



Navigating MAiD on the Frontline: A Spiritual Care Perspective

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Disclosure of Commercial Support

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Potential for conflict(s) of interest:

Members of the Planning Committee have disclosed the following potential conflicts of interest:

- Jenn Verhoeven: employed by St. Joseph's Health Care London.
- The Scientific Planning Committee members have no conflicts of interest to disclose.
- The presenter has no conflict of interest to declare.

Mitigating Potential Bias

- Conflict of Interest disclosure forms have been completed by all presenters and reviewed by the Planning Committee to ensure no bias exists.

Objectives

- 1. A brief overview of MAiD and the psychosocial aspects of the process*
- 2. Identify the spiritual needs of those choosing MAiD; what is important to understand*
- 3. Examine the role of spiritual care in supporting patients, families, and healthcare professionals involved in MAiD processes and identify community supports for information and connection.*

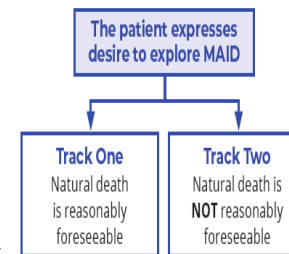
Overview

- On **June 17 2016**, the government passed Bill C-14, which established the legalization of MAiD in Canada.
- The legislation allowed a physician or nurse practitioner to assist an individual, whose death was naturally foreseeable, to intentionally and safely end their life at their request.
- MAiD is administered via medication either by a MAiD provider intravenously or eligible patients are provided with a prescription to self-administer to end their life. Both options require a physician/NP present during the process.
- This legislation aimed to respect the personal autonomy of those seeking access to MAiD while protecting vulnerable people and equality rights of all Canadians.

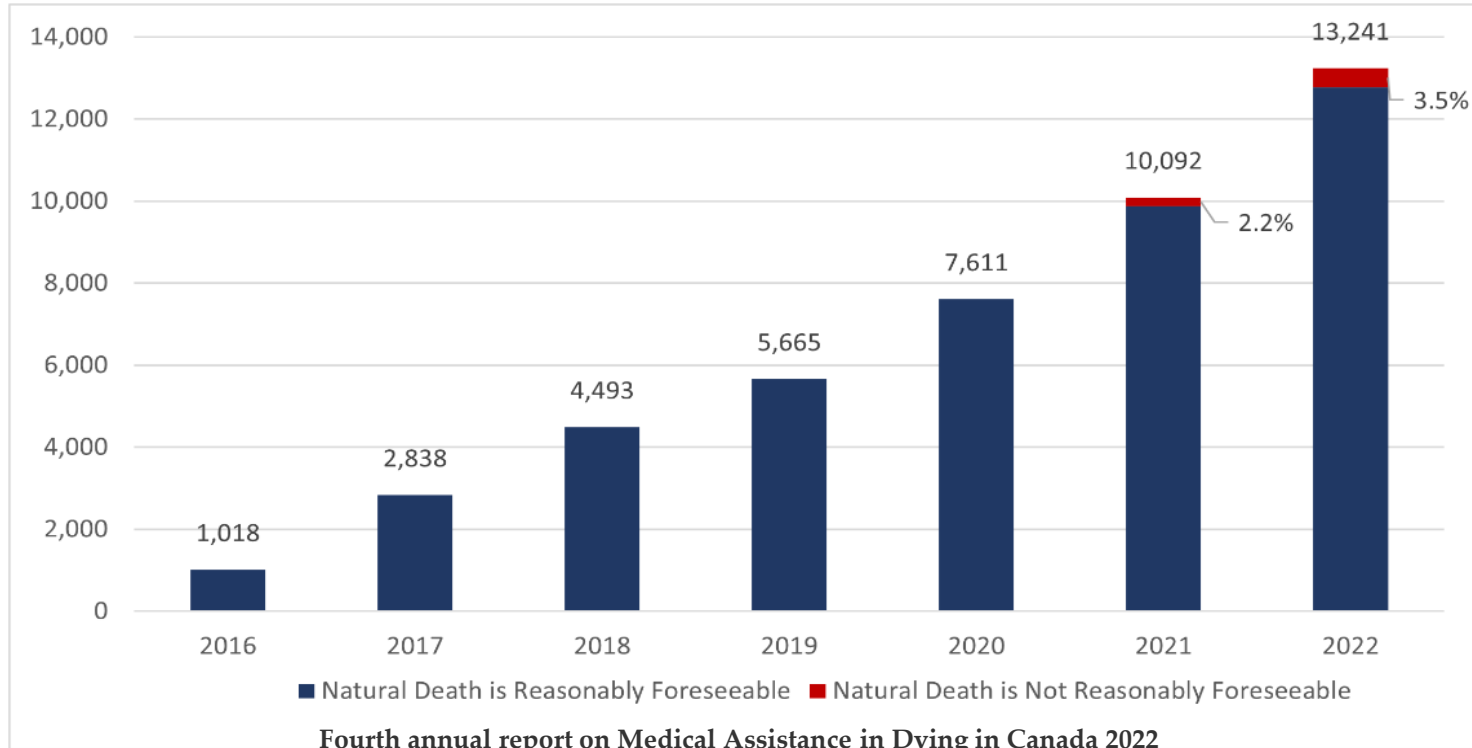
Overview

- **March 17, 2021**, the law was amended (Bill C-7) and broadened eligibility to permit MAiD for individuals whose death was *not naturally foreseeable* thus creating a dual track system.
- Each Track has a different set of procedural safeguards
- The main changes in Bill C-7 included:
 - *A person's death does not have to be reasonably foreseeable to be eligible for MAiD*
 - *A person only needs one witness to sign their request for MAiD, down from two*
 - *The waiver of final consent for those whose death is reasonably foreseeable (**Audrey's Amendment**)*
 - *Temporary exclusion of those whose sole underlying condition is a mental illness until March 2024*
- **February 2024**, legislation (Bill C-62) to extend the temporary exclusion of eligibility to receive MAiD where a person's sole underlying medical condition is a mental illness immediately came into effect.
- The eligibility date has been extended to **March 17, 2027**.
- Canada will be among a handful of European countries including the Netherlands, Belgium, Luxembourg and Switzerland who already allow MAiD for those with mental disorder as a sole underlying condition.

High-level clinical pathway for MAiD



MAiD Deaths in Canada 2016-2022

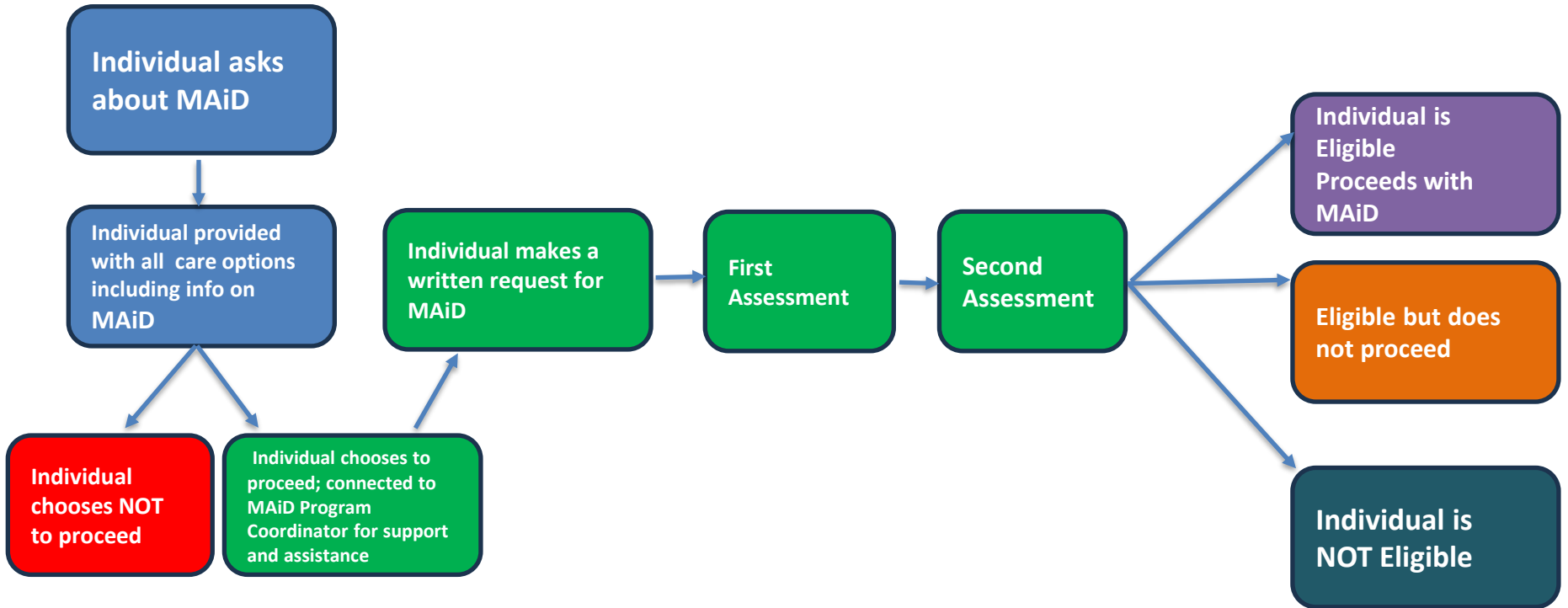


Fourth annual report on Medical Assistance in Dying in Canada 2022

***Total MAiD
deaths 2016 -2022
44,958**

***Average growth
rate of 31.1% from
2019 to 2022.**

MAiD PROCESS



Source: Dying with Dignity- Navigating a request for medical assistance in dying in Ontario Melissa Melnitzer MD <https://www.youtube.com/watch?v=E9AVVcmUxhE>

Once eligible then what?



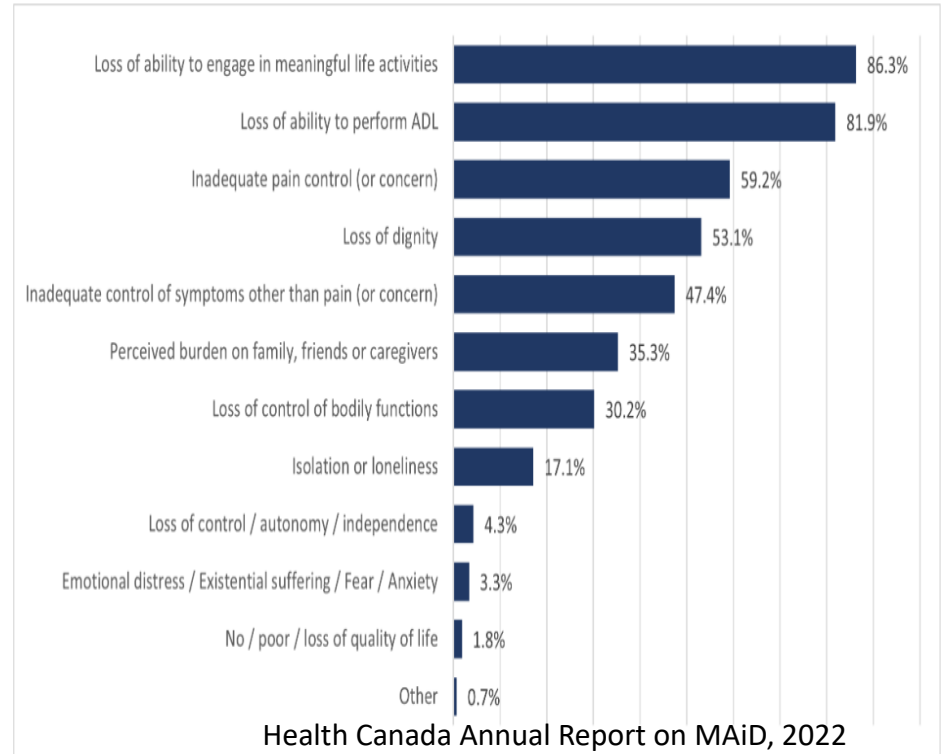
...plus many other tasks

Why do people request MAiD?

Top 5 Reasons:

- Loss of ability to engage things that give meaning to life (86.3%)
- Being unable to engage in activities of daily living (81.9%)
- Inadequate control of pain (59.2%)
- Loss of dignity (53.1%)
- Inadequate control of symptoms (47.4%)

Chart 4.3: Nature of Suffering of Those Who Received MAiD, 2022



Relationship between Maid and PC: Key Differences

Medical Assistance in Dying

Objective: The primary objective is to provide terminally ill patients with the option to end their lives through assisted dying

Focus: MAID focuses on alleviating suffering by giving patients the choice to end their life when their condition becomes intolerable.

Patient Autonomy: MAID emphasizes patient autonomy and the right to make decisions about one's own death above all other values.

Palliative Care

Objective: The primary objective is to improve the quality of life for patients focusing on pain and symptom management and psychosocial support.

Focus: Focuses on providing physical, emotional, and spiritual comfort to patients and their families from diagnosis to natural end of life. help patients live as fully as possible until the end, rather than hastening death

Approach: Helps patients live as fully as possible until the end, rather than hastening death. Takes a holistic approach, addressing not only physical symptoms but also psychological, social, and spiritual needs.

While both aim to alleviate suffering their approaches and objectives differ significantly. MAID offers the option of ending life when suffering becomes unbearable and is chosen by the patient, whereas palliative care focuses on providing comprehensive support to enhance quality of life and alleviate suffering without intentionally hastening death.

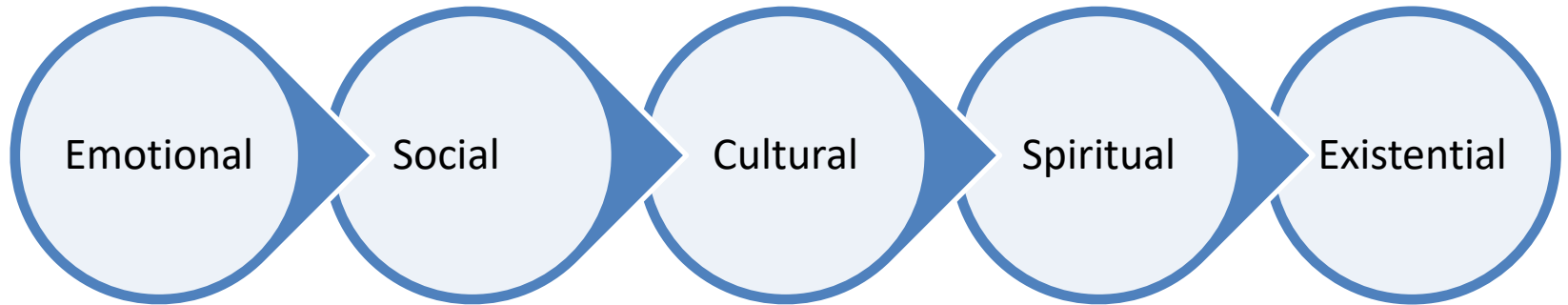
Palliative/Hospice Care: Can They Co-exist?

While these two approaches have different goals, they can complement each other in the following ways:

- 1.Choice and Autonomy:** *Both prioritize patient autonomy and choice.* Patients who opt for palliative care may also wish to explore the option of MAID as part of their end-of-life planning.
- 2.Patient-Centered Care:** *Both emphasize patient-centered care, focusing on the individual's preferences, values, and needs.* Palliative care providers can support patients considering MAID by discussing their concerns, fears, and goals.
- 3.Integrated Approach:** *Patients may receive palliative care alongside MAID assessment and provision.* This integrated approach ensures that patients have access to comprehensive support, including symptom management, emotional and spiritual care, and discussions about end-of-life options.
- 4.Continuity of Care:** *Palliative care providers may continue to support patients and their families throughout the MAID process,* ensuring that their physical and emotional needs are met until the end.

**Ultimately, both approaches aim to honor patients' wishes and provide compassionate care during a vulnerable time.*

Psychosocial Aspects of MAiD



Medical Assistance in Dying is more than strictly a medical procedure – addressing the non-medical aspects (psychosocial) need to be addressed as well

Psychosocial Aspects

Emotional Aspects

- Guilt
- Fear
- Depression
- Disappointment
- Trauma
- Loss of control
- Isolation
- Anger
- Anxiety

Social Aspects

- Family and Social Support
- Communication/Understanding
- Financial/Practical Concerns
- Stigma Disapproval
- Shame/Isolation

Cultural Aspects

- Family Dynamics
- Beliefs and Values
- Spiritual/Religious

Spirituality & Spiritual Care

- Spirituality can mean different things to different people
- Broadly it's the recognition that there is something greater than oneself
- Seeking of meaning and purpose in things we value and the relationship we have with ourselves, with others and with what we consider the transcendent /Other (Pritchard 2014)
- We all have spiritual needs- we all need spiritual care

“The need to give and receive love; the need to be understood; the need to be valued as a human being; the need for forgiveness, hope and trust; the need to explore beliefs and values; the need to express feelings honestly; the need to express faith or belief; the need to find meaning and purpose in life.”

Dr. Aru Naryanasamy (1991)

Spiritual Care is much broader than religious care...

- It is patient-centered, assessing and supporting the relational dimensions of coping within the illness experience.

- When the patient experiences of connection (spiritual well-being)
- An experience of disconnection results in spiritual distress/crisis

What is Spiritual Well-being and Spiritual Suffering?

- Spiritual wellbeing relates to the experiences of connection with oneself, with others, and with 'Other'.

- A sense of meaning and purpose is core to spiritual well-being. Spiritual suffering (distress) may be understood as the experiences of loss of connection or disconnection in any or all of these relational dimensions.

- Loss of meaning and purpose, and the experience of powerlessness lie at the of the distress

Spiritual Crisis vs Existential Crisis

While there are distinctions between the two, it's important to recognize that they can intersect and influence each other. For example, questioning one's spiritual beliefs may lead to broader existential inquiries, and vice versa. Both crises involve profound introspection and can be catalysts for personal growth and transformation.

	Spiritual Crisis	Existential Crisis
Nature	This crisis revolves around matters of faith, meaning, and connection to something greater than oneself. It often involves questioning or reevaluating one's beliefs, experiences of transcendence, or struggles with existential questions related to the purpose of life and existence.	An existential crisis typically concerns the individual's confrontation with the fundamental questions of existence, such as the meaning of life, freedom, mortality, and the nature of reality. It's a broader philosophical inquiry into the human condition and the individual's place in the world.
Focus	Focuses on spiritual beliefs, practices, and experiences, including issues of morality, ethics, and the nature of the divine or transcendent.	Focuses on questions related to existence, personal identity, freedom, responsibility, and the nature of reality
Resolution	Resolution may involve reaffirmation of faith, deepening of spiritual practices, seeking guidance from spiritual leaders or communities, or undergoing personal transformation based on spiritual insights	Resolution may involve philosophical exploration, personal reflection, seeking meaning through creative expression or relationships, or finding a sense of purpose through existential realization.
Impact	It can deeply affect one's sense of identity, values, and worldview, often leading to profound spiritual growth or transformation.	It may lead to feelings of anxiety, disorientation, or despair as one confronts the apparent lack of inherent meaning or purpose in life.
Causes	Triggers may include experiences of loss, trauma, profound change, or intellectual challenges to one's faith or spiritual beliefs.	Triggers may include major life transitions, encounters with suffering or mortality, philosophical inquiries, or experiences of meaninglessness.
Cultural Context	Often rooted in religious or spiritual frameworks and may be influenced by cultural or societal norms regarding spirituality and belief systems	Arises from philosophical contemplation and can transcend cultural or religious boundaries, although cultural factors may shape how it manifests and is addressed.

While both spiritual crises and existential crises involve grappling with profound questions about life and meaning, the former centers on spiritual beliefs and experiences, while the latter encompasses broader existential inquiries into existence and the human condition.

Who provides Spiritual Care?

- Traditional spiritual practices such as the development of empathy and compassion are being shown to be vital active ingredients, even prerequisites, in effective health care – in the care giver and the cared for...(Reilly, 2005).
- Spiritual care is provided by *all health care professionals* through their practice of empathy and compassion
- Spiritual care practitioners are specialists; they focus on on a person's sense of the meaning of their life, their suffering, their relationships, and hope or lack thereof
 - Support people in difficult times; provide presence and a safe space to speak what is being lived.
 - Listen to their stories; advocate for their story to be spoken
 - help patients seek understanding of their own story enabling them to make authentic decisions and find peace
 - Help (re-)connect with what really matters in times of illness
 - Provide culturally sensitive spiritual and religious patient care across all beliefs, cultural perspectives, and practices
 - Provide information about different faith and belief groups and about bereavement.
 - Support staff by 1 – 1 conversation, and through education

Common spiritual questions asked include:

Will they forgive me? Will God forgive me?

Have I forgiven those who have wronged me?

What am I leaving behind? What impact has my life had?

Is this pain my life now? Can I bear it?

"Is there anyone I need to reconcile with before I die?"

Did I love deeply enough?"

I'm afraid to fall asleep what if I don't wake up?

Why am I suffering so much?

How do I say goodbye? What will I be remember for?

Have I expressed gratitude and appreciation to those I love?

Common Questions:

- As individuals approach the end of life, they may grapple with profound existential and spiritual questions as they reflect on their mortality and search for meaning and purpose. These questions can vary greatly depending on an individual's beliefs, experiences, and cultural background.

Common Questions:

1. Questions about Meaning and Purpose: Dying individuals often contemplate the meaning and purpose of their lives. They may ask themselves questions such as, "Did my life have meaning?" or "What was the purpose of my existence?"

2. Questions about Forgiveness and Reconciliation: Many individuals seek reconciliation and forgiveness as they near the end of life. They may ask themselves, "Have I forgiven those who have wronged me?" or "Is there anyone I need to reconcile with before I die?"

3. Questions about Transcendence and Afterlife: Individuals may ponder questions related to what happens after death, including beliefs about an afterlife, reincarnation, or spiritual transcendence. Questions like, "What will happen to me after I die?" or "Is there life after death?" are common.

4. Questions about Legacy and Impact: Reflecting on their life's legacy, individuals may ask questions such as, "What mark have I left on the world?" or "How will I be remembered by others?"

5. Questions about Relationships and Love: Dying individuals often contemplate the significance of their relationships and the love they shared with others. They may ask themselves, "Did I love deeply enough?" or "Have I expressed gratitude and appreciation to those I love?"

6. Questions about Suffering and Acceptance: Facing their own mortality, individuals may grapple with questions about suffering and acceptance. They may ask, "Why is there suffering in the world?" or "How can I find peace and acceptance in the face of death?"

7. Questions about Faith and Belief: For those with religious or spiritual beliefs, questions about faith and belief may arise. They may question their faith, seek reassurance in their beliefs, or explore doubts and uncertainties.

8. Questions about Existentialism and Identity: Dying individuals may confront questions related to their identity and existence, pondering the nature of self and the human experience. They may ask, "Who am I?" or "What does it mean to be alive?"

When should I make referrals to Spiritual Health Practitioners?

•Practice has shown that patients' pre-conceived perceptions of spiritual care often negatively impact referrals to the service

- *e.g. patients or families may assume that spiritual care practitioners are representatives of specific religious/spiritual groups and may fear the possibility of proselytizing.*

•If your assessment identifies that a patient might benefit from emotional/spiritual support;

•**Please consider referral to a Spiritual Care Practitioner**

- Experience demonstrates that more patients are served when the initial patient consent to engage spiritual support is relationally navigated by a SCP.

These comments are expressions of Spiritual Distress...

•**If you hear...**

- My life has no meaning
- I just wish I could die
- I don't know myself anymore
- What's the point of my being here...nothings in my control
- I'm not good for anything

•**If you hear...**

- I'm such a burden for my family
- I thought he/she would be there for me
- My going would certainly free up a bed
- I'm just taking up space

•**If you hear...**

- Why?
- I feel lost
- I'm so alone
- I'm afraid of the Unknown
- What did I do to deserve this?

SPIRITUAL CARE NEEDS: COMPARISON CHART

The spiritual needs of individuals choosing MAiD and hospice patients can vary significantly, reflecting the diversity of beliefs, values, and personal experiences. Although Palliative care and Maid serve different purposes, each caters to distinct sets of needs which sometimes overlap in certain areas. Here's a comparison of how the spiritual needs may vary between these two groups:

NEED	HOSPICE/PALLIATIVE CARE	MEDICAL ASSISTANCE IN DYING
Connection and support; Seeking spiritual guidance	<ul style="list-style-type: none"> • Often involves extensive spiritual, emotional and psychological support for both patients and their families as they navigate the end-of-life process. • Seek spiritual support and guidance from Spiritual care practitioners, religious leaders, or counselors to address existential concerns. • Find solace and receive comfort in shared beliefs or rituals, • Seek spiritual support to foster connections with loved ones and address unresolved spiritual concerns or conflicts. • Spiritual care practitioners may offer companionship, prayer, meditation, or rituals tailored to the patient's spiritual beliefs and cultural practices. 	<ul style="list-style-type: none"> • Patients considering <u>MAiD</u> <u>also require</u> support in coping with the emotional and psychological complexities of their decision, as well as any potential societal stigma or familial concerns. • May seek guidance from religious or spiritual leaders, counselors, or support groups to help them navigate the complex ethical, moral, and spiritual dimensions of their decision; seek guidance <u>from those</u> who respect their autonomy and provide non-judgmental support. • Patients choosing <u>MAiD</u> may require spiritual support that affirms their decision and provides comfort and reassurance during the process.
Existential questioning and meaning making	<ul style="list-style-type: none"> • Patients often engage in existential reflection, seeking to make sense of their lives, come to terms with their mortality, and find peace in the face of death through spiritual practices, conversations, and support from their care team. • Engage in existential questioning as they confront mortality, but their focus may be more on finding meaning and peace in their remaining time rather than contemplating the decision to actively hasten death. 	<ul style="list-style-type: none"> • Individuals grapple with profound existential questions about the meaning of life, death, and the afterlife. • They might seek support in reconciling their beliefs and values with their decision to end their lives. • May engage in questioning their identity, the legacy they are leaving behind, and the acceptance of their imminent death.
Addressing unresolved spiritual concerns; seeking forgiveness and reconciliation	<ul style="list-style-type: none"> • May confront unresolved spiritual concerns, such as regrets, forgiveness, or reconciliation, as part of their end-of-life reflection and preparation, through spiritual counseling, rituals, or conversations with loved ones and spiritual care practitioners. • Spiritual care providers in hospice settings often help patients address these concerns and find peace. 	<ul style="list-style-type: none"> • may seek forgiveness or reconciliation with themselves, loved ones, or their understanding of a higher power as part of their end-of-life reflection and decision-making process. • Individuals considering <u>MAiD</u> may have unresolved spiritual concerns or conflicts related to their decision, such as questions, the nature of suffering, or the moral implications of ending their lives.

What is important to know...

Patient Values and Beliefs: the patient's spiritual or religious beliefs regarding life, death, suffering, and autonomy. Understanding these beliefs can help tailor discussions about MAID in a respectful and compassionate manner.

Support Systems: What spiritual or religious support systems are available to the patient, such as clergy or spiritual counselors. May collaborate with these support systems to ensure the patient's spiritual needs are met during the MAID process.

What is important to know...

End-of-Life Rituals: Understand if there are specific end-of-life rituals or practices the patient wishes to incorporate into their MAiD process. Respecting and accommodating these rituals can contribute to a more meaningful and peaceful experience .

Existential Concerns: explore existential concerns with patients, such as the search for meaning, fear of the unknown, or concerns about the afterlife. Understanding these concerns can help us provide holistic support.

Communication and Support: Seek guidance on how to communicate effectively with patients about MAiD in a way that respects their spiritual beliefs and values; Explore ways to provide emotional and spiritual support to patients and their families throughout the process.

By understanding and respecting patients' spiritual beliefs, we can better address the spiritual needs of those seeking MAiD with compassion, respect and sensitivity.

What can we do?

Provide Supportive Listening and Counseling:

- Offer a compassionate and empathetic environment for patients to express their spiritual concerns, fears, and hopes
- Engage in active listening and providing non-judgmental support to help patients navigate the complex emotions and existential dilemmas associated with end-of-life decisions.

Facilitate Access to Spiritual Care Services:

- Collaborate with spiritual care practitioners to provide care tailored to the patient's beliefs and preferences.
- Arrange visits from spiritual leaders, facilitating religious rituals or sacraments, or connecting patients with resources for spiritual reflection and guidance.

Integrate Spiritual Perspectives into Decision-Making:

- Incorporate discussions about spirituality into the overall care planning process for MAID,
- Ensure spiritual values and beliefs are respected and considered alongside medical and ethical considerations.
- Explore how spiritual beliefs influence their views on suffering, dignity, and the meaning of life; this empowers them to make decisions that are spiritually aligned about the EOL

Responding to Requests for MAiD

- Don't Panic
- Begin by validating the patient
- Normalize the request
- Explore the motivation behind their request through goals of care or goal setting conversations
- Prompt reflection to identify the root cause through questioning.
- Provide information/education about the process

Questions that may be useful

- *What do you know about your condition/disease so far?*
- *What is most important to you during this time?*
- *What do you find really hard right now?*
- *Tell me more about what scares or worries you?*
- *What do you find helpful when you feel this way?*
- *What are hopes for the time you have remaining?*
- *What do you want for yourself when you become sicker?*
- *Some people think a lot about how their death might be as the time draws near. Have you been thinking about that?*

Responding to Requests for MAiD

- Encourage family involvement
- Referral to SW, Spiritual and Religious Care
- Encourage patient and family to write down
 - Who they want present when they die
 - Prayers, music, poems, rituals etc.
- Where ? Hospital, Hospice, home
- Funeral arrangements

If Family is opposed to MAID

- Listen first
- Express empathy
- Share your perspective
- Focus on common values
- Highlight legal and ethical considerations
- Respect their boundaries
- Seek support/professional guidance

Remember these discussions evoke strong emotions, and it may take time for both parties to fully understand and respect each other's perspectives. Patience, empathy, and open-mindedness are key to navigating these conversations with sensitivity and respect.

Addressing situations where families oppose medical assistance in dying (MAID) due to religious beliefs requires sensitivity, empathy, and respect for their perspectives, while also ensuring the patient's wishes and rights are honored. Below are some script suggestions for navigating these conversations:

Open the Conversation:	"I understand this is a difficult and sensitive topic, but I believe it's important for us to discuss [patient's name]'s wishes regarding medical assistance in dying. I want to ensure we respect their choices while also considering everyone's concerns and beliefs."
Express Empathy:	"I recognize that religious beliefs are deeply personal and can strongly influence perspectives on end-of-life care. It's completely understandable that you might have concerns and reservations."
Clarify Patient's Wishes:	"Before we proceed further, could we revisit [patient's name]'s wishes regarding end-of-life care? It's crucial for us to understand what they wanted and ensure their desires are respected."
Educate About MAID:	"I'd like to share some information about medical assistance in dying to ensure we're all on the same page. MAID is a legal option for patients suffering from intolerable pain or irreversible decline in their quality of life. It's a deeply personal choice, and patients have the right to consider it as an option."
Respect Religious Beliefs	"I understand that your religious beliefs may prohibit or discourage considering MAID as an option. I want to assure you that we respect your beliefs and want to find a solution that honors both [patient's name]'s wishes and your values."
Explore Compromise	"Is there a way we can find a compromise that respects everyone's beliefs and values? Perhaps we could find alternative forms of palliative care or support that alleviate [patient's name]'s suffering while also addressing your concerns."
Offer Support	"I want to emphasize that we're here to support both [patient's name] and your family through this challenging time. Whether it's emotional support, counseling, or assistance in exploring other options, please know that we're here to help."
Involve a Mediator or Counselor:	"If it would be helpful, we could involve a neutral mediator or counselor to facilitate this conversation. Their role would be to ensure everyone's perspectives are heard and to help us find a resolution that respects everyone involved."
Reaffirm Patient Autonomy	"Ultimately, the decision regarding end-of-life care rests with [patient's name]. It's essential that we respect their autonomy and ensure their wishes are honored to the best of our ability."
Seek Legal/Ethical Guidance:	"In situations where there are disagreements about end-of-life care, it may be helpful to consult with legal or ethical experts who can provide guidance on navigating these complex issues while upholding both patient rights and legal obligations."

Remember to approach these conversations with empathy, patience, and a commitment to finding a solution that respects everyone involved, while prioritizing the patient's autonomy and wishes. It's essential to create a safe space for honest dialogue, even if it means agreeing to disagree while maintaining respect.

“Sit Down and Lean in...”

- Can't address suffering if we don't engage the person – not merely the patient
- “Sitting down” (figuratively and actually) = take a pause and connect;
- An expression of a wish to no longer live should be a ‘show-stopper’ – you must pause, you must engage
- Leaning in is the process of exploring suffering – exploring the what underlies the desire to seek early death
- Degree to which we lean in is influenced by our training, life experience
- The ability to pause and connect very act of pausing, connecting – of Sitting Down – is an expression of acknowledgement and compassion that can be enormously therapeutic and meaningful to put a hand on the shoulder of someone in despair is not a complex clinical procedure – it is a fundamental human obligation.

SOURCE: MIKE HARLOS MD, CCFP(PC), FCFP

Virtual National Advisory Committee



LINKS & RESOURCES

Resource: BRIDGE C-14

- Establishes peer-to peer connections
- Provide links for support before during and after MAiD
- Provide information materials

- Education and presentations
- Podcasts and blog posts
- Collaboration with other organizations
- Internship program/student placements

Individuals Considering / Pursuing MAiD

- [1:1 Peer Support](#)
- [Drop-In Sessions](#)
- [Facebook Group](#)
- [Movement Group Sessions](#)
- [Kinwood + Bridge C-14 Guide to MAiD Preparation](#)
- [Meaning Centred Group Therapy Program](#)
- [End of Life Consultants and Death Doulas](#)
- [Private Counselling](#)

Individuals Grieving a MAiD Loss

- [1:1 Peer Support](#) (*through the MAiD Family Support Society*)
- [Drop-In Sessions](#)
- [10-Week Grief Support Group](#)
- [Facebook Group](#)
- [Movement Group Sessions](#)
- [Writing Workshop](#)
- [End of Life Consultants and Death Doulas](#)
- [Private Counselling](#)

Individuals Supporting Someone Pursuing MAiD

- [1:1 Peer Support](#) (*through the MAiD Family Support Society*)
- [Drop-In Sessions](#)
- [Facebook Group](#)
- [Movement Group Sessions](#)
- [Kinwood + Bridge C-14 Guide to MAiD Preparation](#)
- [End of Life Consultants and Death Doulas](#)
- [Private Counselling](#)

Professionals / Volunteers / Students

- [Facebook Group](#)
- [Movement Group Sessions](#)
- [Educational Series](#)
- [Presentations](#)
- [Information Webinars](#)
- [Internship/Placement Program](#)

<https://www.bridgec14.org/>



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A NETWORK OF PEER-TO-PEER CONNECTIONS
AND COMMUNITY SUPPORTS THROUGH
ALL STAGES OF MEDICAL ASSISTANCE IN DYING

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Multiple Dates

Thu, Apr 25

Drop-In Session - Individuals Grieving a MAiD Loss of their Parent

Are you someone who has lived experience with a MAiD loss of their parent? Would you like to connect with others who are also grieving a loss of a parent who chose Medical Assistance in Dying?

Multiple Dates

Thu, May 02

Drop-In Session for Individuals Grieving a MAiD Loss

Are you someone who has lived experience with a MAiD loss? Would you like to connect with others who are also grieving a loss of an individual who chose Medical Assistance in Dying?

Multiple Dates

Fri, Apr 12

Drop-In Session - Individuals Choosing / Considering MAiD

Are you considering MAiD? Have you been approved for MAiD and are now awaiting your provision? Do you want to connect with others who are going through this as well?

Multiple Dates

Thu, Apr 18

Drop-In Session - Individuals Grieving a MAiD Loss of their Spouse

Are you someone who has lived experience with a MAiD loss of their spouse? Would you like to connect with others who are also grieving a loss of their spouse who chose Medical Assistance in Dying?

Open Drop-In Session - "Initiating Conversations: How to Start Discussions About MAiD with Loved Ones"

These 90 minute monthly drop-in sessions provide a supportive environment for individuals to connect with others who understand their experiences. Each session focuses on a specific theme and includes activities.

Multiple Dates

Drop-In Session - Individuals Supporting Someone Choosing MAiD

Are you supporting someone who has requested MAiD? Would you like to connect with others who are also supporting someone who has requested MAiD?

02

Dying with Dignity Canada



Dying With Dignity Canada is the national not-for-profit organization committed to improving quality of dying, protecting end-of-life rights, and helping Canadians avoid unwanted suffering.



<https://www.dyingwithdignity.ca/>

03

MAiD Family Support Society



Formerly Bridge4You, the MAiD Family Support Society provides compassionate, lived experience, 1:1 peer support and connection, to family members and friends as they help their loved one who is considering or planning for Medical Assistance in Dying.



<https://maidfamilysupport.ca>



01 Canadian Association of MAiD Assessors & Providers | CAMAP

CAMAP is predominantly an association of physicians and nurse practitioners, all professionals involved in this work are most welcome to join CAMAP. This includes nurses, pharmacists, speech & language specialists, administrators, law makers, lawyers, social workers, counsellors, policy analysts and more.

<https://camapcanada.ca/>

08

Interior Health



Medical Assistance in Dying
Learn about the process that enables eligible individuals to seek a medically assisted death.



<https://www.interiorhealth.ca/health-and-wellness/palliative-and-end-of-life-care/medical-assistance-in-dying>

06

Canadian Virtual Hospice



The National Working Group (NWG) was convened by the Canadian Virtual Hospice to address the lack of information and support for individuals, families, caregivers, and healthcare providers about MAiD.



<https://www.virtualhospice.ca/maid/>

04

MAiDHouse



MAiDHouse is a non-profit organization devoted to providing a supportive, inclusive and home-like setting for medical assistance in dying (MAiD). They also support MAiD providers and assessors, and the general public through education, training and research.



<https://www.maidhouse.ca/>

Useful Resources

Kinwood and Bridge C-14 Guide to MAiD Preparation

Kinwood and Bridge C-14 have developed a guide that offers straightforward advice on how families and loved ones can support a MAiD decision through the days leading up to a MAiD event. While this guide is non-medical in nature, it takes the reader through the planning and considerations as individuals prepare for MAiD.

Titled, *What do we say? What do we do? The Kinwood Guide to MAiD Preparation*, offers insight into how to approach and support an individual accessing MAiD, what happens on the MAiD day, and how families and friends can channel their grief and energy to support their loved one.

For access to the guide, [click here](#).

<https://www.bridgec14.org/maidguide>

Resources

- <http://www.bbc.co.uk/religion/religions/islam/islamethics/euthanasia.shtml>
- <https://www.cma.ca/Assets/assets-library/document/en/advocacy/Canadian-Approach-Assisted-Dying-e.pdf>
- <http://www.cno.org/globalassets/4-learnaboutstandardsandguidelines/maid/maid-june-23-final.pdf>
- <http://www.justice.gc.ca/eng/cj-jp/ad-am/faq.html>
- [http://rnao.ca/sites/rnao-ca/files/LAP_webcat - MAID 1 1 0.pdf](http://rnao.ca/sites/rnao-ca/files/LAP_webcat_-_MAID_1_1_0.pdf)

Navigating a request for medical assistance in dying in Ontario



Navigating a request for
medical assistance in dying

ONTARIO

WITH DR. MELISSA MELNITZER



Final thought...

- The invitation to accompany someone on their journey toward MAiD is a profound honour and privilege
- I have found my residents/patients to be very open and willing to have deep honest conversations with their friends and families.
- The journey is filled with moments of great sorrow, but more than sorrow, there is a sense of joy; there is closure and of peace for both patient and their family.
- It has been one of the most powerfully spiritual experiences of my life.



References and Resources

- <https://www.bbc.co.uk/religion/religions/buddhis>
<https://www.pewresearch.org/religion/2013/11/21/religious-groups-views-on-end-of-life-issues/>
- [m/buddhistethics/euthanasiasuicide.shtml](https://www.buddhistethics.com/euthanasiasuicide.shtml)
- https://www.virtualhospice.ca/en_US/Main+Site+Navigation/Home/For+Professionals/For+Professionals/The+Exchange/Current/Grief+and+MAiD+Lessons+Learned+from+Oregon.aspx
- <https://www.youtube.com>
- https://www.virtualhospice.ca/en_US/Main+Site+Navigation/Home/Topics/Topics/Spiritual+Health/Finding+a+Spiritual+Companion.aspx/watch?v=9BpPkizM7Dc&t=12s
- **Spiritual Care as a Core Component of Palliative Nursing: It's all about connection—to our patients' needs, and to our own** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9983559/pdf/nihms-1869573.pdf>

References and Resources

•Downar J, MacDonald S, Buchman S. Medical Assistance in Dying and Palliative Care: Shared Trajectories. J Palliat Med. 2023 Jul;26(7):896-899. doi: 10.1089/jpm.2023.0209. Epub 2023 Jun 9. PMID: 37428971.

• *Hospice Palliative Care and Medical Assistance in Dying (MAiD) in Canada how will they co-exist? Guidance for health care professionals and volunteers in hospice palliative care and other settings.* Canadian Hospice Palliative Care Association, 2017, <https://www.chpca.ca/wp-content/uploads/2019/12/chpca-maid-booklet-eng-12page-final-web.pdf>

•MEDICAL ASSISTANCE IN DYING IN CANADA: CHOICES FOR CANADIANS Report of the Special Joint Committee on Medical Assistance FEBRUARY 2023

Dying <https://www.parl.ca/Content/Committee/441/AMAD/Reports/RP12234766/amadrp02/amadrp02-e.pdf>

•Naryanasamy A (1991)Spiritual Care – A resource guide. Quay Publishing. Lancaster

•Spiritual-care-matters-an-introductory-resource-for-all-nhsscotland-staff.pdf

<https://www.nes.scot.nhs.uk/media/xzadagnc/spiritual-care-matters-an-introductory-resource-for-all-nhsscotland-staff.pdf>

•Canadian Association of Assessors and Providers of MAiD. *Bringing up Medical Assistance In Dying (MAiD) as a clinical care option* <https://camapcanada.ca/wp-content/uploads/2022/02/Bringing-up-MAiD.pdf>

•Religious Groups' Views on End-of-Life Issues

<https://www.pewresearch.org/religion/2013/11/21/religious-groups-views-on-end-of-life-issues/>