Covenant Health

POLICY VII-B-440	Responding to Requests for Medical Assistance in Dying	DOMAIN Governance and Ethics
SLT Sponsor(s): Chief Medical Officer; Chief Mission and Ethics Officer	**Date Approved:** February 1, 2022 **Date Effective:** February 2, 2022 **Date of Next Review:** February 2025	

For further information please contact covenantpolicy@covenanthealth.ca

NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definition section

Policy Statement:

As a Catholic health care organization, Covenant Health is committed to uphold the inherent dignity of every human being throughout the entire continuum of life from conception to natural death. Therefore, Covenant Health will not provide nor explicitly refer for MAID given the incompatibility of MAID with the organization's mission and ethical tradition. At the same time, Covenant Health is committed to the principles of justice and non-abandonment, and thus must ensure persons in our care seeking further information, assessment, and potentially, provision of MAID are able to access navigation resources within the health system which can facilitate these processes independently of Covenant Health.

Purpose Statement:

The purpose of this policy is to provide a consistent ethical and compassionate approach, reflective of the *Health Ethics Guide* and Catholic teaching when responding to a person in care within Covenant Health who voluntarily requests assistance to intentionally end their own life, or who voluntarily requests administration of a lethal medication resulting in their own death. The fulfilment of these acts, when complying with Canadian law are collectively referred to as medical assistance in dying (MAID).[1]

Applicability:

While Covenant Health personnel shall neither unnecessarily prolong nor hasten death, the organization nevertheless reaffirms its commitment to provide quality palliative/hospice and end-of-life care, promoting compassionate support for persons in our care and their families, including:

1. Honouring patient/resident self-determination through the use of advance care planning, goals of care designation, and/or personal directives, including clear recognition of the role of substitute decision-makers/agents chosen by and acting on behalf of the patient/resident;

[1] For the purposes of this policy, "medical assistance in dying" is used consistent with Parliament of Canada Bill C-7, Bill C-14, and Alberta Health Services' Medical Assistance in Dying program. It refers to assistance provided to a person with the aim of intentionally ending his/her life, sometimes known as assisted suicide, as well as voluntary euthanasia, whereby a legally recognized health professional directly administers a lethal dose of medication (or equivalent) in accordance with the request of the patient. References to "physician assisted suicide," "physician-assisted death," and "medical aid in dying" are also cited in the literature.

2. Offering quality palliative/hospice and end-of-life care, at the patient/resident's or families' request and agreement, that addresses physical, psychological, social, and spiritual needs of persons who are dying and their families;

3. Delivering effective and timely pain and symptom management as outlined in the Health Ethics Guide, the foundational ethics resource used by Covenant Health; and

4. Providing ethics services and support through the Covenant Health Ethics and Discernment Centre.

Responsibility:

All Covenant Health facilities, staff, physicians, volunteers, students and to any other persons acting on behalf of Covenant Health ("personnel") when acting on behalf of Covenant Health or at one of our facilities. It does not apply to a health practitioner whose practice is conducted external to Covenant Health, such as physicians who hold multiple site privileges, or to other Covenant Health staff in any role they may have concurrently working at non-Covenant Health sites or facilities. Questions of actual or perceived conflict of interests raised while acting simultaneously on behalf of Covenant and an external provider must be declared and managed appropriately among the clinical care team.

Principles:

An expressed request from a person in our care for MAID must be respectfully acknowledged in a non-coercive and non-discriminatory manner. The response should focus on providing information and access to appropriate physical, psychological and spiritual supports, as requested, to help address the person's needs that may underlie their expressed request.

This policy recognizes that suffering is part of the human experience which occurs throughout life and is not related only to dying. A person who may be experiencing deep existential anguish needs to be appropriately supported to acknowledge, address, and ameliorate their suffering. The goal of care is to reduce such suffering.

Covenant Health and its personnel are prohibited from participating on Covenant sites in any actions of commission or omission that are directly intended to cause death through the deliberate prescribing or administration of a lethal agent.[2] The values of Covenant Health nevertheless ethically oblige appropriate personnel to explore and seek to understand the nature of the person's expressed request, and to provide unconditional support.

As affirmed in Our Commitment to Ethical Integrity and in the Health Ethics Guide, including the standards of practice of regulated members, Covenant Health will support those in good conscience who cannot participate in an activity to which they morally object, or that is contrary to their professional codes of conduct. It is our responsibility to do so without abandoning those who may be

---

[2] In this context, omissions of care excludes withdrawing or withholding disproportionately burdensome therapies deemed not to be directly intending to cause death, even if death is a foreseen but unintended consequence of such omissions. See: *Health Ethics Guide*, Article 20, including Articles 77-79 – "Refusing and Stopping Treatment."

impacted by such conscientious or professional decisions by reviewing circumstances on a case-by-case basis and exercising prudential judgment. At minimum, provision of information on MAID to the patient/resident, and ensuring reasonable access to the Alberta Health Service Care Coordination Service for further exploratory discussion is required.

Covenant Health is morally and legally bound to work together with patients/residents, families and personnel to resolve potential conflict around the goals of care and find proactive solutions that seek to respect the wishes and integrity of all. In response to both a patient/resident's consented request and an external provider arrangement to assume care of the patient/resident, this may require safe and timely transfer of the patient/resident and their records to their home or to a non-objecting institution which can support the provision of MAID.[3] Consistent with Covenant Health's mission and values, our interaction in such patient/resident and external provider requested assessments or transfers should be conducted in a compassionate and respectful manner.

While Covenant Health will not participate in the formal eligibility determination or provision of MAID, it is recognized that various components of the determination phase undertaken by the Alberta Health Services Care Coordination Service of such medically fragile patients/residents will take place on Covenant sites (e.g., witnessing and signing of legal documents, assessments of eligibility, or transfer of care arrangements). That is a matter solely organized and arranged between the patient/resident and AHS personnel within the privileged relationship they share, for whom this aspect of care has been assumed by AHS within the mandate of the Care Coordination Service.

Similarly, in those instances when the patient/resident chooses to coordinate their own arrangements for determining eligibility and provision of MAID, this too is conducted within the privileged relationship the person has with the community assessor and/or provider. Timely and respectful access of community practitioners to Covenant Health sites would be expected to conduct assessments for eligibility, and potentially, to assume responsibility in transferring the patient/resident to another facility or home for provision of MAID. Covenant Health personnel would be required to ensure a written release of care is signed, and to support the patient/resident initiated transfer, as per standard of practice.

Covenant Health, however, will not allow the provision of MAID on Covenant property at any time given the incompatibility of MAID with Covenant's mission and ethical tradition.

[3] Covenant Health recognizes and abides by all legislative requirements and regulatory standards governing access to medical assistance in dying elsewhere, while reciprocally, fully expecting others to respect Covenant Health's institutional integrity as a Catholic health care organization and the conscience rights of its personnel to not provide or directly refer explicitly for same.

Definitions[4]:

Advance care planning: is a process whereby individuals indicate their treatment goals and preferences with respect to care at the end of life. This can result in a written directive, or advance care plan, also known as a living will.[5]

Continuous palliative sedation therapy (CPST): intentional lowering of a patient's level of consciousness in the last one to two weeks of life. It involves the proportional (titrated) and monitored use of specific sedative medications to relieve refractory symptoms and intolerable suffering. Sedation as a consequence of medications used to relieve a specific symptom is not regarded as CPST.[6]

Euthanasia: means knowingly and intentionally performing an act, with or without consent, that is explicitly intended to end another person's life and that includes the following elements: the subject has an incurable illness; the agent knows about the person's condition; commits the act with the primary intention of ending the life of that person; and the act is undertaken with empathy and compassion and without personal gain.

Medical aid in dying: refers to a situation whereby a physician intentionally participates in the death of a patient by directly administering the substance themselves, or by providing the means whereby a patient can self-administer a substance leading to their death.

Palliative care: is an approach that improves[7] the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification, assessment and treatment of pain and other symptoms, physical, psychosocial and spiritual.

Palliative sedation: refers to the use of sedative medications for patients who are terminally ill with the intent of alleviating suffering and the management of [intolerable and refractory] symptoms. The intent is not to hasten death although this may be a foreseeable but unintended consequence of the use of such medications. This is NOT euthanasia or physician-assisted death.

[4] The definitions used in this policy are based on the Canadian Medical Association, which were used as a common reference point during a national dialogue and public consultation on end-of-life care. For stylistic reasons only, and to ensure grammatical consistency with this policy, hyphens were purposely added to any reference to "physician assisted suicide". See: "End-of-Life Care: A National Dialogue, https://cma.ca/sites/default/files/pdf/Activities/end-of-life-care-report-e.pdf (Accessed January 7, 2022), as well as the link to the CMA policy statement, noted in the Reference section below. The bracket additions on the definition for Palliative Sedation and the inclusion of Continuous palliative Sedation Therapy (CPST) have been added, and are not included in the CMA policy Statement

[5] Advance directives are intended to be informative rather than dispositive in nature. Even though a directive may contain a previous expressed wish for physician assisted suicide this does not obligate the Catholic health care organization to compromise its own institutional integrity. See *Health Ethics Guide* (2012), Article 91: "A person's written or oral health care preferences are to be respected and followed when those directions do not conflict with the mission and values of the organization."

[6] Dean MM, Cellarius V, Henry B, Oneschuk D, and Librach L., "Framework for continuous palliative sedation therapy in Canada." Journal of Palliative Medicine, 2012 Aug; 15(8):870-9.

[7] Recognizing that intending or aiming to improve quality of life is not always possible.

Physician-assisted death: means that a physician knowingly and intentionally provides a person with the knowledge or means or both required to end their own life, including counseling about lethal doses of drugs, prescribing such lethal doses or supplying the drugs. This is sometimes referred to as physician-assisted suicide. Euthanasia and physician-assisted death are often regarded as morally equivalent, although there is a clear practical distinction, as well as a legal distinction, between them.

Withdrawing or withholding life sustaining interventions: such as artificial ventilation or nutrition, that are keeping the patient alive but are no longer wanted or indicated, is NOT euthanasia or physician assisted death.

Source: Canadian Medical Association, 2014

Relevant Covenant Health Policy and Policy Support Documents:	
A.	**Policies:** VII-B-10 Early Induction of Labour 1.08 Witnessing of a Legal Document for a Covenant Health Patient/Resident by a Covenant Health Personnel
B.	**Procedures:** VII-B-440.PROC.1 Procedure in Responding to Requests for Medical Assistance in Dying
C.	**Guidelines:**
D.	**Job aids:**
E.	**Standards:**
Keywords:	
Related Documents “Conscientious Objection” (formally issued as “Moral or Religious Beliefs Affecting Medical Care),”Standards of Practice, College of Physicians and Surgeons of Alberta, June 2016. See: http://www.cpsa.ca/standardspractice/conscientious-objection (Accessed January 7, 2022). “Discussion Paper on Euthanasia and Physician-Assisted Dying,” Covenant Health Palliative Institute, 2013. Joint Statement from CHPCA and CSPCP Regarding Palliative Care and MAiD, November 27, 2019. See: https://www.cspcp.ca/wp-content/uploads/2019/11/CHPCA-and-CSPCP-Statement-on-HPC-and-MAiD-Final.pdf (Accessed January 7, 2022).	

"Medical Assistance in Dying: Guidelines for Nurses in Alberta" CARNA Provincial Council (College & Association of Registered Nurses of Alberta, College of Licensed Practical Nurses of Alberta, College of Registered Psychiatric Nurses of Alberta), June 2016. See: https://www.crpna.ab.ca/CRPNAMember/CRPNA_Member/Medical_Assistance_and_Dying.aspx?WebsiteKey=aa1c05eb-842d-492b-a34a-b5374c1161e1 (Accessed January 7, 2022)

"Medical Assistance in Dying – Information for Social Workers," Alberta College of Social Workers, December 20, 2016. See: http://acsw.in1touch.org/company/roster/companyRosterDetails.html?companyId=24355&companyRosterId=53 (Accessed January 7, 2022).

Medical Assistance in Dying – MAID," Covenant Health CEO video interview series, November 2018. See: http://www.compassionnet.ca/Page4921.aspx (Accessed January 7, 2022).

"Medical Assistance in Dying Policy," Alberta Health Services, March 26, 2021. See: https://extranet.ahsnet.ca/teams/policydocuments/1/clp-med-assist-in-death-hcs-165-01.pdf (Accessed January 7, 2022).

"Ministerial Order #38/2016 Medical Assistance in Dying Review Committee," Minister of Health, Alberta, June 7, 2016. See: Medical Assistance in Dying Review Committee (Ministerial Order 38/2016) - Open Government (alberta.ca) (Accessed January 7, 2022).

"Nurse Practitioner Standards of Practice for Medical Assistance in Dying," College & Association of Registered Nurses of Alberta, December 13, 2016). See: http://www.albertahealthservices.ca/assets/info/hp/maid/if-hp-maid-nurse-practitioners.pdf (Accessed January 7, 2022)

"Order in Council O.C. 142/2016 June 10, 2016" Order respecting Medical Assistance in Dying Standard of Practice for Physicians. See: http://www.qp.alberta.ca/documents/orders/Orders_in_Council/2016/616/2016_142.html (Accessed January 7, 2022).

Our Commitment to Ethical Integrity (Code of Conduct), Covenant Health.

"Provincial-Territorial Expert Advisory Group on Physician-Assisted Dying: Final Report," November 30, 2015. See: http://www.health.gov.on.ca/en/news/bulletin/2015/docs/eagreport_20151214_en.pdf (Accessed January 7, 2022).

"Transfer of Care," Standards of Practice, College of Physicians and Surgeons of Alberta, October 1, 2016. See: http://www.cpsa.ca/standardspractice/transfer-of-care (Accessed January 7, 2022).

References

"A Catholic Perspective on Health Decisions and Care at the End of Life," Ottawa: Catholic Health Alliance of Canada, 2014.

"A Moral Analysis of Cooperating in the Wrongdoing of Physician Assisted Suicide," Cataldo, Peter

J., Commissioned by the Catholic Health Alliance of Canada, March 2016.

"Advice to the Profession – Medical Assistance in Dying (MAID)," College of Physicians and Surgeons of Alberta, May, 2021. See: http://www.cpsa.ca/wp-content/uploads/2016/06/AP_Medical-Assistance-in-Dying.pdf (Accessed January 7, 2022).

Bill C-14, "An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying), Statutes of Canada, Assented to June 17, 2016. See: http://www.parl.ca/DocumentViewer/en/42-1/bill/C-14/royal-assent (Accessed January 7, 2022).

Bill C-7, An Act to amend the Criminal Code (medical assistance in dying). Statues of Canada, Assented to March 17, 2021. See: Government Bill (House of Commons) C-7 (43-2) - Royal Assent - An Act to amend the Criminal Code (medical assistance in dying) - Parliament of Canada (Accessed January 7, 2022).

"Conscience, Cooperation, and Full Disclosure: Can Catholic health care providers disclose 'prohibited options' to patients following genetic testing?" Panicola, Michael, and Ron Hamel, Health Progress. 87, no.1 (January-February, 2006): 52-59.

Cooperation and Service Agreement between Alberta Health Services and Covenant Health, 2010.

"CMA Policy Statement: Medical Assistance in Dying," Ottawa: Canadian Medical Association, Update May 2017, https://policybase.cma.ca/documents/Policypdf/PD17-03.pdf (Accessed January 7, 2022).

"End-of-Life Care: A National Dialogue," Ottawa: Canadian Medical Association, June 2014 See: https://cma.ca/sites/default/files/pdf/Activities/end-of-life-care-report-e.pdf (Accessed January 7, 2022).

Health Ethics Guide, Ottawa: Catholic Health Alliance of Canada, 2012. https://www.chac.ca/documents/422/Health_Ethics_Guide_2013.pdf (Accessed January 7, 2022).

"MAID Reporting for Alberta Practitioners," Alberta Health Services. See: https://www.albertahealthservices.ca/info/Page16124.aspx (Accessed January 7, 2022).

"Medical Assistance in Dying Reporting Regulation Questions, MAID Webinar FAQs", Alberta Health Services, October 25, 2018. See: https://www.albertahealthservices.ca/assets/info/hp/maid/if-hp-maid-faq.pdf (Accessed January 7, 2022).

"Medical Assistance in Dying," Standard of Practice, College of Physicians and Surgeons of Alberta, June 2016. See: https://cpsa.ca/physicians/standards-of-practice/medical-assistance-in-dying/ (Accessed January 7, 2022).

"Physician-Assisted Suicide and Euthanasia," Furton, Edward J. Catholic Health Care Ethics: A Manual for Ethics Committees, Peter J. Cataldo and Albert S. Moraczewski, OP, eds. Chapter 13 (Boston: National Catholic Bioethics Center, 2002).

Past Revisions:

December 3, 2018

July 13, 2018

September 15, 2017

May 24, 2016