

The Implementation of Medical Assistance in Dying in Long Term Care- A Case Study

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Faculty/Presenter Disclosure

- ▶ **Faculty:** Melissa Chadwick and Cathy Luke
- ▶ **Relationships with financial sponsors:** None

Disclosure of Financial Support

- ▶ This program has received financial support from no one in the form of nothing.
- ▶ This program has received in-kind support from no one in the form of nothing.
- ▶ **Potential for conflict(s) of interest:**
 - ▶ No one has received any funding from anyone
 - ▶ No product that will be discussed in this program

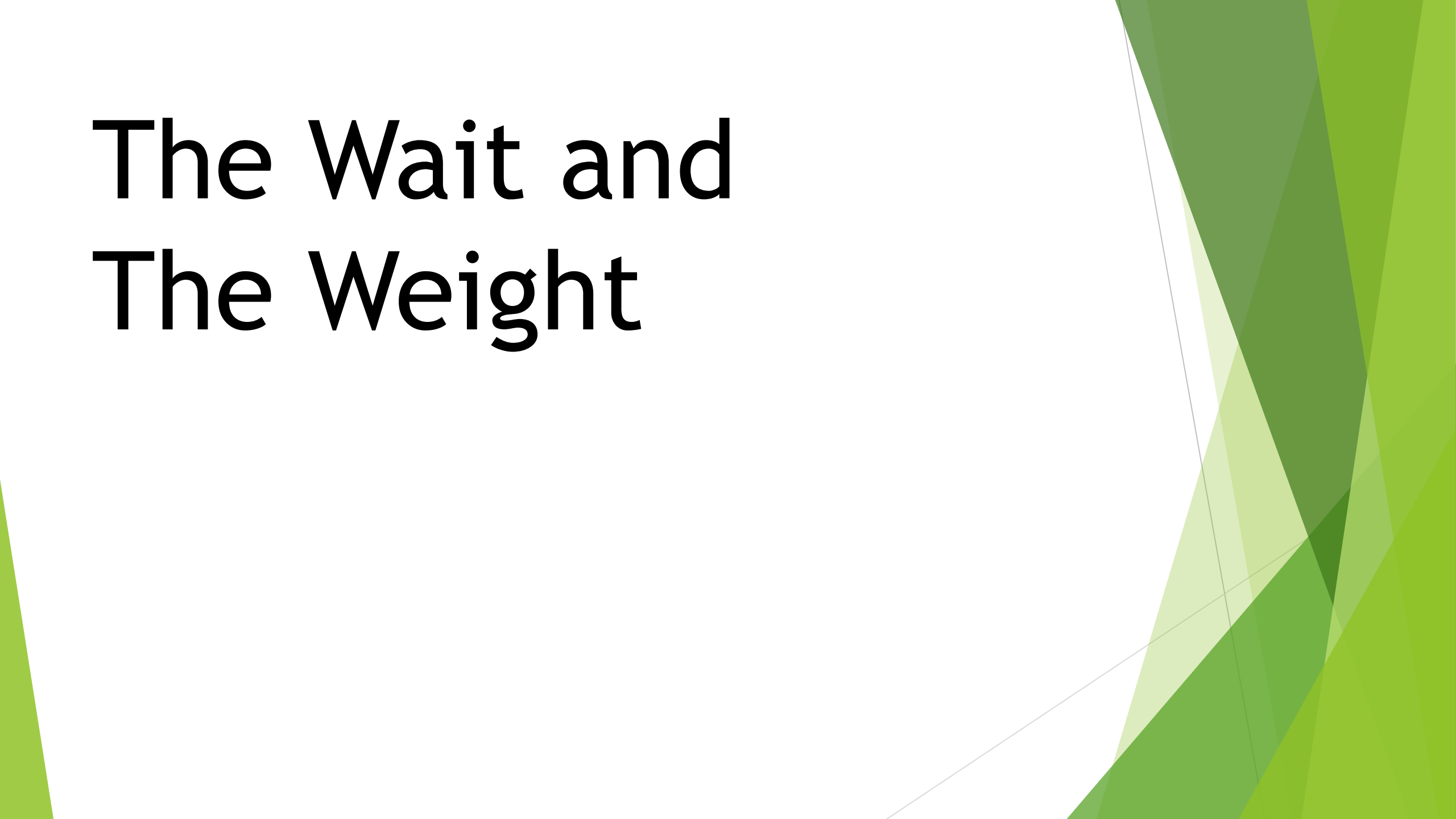
Mitigating Potential Bias

- ▶ NO BIAS IN ANY PRESENTATIONS
- ▶ This presentation was reviewed by a neutral third party, who found none.

Objectives

1. to describe the preparatory process for a planned death experience utilizing MAiD (which was an unfamiliar event) in one LTC setting
2. to recognize unique informational and supportive needs of front line and administrative staff related to the use and provision of MAiD in LTC
3. to identify key educational needs and deliver tailored education sessions for all staff
4. to reflect on implementation strategies which enhanced a patient-centered, compassionate and well communicated plan of care for end of life

The Wait and The Weight



Anecdotal narratives of early MAiD experiences in LTC identify stigmatization, secrecy, fear, moral distress, and conflicting ideas with the palliative approach to care and allowing natural death.

Staff experience new care delivery practices which need to be coordinated.

They exhibit varied learning needs and may have moral and philosophical concerns. These practical and professional challenges occur alongside their continued desire to support resident choice and to provide patient-centered, compassionate care.

Reflection

- Continue to explore the impact on the staff by evaluating the emotional spectrum of responses - uncertainty, resistance, fear, emotional and social conflict
- Sad to lose the resident, but happy to have cared for her, and know that she is at peace
- Dedicated quiet space for staff to access leadership for future MAiD Provisions.

Summary

“As more requests occur in each Long Term Care setting in Ontario, it is imperative that policy and implementation strategies are in place.....

- What did we learn from this experience?
- What is important?
- What we would change for future requests and provisions?

Resources

1. Policy: Resident Request for Medical Assistance in Dying (MAID)
2. Together We Care Slides - A RESIDENT'S RIGHT TO CHOOSE: Implementing the first MAID death in Ontario Long Term Care
3. Clinician Aid A - Ministry of Health and Long-Term Care, Patient Request for Medical Assistance in Dying, Queen's Printer for Ontario, 3890-41E (2016/06)
4. Clinician Aid B - Ministry of Health and Long-Term Care, (Primary) Medical Practitioner or Nurse Practitioner Medical Assistance in Dying Aid, Queen's Printer for Ontario, 3890-41E (2016/06)
5. Clinician Aid C - Ministry of Health and Long-Term Care, (Secondary) Medical Practitioner or Nurse Practitioner Medical Assistance in Dying Aid, Queen's Printer for Ontario, 3890-41E (2016/06)
6. Conscientious Objection to Participating in Medical Assistance in Dying within the scope of my role
7. Other requirements for clinicians:
 - a. College of Physicians of Ontario
 - b. College of Nurses of Ontario

Questions?



References

1. Ho, A., Joolae, S., Jameson, K., & Ng, C. (2021). The seismic shift in end-of-life care: Palliative care challenges in the era of medical assistance in dying. *J Pall Med*, 24(2), 189-194.
2. Downar, J., Fowler, R., Halko, R., Huyer, L., Hill, A., & Gibson, J. (2020). Early experience with medical assistance in dying in Ontario, Canada: A cohort study. *CMAJ*, 192(8), E173-181.
3. Beuthin, R., Bruce, A., & Scala, M. (2018). Medical assistance in dying (MAiD): Canadian nurses' experience. *Nurs Forum*, 53, 511-520.
4. Primacare living Solutions (2017). Implementing the first MAiD case in Ontario Long-Term Care. Toronto?: Innovation Exchange, Together We Care Convention, Long Term Care Association.