PROCEED WITH CARE:
Challenges in End of Life Care in the Context of Physician Assisted Death: Empirical, Ethical and Policy Reflections

Patricia (Paddy) Rodney, RN, MSN, PhD
Associate Professor
UBC School of Nursing
Faculty Associate, W. Maurice Young Centre for Applied Ethics
Research Associate, Providence Health Care Ethics Services

UBC School of Nursing Round
April 26, 2016
Vancouver, BC
“On February 6th, 2015, the Supreme Court of Canada declared in Carter v. Canada that the absolute criminal prohibition of physician-assisted death (PAD) is unconstitutional. The Court specified certain circumstances in which it must be lawful for a person to choose PAD, and gave the federal government one year to enact a legislative response within its jurisdiction, failing which the provision of PAD meeting the Supreme Court of Canada’s criteria for eligibility would be ungoverned by the criminal law.” (University of Toronto Joint Centre for Bioethics [JCB], 2015, p. 1).
CIRCUMSTANCES:

- Capable adult
- Consent is clear and voluntary
- Illness, disease, or disability is grievous and irremediable
- Suffering is enduring and intolerable to the individual

(JCB, 2015, p. 1).

The date was for implementation of PAD across Canada was extended beyond one year, and the extension ends

June 6, 2016.
EMPIRICAL Reflections

- There are long-standing and serious *inequities in access* to resources for appropriate health and health care, including acute care, home care, long term care, and *palliative care*.

- Inequities are *especially pronounced* for Aboriginal peoples, those with mental health challenges, those who are impoverished, those who don’t speak English/French, people living in rural/remote areas, and older adults.
Despite significant work to support better end of life decision making (e.g. advance directives), many patients still experience what they would consider to be over-treatment at the end of their life.

The impacts on patients (e.g. suffering), families (e.g. grief), and health care providers (e.g. moral distress) is significant.
PRAXIS at all Levels

- Larger System
- Organization
- Community
- Family
- Individual
ETHICAL Reflections

- Beneficence and non-maleficence (JCB, 2015).
- Fairness and equity (JCB, 2015)
- Health care professional virtues, e.g. compassion (JCB, 2015)

- Relational Autonomy
- Fidelity
- Proportionate Interventions
- Social Justice
Policy Action

Be guided by principles of primary health care: accessibility, public participation, health promotion, appropriate technology and intersectoral cooperation.

INTEGRATE a palliative approach to care and more accessible specialized palliative services as needed.

Attend to the social determinants of health.

Anticipate potential harms, using the precautionary principle.

Use robust mixed-methodological approaches to evidence in planning and evaluating PAD.
Policy Action continued

Promote authentic *collaborative engagement* of those diverse groups affected by policies—the public, health care professions, and all levels of government.

Aim for "*overlapping consensus*" vs competing rights (JCB).

Reflection and evaluation, feedback at all levels. Pay particular attention to those who are most *marginalized* by our society, and the *situated vulnerability* (Anderson, 2004) of all.
Key Related Resource

See the University of Toronto’s Joint Centre for Bioethics: Medical Assistance in Dying in Canada—Ethics Resources http://jcb.utoronto.ca/news/physician-assisted-death-resources.shtml

The working groups of the JCB Task Force are currently developing:
- A model institutional policy and patient pathway within and across care settings,
- Educational materials for health professionals,
- Resources for patients/families, and
- Ethical guidance on capacity assessment involving requests from persons with an underlying mental health diagnosis.

The JCB Task Force is working toward the timely release of guidance and resources by June 2016.


Canadian Nurses Association, Canadian Hospice Palliative Care Association, Canadian Hospice Palliative Care Nurses Group (2015). *Joint position statement: The palliative approach to care and the role of the nurse*. Ottawa, ONT: Authors. [Working group members included P. Rodney, J. A. Gibson, and E. Beddard-Huber; all affiliated with UBC Nursing].


Some Related References cont.


