.

Guiding Principles of Medical Assistance in Dying (MAID)

Patient Autonomy: Patients with capacity are able to make their own decisions based on their preferences, values, and beliefs.

Equitable Access: Anyone who makes a request for MAID should have timely and reasonable access to the Provincial MAID Program.

Freedom from Stigma: Stigma refers to prejudice and discrimination towards certain groups of people or patient populations. Patients who inquire about or request MAID should be free from experiencing negative attitudes and responses that leave them feeling unwanted or shamed, which can negatively affect their relationships with others or the healthcare system.

Right for Privacy and Confidentiality: Patients have the right to choose who they will include in their MAID experience. Patients, their families, and health professionals are entitled to the same respect for their confidentiality as we would expect for ourselves and our loved ones. Documentation is to follow facility and unit standards.

Conscientious Objection: Care providers may follow their beliefs and values when deciding whether or not to participate in MAID. Healthcare providers/professionals with moral objections (conscientious objector) to MAID have an obligation to alert their colleagues and/or supervisors to these objections to minimize the disruption to the delivery of quality care and respecting the autonomy and rights of patients. No health care provider should experience stigma or disadvantage on the basis of having participated or not participated in providing MAID. They are bound by the duty to provide care noted below.

Abstaining Facilities: Some facilities do not support MAID based on fundamental religious principles to which they adhere, and adopt a position that they will not allow MAID, or certain aspects of processes associated with MAID, to be provided within its facility.

Duty to Provide Care: Patients shall not be abandoned or denied appropriate health care because of their request for or participation in MAID. If unable to continue to provide care, healthcare providers must make an effective and timely referral to another practitioner or provider in their respective area of practice and continue to provide care until the provider has assumed care. Conscientious objectors or abstaining facilities and health care professionals continue to provide care and support to the patient and their families up to their death and after, including the care of their body. Patients must not be exposed to adverse clinical outcomes due to a delayed referral or lack of care.

Transfers to Another Facility: A facility designated as a conscientious objector will work with the Provincial MAID Program to support a safe and timely transfer of the patient to their home or to a non-objecting institution which can support the provision of MAID. Transfers at the end of life can be stressful for patients, families and the health care providers. If a transfer is required, it is imperative to work closely with both the sending and receiving facilities in advance of the procedure to clarify roles and responsibilities during the process. The goal is to provide a seamless approach to arranging transportation and ensuring comfort of the patient and family during the transfer.

Facility Responsibilities when Someone Requests Medical Assistance in Dying (MAID)

All staff, including conscientious objectors, will:

- Respond to inquiries about MAID with compassion, respect and a non-judgmental approach.
- Provide contact information for the Provincial MAID Program.
- If a staff member is uncomfortable discussing MAID they must find someone who is willing to speak with the patient.
- Where an individual is unable to contact an appropriate resource due to any physical limitations or due to any condition, medical or otherwise, all facilities (including conscientious objectors) shall arrange for appropriate supports to enable the individual to contact the Provincial MAID Program directly toll-free at 1-833-473-6243 (MAID).
- Assist in obtaining a witness for the patient's "Written Request".

Note: All patient care in the facility will continue as normal

Role of Provincial MAID Program:

- Receive and facilitate MAID referrals.
- Collaborate with patients and facilities to complete information sessions and obtain a witness for written request.
- Facilitate assessments and provisions with privileged practitioners.
- Ensure compliance with legislative requirements.

Note: Consent and provision is the responsibility of the Provincial MAID Program

Roles and Responsibilities on the Day of Medical Assistance in Dying (MAID) Provision

The MAID Program will contact the facility to:

- Arrange for the patient to be moved into a private room if possible.
- Review staffing requirements (conscientious objectors, one to one).
- Confirm if a funeral home has been identified by the patient and/or family.
- Consider pandemic planning requirements related to deceased transportation, visitors, etc.

- Determine if there is quiet space for the family.
- Provide confirmation of the provision date and time.
- Facilitate transportation of the patient if required.

On the day of Provision:

- Facility staff can assist and/or support patients and families with special requests - having a bath, getting their hair done, applying makeup, special clothing, bedding and seating, etc.
- Facility staff can tidy the space removing any extra supplies and ensuring tissue and personal belonging bags are in the room.
- Two MAID team members will attend 30 to 60 minutes prior to provision.
- Private space will be required to prepare medications.
- Family will be asked to leave the room while the patient's final consent is obtained.
- The patient may request nursing staff to attend their provision. This is optional.
- Continue with compassionate care of the patient and family prior to MAID and post provision.
- Document per facility and unit standards (i.e. nursing notes).

After the MAID provision nursing care resumes including:

- Supporting family members.
- Removal of medical devices and lines.
- Assist with patient transfer to funeral home or morgue.

Supporting Staff During and After a Medical Assistance in Dying Provision

Healthcare providers are impacted by the death of patients they have cared for and about. We bring our knowledge and skills as well as our entire emotional/social/spiritual selves into each care interaction. MAID may bring feelings such as ambivalence, judgment and moral distress, impacting how staff feels about caring for a patient requesting MAID, and resulting in conflict and tension internally and externally amongst care providers. Staff tensions and attitudes towards MAID can leave the patient and family feeling shamed, isolated, and lead to a poor care experiences. These attitudes can be felt by things such as language, tone of voice, body language, staff whispering in hallways, and staff avoidance.

Offering a trusting, non-judgmental environment where staff can share openly about MAID can foster mutual support and respect for their personal values and beliefs. Leadership has an opportunity to directly support those in the circle of care to ensure quality end of life care by talking to the staff prior to MAID, being very clear on roles and responsibilities, and supporting those staff unable to continue to provide care. These discussions often end up affirming that there is a mutual goal to continue to provide the patient and family with competent and compassionate care and that everyone is impacted by the death of a patient regardless of their position on MAID. Avoiding these discussions and issues may cause internal stress, conflict and judgment that can directly impact patient and family experiences. A debriefing session after death with staff or being available to talk to any staff individually can be helpful.

Suggestions to Facilitate a Debriefing Session with Staff

- **Location:** Finding a quiet and private location, with minimal noise and distractions.
- **Welcoming environment:** Creating a non-judgmental and safe space for staff to share.
- **Purpose:** To talk about the experience of having a MAID death in the facility.
- **Permission to share or not share:** Staff can choose to share or not share – that is okay.
- **Everyone’s beliefs, thoughts matter:** Being receptive to all values, beliefs, thoughts – this is not a moral, ethical, religious debate – just an opportunity to listen and support each other.
- **Confidentiality:** What is shared in the session remains confidential - people do not have the right to share another’s experiences or comments. They can only share their own if they choose.
- **Emotions, feelings, thoughts:** Exploring common (normal) feelings around the death of a patient (grieving loss of patients and experiencing grief and loss of patients and families).
- **Exploring experience of MAID death:** What was it like to have MAID in facility or care for patient having MAID? What was hard (distressing) and what was satisfying (meaningful, touching)?
- **Lessons learned:** What lessons did we learn from caring for this patient and family? What went really well? Are there things we could do better or differently next time?
- **Self-care:** Encouraging staff to practice self-care -- being kind and caring toward each other. Remind staff of EFAP programs and other supports available to them.
- **Closing ritual, blessing or prayer:** Inviting people to send compassionate thoughts, prayers etc. to patient, family, themselves, and colleagues. Can ask for a few moments of silence to allow everyone the opportunity to do what feels right for them in the moment.
- **Open-door policy:** Remind staff that at any time they can come and talk to you individually.
- **Thanking everyone:** For courage to come and be part of this session. It is okay to talk about our experiences and seek support. We are all impacted by the death of our patients, residents, and their families as we both care “for” and “about” them.

Provincial Medical Assistance in Dying Program Resources and Supports for Facilities

- Briefing and debriefing sessions available upon request.
- Tailored education sessions are available to all healthcare disciplines.