Kevin’s Story
Literature Review Findings

Profession of Nursing
- Providing holistic care without judgment
- Advocating Choice
- Supporting a Good death

Personal Impact
- Being Pioneers and sense-making (taking a stand either for, against or ambiguous)
- Experiencing the emotional spectrum

Practice of nursing
- Technical Care (Intravenous and physical care)
- Communication and relational care

(Beuthin, Bruce, & Scaia, 2018)
Nurses reported how participating in MAiD positively reinforced their view of the profession as providing holistic care without judgment, advocating patients’ choice, and supporting a good death as defined by the patient. Overall, for nurses who participated directly in assisted dying, this was not a significant departure from their professional goals.

Participants described the profession as providing holistic nursing care and MAiD as an expression of this care. One nurse questioned, “So why does holistic care not include a controlled death? There's still care in death.”

(Beuthin, Bruce, & Scaia, 2018)
Nurses report how participating in MAiD positively reinforced their view of the profession as providing *holistic care without judgment*, *advocating patients’ choice*, and *supporting a good death* as defined by the patient. Overall, for nurses who participated directly in assisted dying, this was not a significant departure from their professional goals.

Participants described the profession as providing holistic nursing care and MAiD as an expression of this care. One nurse questioned, “So why does holistic care not include a controlled death? There's still care in death.”

(Beuthin, Bruce, & Scaia, 2018)
However….

Nurses who conscientiously objected expressed a differing view, “for me euthanizing a patient is not a part of nursing… it's the opposite of everything that I've been doing or wanting to do.” Consistently however, all participants believed that to be a nurse is to not judge patients or their choices. A patient's right to choose came first: “if someone makes the choice, it's not whether they should or they shouldn't...if it's a personal decision and is best for them, then I think I should support it because it's not about me.”

(Beuthin, Bruce, & Scaia, 2018)
• Nursing is often known for being one of the most publicly trusted professions.

• We are blessed with gifts of being the “frontline.”

• We often know the family, friends and support systems of our patients.

• In my experience Nursing is often one of the first professions to be engaged in Assisted Dying conversations.

• Even in the busiest of settings Nurses have some of the highest face to face interaction time with patients. We are blessed to have something many healthcare professions strive for...TIME!
The greatest gift you can give someone is your **TIME** because when you give your time you are giving a portion of your life you will never get back.
Nurses across Canada are directly impacted by changes to the Criminal Code that now allow medical assistance in dying (MAiD) under clearly defined legal and regulatory circumstances.

MAiD heralds an unprecedented change for nurses who have been educated and trained toward supporting life. Even nurses with expertise in providing end-of-life care are being called to rethink their practice by reorienting toward directly assisting in the process of hastening dying for patients who make this choice.

(Ref: Beuthin, Bruce, & Scaia, 2018)
Providing nursing care without judging patients and their choices overlapped with what some nurses saw as their professional responsibility to advocate more broadly for patient choice and specifically for an individual's right to choose assisted dying. Most saw their role as promoting a patient's right to choose, rather than supporting assisted dying per se, “I don't think it's a better option, I think it's another option.” Many believed offering a range of end-of-life options was more humane. Despite the ethical debates and politics, one nurse shared, “I'm not in charge of that patient's life, I'm there to help that patient with their life decisions.” Others spoke to ongoing public discussions and suggested nurses should speak out more openly as advocates of choice.

(Beuthin, Bruce, & Scaia, 2018)
Advocating for Choice

“Nurses are intimately involved in end-of-life care processes and in many cases “they play an important role in the development of these processes.” Nurses are the health-care professionals who people talk to and question most often, as they are the most constant care providers attending to people at home or in hospital. Nurses often hear people ask that they be allowed to die and may be seeking advice about how they can end their suffering.”

Supporting a Good Death

• Nurses have shared how participating in MAiD reinforced a sense of their role in providing comfort care, mitigating suffering, and it also broadened their understanding of what a so-called good death could be.

• An overriding perception of those who participated in MAiD studies was that assisted dying is an approach to individualized care that helps minimize real and projected suffering.

(Beuthin, Bruce, & Scaia, 2018)
Nurses across Canada are directly impacted by changes to the Criminal Code that now allow medical assistance in dying (MAiD) under clearly defined legal and regulatory circumstances.

MAiD heralds an unprecedented change for nurses who have been educated and trained toward supporting life. Even nurses with expertise in providing end-of-life care are being called to rethink their practice by reorienting toward directly assisting in the process of hastening dying for patients who make this choice.

(Beuthin, Bruce, & Scaia, 2018)
Being Pioneers!

In this first 6 months, nurses recounted stories of stepping forward, helping to create and write protocols, encouraging conversations about MAiD in their nursing communities, and also facing resistance from nurses. As one nurse shared, “no other nurse would make it known that they would help.” They had concerns about stigma (their participation in MAiD), about patient privacy, confidentiality, and professional risks if they transgressed any laws.

(Beuthin, Bruce, & Scaia, 2018)
While not all Nurses were pioneers in this way, nurses were also entering new territory of resistance as conscientious objectors. In the beginning there was a notable lack of clarity around legal and professional requirements for nurses and the absence of support for those with a conscientious objection.

It is important to remember that clarity is equally imperative for those who choose and those who choose not to participate.
Diverse levels of comfort and competence of nurses are reflected in their varying levels of engagement with persons seeking MAiD. What was foregrounded with MAiD was nurses’ emphasis on the importance of communication and technical intravenous insertion skills.

Nurses draw on existing competencies related to end-of-life, palliative, chronic illness, and patient-centered care approaches, as well as complex clinical skills and relational skills that foster trust and engagement.

(Beuthin, Bruce, & Scaia, 2018)
Nurses described degrees of involvement in MAiD from listening to conversations at a distance, to being fully present at the death. Chronologically, nurses may engage in some or all of the following aspects:

- Responding to a request for information,
- Engaging in a deeper conversation with patient and family,
- Objecting to involvement but provide basic care,
- Providing nursing care (up to the time of MAiD),
- Starting intravenous,
- Aiding directly (support through a palliative care approach),
- Debriefing with family and doctor,
- Providing afterlife care, and
- Debriefing with team, supporting one another.

(Beuthin, Bruce, & Scaia, 2018)
Practice of Nursing

• “While initiating a reliable intravenous access is not considered the most vital nursing responsibility in MAiD, many nurses considered this skill as paramount. In Canada, patients may choose intravenous-administered medication or oral medication for MAiD, in this study, only intravenous medications were referenced by the nurses” (Beuthin, Bruce, & Scaia, 2018)
Practice of Nursing

• “The combination of having excellent technical capacity with requisite communication skills was described as essential. Nurses identified compassionate listening, engaging, attuning, and being comfortable with intense emotion as key to effective communication with patients and families. Nurses emphasized the importance of providing information “in a compassionate listening manner” and discerning what patients are actually asking when seeking information. One nurse described being clear and tactful by asking, “Can I explore more of what you're wanting to know so I can send you in the right direction?”

(Beuthin, Bruce, & Scaia, 2018)
Challenges and Opportunities

Nurses need to understand the law and professional standards from their provincial/territorial nursing regulatory body and any workplace policies relating to end-of-life care as they currently exist and as they may evolve. “From a legal perspective, it is important that assisted suicide be distinguished from the withholding or withdrawal of futile or unwanted medical treatment, or the provision of palliative care, even when their practices shorten life. These practices have been lawful, and important components of end-of-life care currently being delivered by nurses across Canada.”

(CNPS, 2015a, p. 31) (Canadian Nurses Association, 2018)
Challenges and Opportunities

• Nurses need to reflect upon and thoughtfully consider how to *listen* and appropriately respond to patients who express a desire for help to die in step with current laws and guidance from professional standards. Trusting relationships with others are difficult if only vague communication occurs.

• Nurses can encourage patients to reflect upon their life story and meaning and their goals and needs in dying. Recognizing that providing end-of-life care is an Interprofessional endeavor. Nurses should communicate with team members and engage in problem solving to provide optimal care for patients.

(Canadian Nurses Association, 2018) (CNA, CHPCA, & CHPC-NG, 2015)
Challenges and Opportunities

• “Nurses can be instrumental in changing the language in daily discussion and debates about end-of-life care so that it will be more neutral. Many terms are emotionally charged and detract from a rational debate. Rather than using the words assisted suicide, for example, altering the term to assisted death (as has been stated in the Supreme Court of Canada decision) is less emotionally charged.

• Nurses can play a key role in encouraging patients at the end of life to be clear about what they want. Whether they meet individuals through home care, community clinics, in hospital or hospice, listening to their stories can lead to greater clarity about goals and wishes. Along with advance directives, equally important are open discussion and sensitive listening.

(Canadian Nurses Association, 2018)
Challenges and Opportunities

• Nurses can promote the involvement of all types of people in public education and dialogue about death and dying, including those with disabilities, strong religious beliefs and those who have felt left out by mainstream medicine. It is particularly important to appreciate the different views that might be held by individuals who feel less powerful in making health decisions and how threatened they may feel in health-care encounters. It is essential to provide accurate information to counter any misinformation obtained from media reports that often sensationalize this already emotional and complex subject.

(Canadian Nurses Association, 2018)
Nurses can contribute their knowledge and experience by becoming involved in different initiatives that would support the nursing profession and its role in physician-assisted death. For example, nurses can be integrally involved in discussion and dialogue with public officials and in public forums and consultations.
References


