

Canadian Palliative Care Nursing Association
Position Statement
Medical Assistance in Dying and Nursing Care

The Canadian Palliative Care Nursing Association (CPCNA) seeks to strengthen the competence and confidence of all nurses to provide the best care possible for patients, families, and communities facing life-limiting situations. This includes situations of Medical Assistance in Dying (MAiD).

MAiD is a topic that generates significant debate. Amidst this debate, it is important to attend to people who need support. This position statement is about how nurses can best support people contemplating and receiving MAiD.

Nurses are uniquely positioned to engage with patients early on in their thinking about MAiD: to listen, explore, and provide information and connections with resources. A palliative approach to care means that patients and families are also helped to articulate their values, their hopes, and their fears, and to create an individualized plan of care that promotes quality of life, alleviates suffering, and tends to grief.

Supporting people who choose MAiD and their families¹

The CPCNA understands that while MAiD is a unique end-of-life experience, many of the concerns and emotions that characterize a person's experience of MAiD are similar to those that characterize other experiences of death, dying and grief. Therefore, **involvement of nurses with specialist knowledge in palliative care can strengthen the ethical enactment of MAiD-related practices**. Palliative care nurses can support people pursuing MAiD in a number of important ways, such as:

- Clarifying goals of care and facilitating an approach to care that aligns with these goals;
- Facilitating important conversations between patients and their families;
- Providing expert symptom assessment and relief, and attending to psychosocial and existential suffering;
- Recognizing and responding to the needs of all who are impacted by the patient's death, and by the choices made for their end-of-life care;
- Working to understand what the person and family need, and advocating for these needs with the interprofessional team;
- Crafting meaningful end-of-life experiences that reflect the values and preferences of the person and their family;

¹Family includes those who care about, and/or are impacted by, the death of the patient. This includes friends as well as chosen family. Family is in no way limited to biological, nuclear, or heteronormative relationships.

- Helping to create memories that are a comfort to grievors in bereavement; and
- Integrating bereavement care and follow up after a MAiD death.

Moral communities

The CPCNA recognizes that nurses practice in teams, and a wider healthcare system, which are characterized by a diversity of views and in which multiple ethical tensions exist, often in direct conflict with each other. All nurses encounter ethical challenges in their practice and must make decisions that are based on values. A **moral community** is a place where community members are encouraged to reflect on the values relevant to a given situation, to bring ethical concerns to light, dealing with these in a manner that promotes shared understanding and mutual respect.²

The CPCNA believes that excellent end-of-life care occurs when the contexts of nursing practice reflect the values of a moral community. **With respect to MAiD, this means encouraging respectful dialogue between team members who feel differently about the ethics of MAiD, and supporting reflective practice so that nurses can practice with clinical and moral integrity.** Such integrity is also influenced by the wider sociopolitical context in which nurses work, affecting for example the availability of resources needed for safe and compassionate care.

Nursing and healthcare leaders – in partnership with palliative care nurses – can support the creation of moral communities by:

- Promoting collaboration, listening, and respectful discourse about MAiD, including debriefing and bereavement support for clinicians;
- Having a plan for meeting the needs of patients when nurses express conscientious objection in specific situations, while ensuring that colleagues are not unduly impacted;
- Advocating that palliative care nursing expertise be represented in clinical and policy decisions about MAiD; and
- Removing any limitations on nurses' abilities to openly engage in conversations with patients and families about MAiD.

Autonomy, choice, justice, and access to palliative care

Respect for autonomy and choice are key palliative care values. Palliative care philosophy also recognizes the intrinsic value of all people, no matter how ill or close to death they are. At this time, access to palliative care is not guaranteed for all Canadians. **No person should ever be put in a situation where they are choosing MAiD because they lack access to palliative care.** Further, meaningful access to palliative care does not mean a single visit or consult. It is

² Hardingham, LB. (2004). Integrity and moral residue: nurses as participants in a moral community. *Nursing Philosophy*, 5(2), 127-34.

CPCNA's position that meaningful involvement represents a fulsome and holistic engagement over time with the person and those who matter to them.

Another core concept of palliative care philosophy is total pain. This means that a person's suffering at the end of life is influenced by their physical, psychosocial, relational, and spiritual wellbeing. **Assessment and administration of MAiD requires a thorough understanding of how total pain might be influencing the person's request.** Palliative care nurses have expert knowledge that can inform this understanding.

CPCNA also believes in the need for political advocacy to redress inequities that contribute to peoples' suffering. Advocacy is also needed to emphasize the importance of palliative care within the context of MAiD legislation, and to call on lawmakers to explicitly acknowledge the role of nurses in MAiD planning, provision, as well as bereavement support to families.

Nurses understand that while the end of life can be challenging and painful, it can also be a meaningful time that is rich with opportunity and potential for growth. Every person deserves to be supported in realizing such opportunities, including people contemplating and receiving MAiD. The CPCNA encourages a stance of openness and curiosity about the possibilities and opportunities as the legislative and practice landscape evolves.

This position statement was created based on a series of dialogues with members of CPCNA, funded by the Canadian Institutes of Health Research (#150144) as part of a research grant about palliative care nurses' perspectives on MAiD.

The writing of this statement was led by Dr. David Kenneth Wright and Dr. Christine McPherson, with support from Dr. Marianne Sofronas, Kristina Ma, and Jehanara Chagani.

Approved by the CPCNA Board on April 14th 2023.