



Policy Name: <p style="text-align: center;">MEDICAL ASSISTANCE IN DYING (MAID)</p>	Policy Number: <p style="text-align: center;">0197</p>
Approved By: <p style="text-align: center;">Executive Team</p>	Effective Date: <p style="text-align: center;">MARCH 5, 2019</p>
Reason for Revision: Click on item below and select item from list. <p style="text-align: center;">New</p>	Date Revised: <p style="text-align: center;">New</p>
Section: <p style="text-align: center;">Section 01 - Delivery of Care to Residents and Families</p>	Next Date for Review: <p style="text-align: center;">March 7, 2022</p>

Policy

Agape Hospice is committed to providing a consistent and compassionate resident centered approach to care that is reflective of The Salvation Army and Agape Hospice’s mission statements.

As a faith based organization, The Salvation Army Agape Hospice does not support the provision of Medical Assistance in Dying (MAiD) at our hospice. All care providers will sensitively and respectfully address the resident’s request for information about MAiD.

OBJECTIVES

- To facilitate a consistent compassionate resident-centered approach when responding to a resident’s request for Medical Assistance in Dying.

PRINCIPLES

- Resident Autonomy – residents who retain medical decision making capacity will be able to make their own decisions about their lives and bodies based on their own perspective, preferences, values, and beliefs.
- Equitable Access – Residents who make a request for MAiD should have timely and reasonable access to this service. Consistent with other Agape services and programs, reasonable access means that MAiD is not available at the Agape Hospice, but residents will have access through an external location, which may include home or another facility.
- Respect for Moral Conscience – Health care providers have a duty to provide care to their residents, but may also have ethical challenges when considering MAiD discussions due to their own personal beliefs. As such, should they feel conflicted, they may choose not to discuss MAiD options, but have a duty to refer the resident to another provider who can proceed with an informative discussion.



Policy Name: <p style="text-align: center;">MEDICAL ASSISTANCE IN DYING (MAiD)</p>	Policy Number: <p style="text-align: center;">0197</p>
	Date Revised: New
	Page No: <p style="text-align: center;">Page 2 of 7</p>

- Respect and Dignity – residents and their families shall be cared for by Agape staff with a high level of dignity, respect, compassion, an open mind, and thoughtful regard to the individual’s experience, and their cultural, social and personal beliefs.
- Duty to Provide Care – Residents shall not be abandoned or denied appropriate health care because of their request for or participation in MAiD.
- Criminal Law Application and Protections – Changes to the Criminal Code (Canada) - Physicians and other health care providers may provide patients with information about the lawful delivery of MAiD.
- Protection for Vulnerable Patients – Agape Hospice’s Interdisciplinary team must be committed to protecting vulnerable residents from discrimination, coercion, exploitation, and undue influence.

APPLICABILITY

Compliance with this document is required by all Agape Hospice employees, Physicians, learners, Volunteers, and other persons acting on behalf of The Salvation Army Agape Hospice (including contracted service providers as necessary).

POLICY ELEMENTS

1. Agape Hospice responsibilities regarding MAiD requests

- 1.1 Agape Hospice has the responsibility to assist Albertans with reasonable access to MAiD services in clinically appropriate AHS settings, which means environments where health services are delivered by, on behalf of, or in conjunction with AHS, including the resident’s home.
- 1.2 Agape Hospice staff shall provide comprehensive supportive holistic care to residents and families while the resident is exploring their end of life decisions.
- 1.3 Provide non-judgemental care without bias.
- 1.4 Provide timely and reasonable access to information about all end of life options including palliative care and bereavement care.
- 1.5 Honour Health Care providers’ decisions regarding their participation in discussing MAiD with residents and families.
- 1.6 Assist residents to obtain information regarding MAiD in a timely and coordinated fashion.
- 1.7 Accommodate requests for timely patient transfers from Agape to an appropriate external location, which could include home or another AHS or non- AHS facility which supports the provision of MAiD on site.



Policy Name: <p style="text-align: center;">MEDICAL ASSISTANCE IN DYING (MAID)</p>	Policy Number: <p style="text-align: center;">0197</p>
	Date Revised: New
	Page No: <p style="text-align: center;">Page 3 of 7</p>

- 1.8 Ensure access to consultation service including but not limited to AHS MAiD Coordination Team, Clinical Ethics, Spiritual Care, Social Work, and addiction and mental health services.
- 1.9 If any concern regarding a residents health care experience arises, the Agape resolution process will be followed.

2. Health Care Providers Responsibilities regarding MAiD requests

- 2.1 Prior to discussing MAiD with residents, health care providers should inform themselves of the direction being provided by their respective regulatory bodies and must comply with that direction.
- 2.2 Health Care Providers should also inform themselves with information, support and guidance provided by the MAiD Coordination Service, referral services and the patient self-referral process.
- 2.3 Health Care providers shall respond to MAiD inquiries in a timely and non-judgmental, comprehensive manner without bias and shall notify the resident’s most responsible health care provider.
- 2.4 Health Care Providers may share information about MAiD with residents.
- 2.5 Health Care Providers not electing to participate in MAiD discussions for appropriate reasons, including reasons of conscience, are not required to participate.
 - a. The Physician or Health Care Provider shall notify the Medical Director or Nursing Lead if they are unwilling/unable to support discussions/requests for MAiD.
 - b. The Medical Director or Nursing Lead will make arrangements for an alternative appropriate Health Care Provider to engage in timely further MAiD discussions with the resident.
- 2.6 Health care providers shall ensure documentation in the residents health record is in accordance with Agape Policy and legislative requirements.

DEFINITIONS

Alberta Health Services (AHS) setting means any environment where treatment/procedures and other health services are delivered by, on behalf of or in conjunction with, Alberta Health Services.

Alternate decision-maker means a person who is authorized to make decisions with or on behalf of the patient. These may include, specific decision-maker, a minor’s legal representative, a guardian, a ‘nearest relative’ in accordance with the Mental Health Act (Alberta), an agent in accordance with a Personal Directive, or a person designated in accordance with the Human Tissue and Organ Donation Act (Alberta).



Policy Name: <p style="text-align: center;">MEDICAL ASSISTANCE IN DYING (MAID)</p>	Policy Number: <p style="text-align: center;">0197</p>
	Date Revised: New
	Page No: <p style="text-align: center;">Page 4 of 7</p>

Capacity means the ability for the patient to (1) understand the nature, risks and benefits of the medical intervention and the consequences of consenting or refusing and (2) understand that this explanation applies them.

Concern means a written or verbal expression of dissatisfaction that may be related to:

- the provision of goods and services to a patient;
- a failure or refusal to provide goods and services to a patient; and
- Terms and conditions under which goods and services are provided to a patient.

Family (-ies): means one or more individuals identified by the patient as an important support, and who the patient wishes to be included in any encounters with the health care system, including, but not limited to, family members, legal guardians, friends and informal caregivers.

Goals of care designation: means a codified instruction that provides direction regarding general care intentions, specific health interventions, transfer decisions and locations of care, for a patient as established after consultation between the most responsible health practitioner, patient and when appropriate, alternate decision-maker.

Goals of care designation order: means the documented order for the goals of care designation as written by the most responsible health practitioner (or designate).

Health record: means the collection of all records documenting individually identifying health information in relation to a single person.

Medical assistance in dying means:

- (a) the administering by a Physician or Nurse Practitioner of a substance to a patient, at their request, that causes their death; or
- (b) the prescribing or providing by a Physician or Nurse Practitioner of a substance to a patient, at their request, so that they may self-administer the substance and in doing so cause their own death.

Most responsible health practitioner: means the health practitioner who has the responsibility and accountability for the specific treatment/procedure(s) provided to a patient and who is authorized by s to perform the duties required to fulfill the delivery of such a treatment/procedure(s) within the scope of their practice. For the purpose of this Policy, this may only be either a Physician.

Patient means, for the purposes of this policy, an adult who receives or has requested health care or services from Alberta Health Services and its health care providers or individuals. This term is inclusive of residents, clients, and outpatients

REFERENCES



Policy Name: MEDICAL ASSISTANCE IN DYING (MAID)	Policy Number: 0197
	Date Revised: New
	Page No: Page 5 of 7

- **Alberta Health Services. Medical Assistance in Dying, August 2018, Document # HCS – 165-01 (1-12)**
- **The Salvation Army, Policy for Social Service and Health Care Ministry Units on Medical Assistance in Dying (MAiD), Jan 2018, 79 Policy and Procedure**
- **<https://www.albertahealthservices.ca/assets/info/hp/maid/if-hp-maid-process-map.pdf>**
- **Responding to Requests for Medical Assistance in Dying, Sept 2017, Policy #VII-B-440**

REQUIRED FORMS AND EQUIPMENT REFERENCES Hardcopy forms location – Work area file cabinet.

- Medical Assistance in Dying (MAiD) Checklist for Resident
- Medical Assistance in Dying (MAiD) Communication Tracking Tool

Procedure

Responding to a MAiD Request

1. Initial Response

- 1.1 An expressed request from a resident for MAiD must be respectfully acknowledged in a non-coercive and non-discriminatory manner. A response can be given by the health care provider

This response should focus on exploring the reason for the request, including information on appropriate physical, psychological, social, and spiritual supports to address the person's needs that may underlie their expressed request.

- a) Agape Hospice supports those who conscientiously object. Any staff member who is unable to participate in a conversation regarding MAiD has a duty to refer the request to the Medical Director, Nursing Lead or Charge Nurse.
- 1.2 After exploring the request with the resident the attending physician must be notified in a timely manner.
- a) A social work referral is advisable, in addition to notifying the Nursing Lead
 - b) The Medical Assistance in Dying Communication Tracking Tool is initiated and filed at the front of the resident's chart.



Policy Name: MEDICAL ASSISTANCE IN DYING (MAID)	Policy Number: 0197
	Date Revised: New
	Page No: Page 6 of 7

- 1.3 The attending Physician will review the resident's medical status and seek to understand the resident's perspective and reasons for requesting MAiD, and to consider if the resident retains capacity for medical decision making. The attending physician may wish to initiate further consultations (e.g. with psychiatry), depending on the resident's status and needs.
- 1.4 The attending physician will discuss the full range of treatment options with the resident, including all factually relevant information. This response may also require consultation to other health care personnel to assess the person's decision making capacity and to provide emotional, social, and spiritual support as indicated.

2. Official Request

- 2.1 Once the Physician has discussed the request with the resident, and the resident requests to proceed with the request, the social worker or designate will print off the relevant information e.g. "General Questions and the different stages of MAiD and Record of Request" from the AHS website and will be provided to the resident and family as appropriate.
 - a) The MAiD information can be provided to the resident and family by most appropriate designated staff (SW, RN, or Nursing Lead)
- 2.2 The Primary Agape contact person will be identified and noted on the MAiD communication Tracking Tool.
- 2.3 The Primary contact person will be in direct communication with the MAiD coordination team and will be the liaison between the requestor, and the coordination team as needed.
 - a) The Primary contact person will be responsible for keeping the interdisciplinary team informed, communicating 1st and 2nd assessment appointments, or other appointments as applicable with resident and family members via the MAiD checklist for Resident

3. Transfer of Care

- 3.1 Once a discussion with the AHS MAiD coordination team has taken place and arrangements have been made for the provision of MAiD, Agape Hospice will prepare the resident for transfer to a location suggested by the MAiD coordination team on a date acceptable to the resident. The resident retains the right to stop the MAiD process and decline transfer at any time.



Policy Name: MEDICAL ASSISTANCE IN DYING (MAID)	Policy Number: 0197
	Date Revised: New
	Page No: Page 7 of 7

3.2 The Agape Interdisciplinary will continue to provide care to the resident up to the point of their transfer.

3.3 Report and transfer documentation will be given to the receiving team.

3.4 Coffee cart and time for staff to say good-bye will be organized by the primary contact person if resident would like to do so.

4. Following Transfer of the Resident

4.1 Spiritual Care Coordinator or other appropriate designated staff arrange date and time for endings and beginnings if applicable.

4.2 Debrief provided as needed

5. Documentation

5.1 Documentation by all Health Care providers will be done in the resident's health record. The following information related to MAiD requests should be clearly outlined:

- All relevant information that would normally be documented as a statement of fact in compliance with regulatory and legal requirements to ensure safe managements of a resident care
- Any MAiD discussions with the resident
- Any scheduling of eligibility assessments
- Potential Transfers
- Other documentation required for clear communication