

## INTRODUCTION

- Medical Assistance in Dying (MAiD) was legalized in Canada in 2016
- Hospice care providers challenged to adapt and adjust to changing dynamics of MAiD including awareness, acceptance, and choice
- BC hospice providers have experienced great pressure to allow for provision of MAiD on site
  - Some hospices offer MAiD in their facilities
  - Some hospices (e.g. faith-based facilities) do not allow provision of MAiD
- For most facilities, full participation in MAiD is expected<sup>1</sup>

## OBJECTIVE

*To describe the effects that legalization of MAiD has had on hospice care provider roles within the non-provider context.*

## METHODS

### PARTICIPANTS

- 8 participants from interdisciplinary team providing care at small in-patient hospice care facility (<15 beds)
- Participants include hospice administrators, formal care providers (nurse, care aide), grief support workers, and volunteers
- Employed a qualitative descriptive approach with inductive and thematic analyses

### STUDY CONTEXT

- MAiD procedure not provided on-site at hospice facility
- Hospice in-patients choosing MAiD are cared for in-facility until immediately before time of MAiD procedure, whereby they are transferred to another facility
- Hospice staff are not present at time of the MAiD procedure

## Reconciling patient choice for MAiD with terminating hospice care provision

- Participants described MAiD as a different mode of dying, challenging the understanding of the nature of death/dying in the hospice setting
- Participant described how patients requesting MAiD looked different
  - Some patients requesting MAiD not at advanced stages of disease as expected, not seen as close to imminent death
  - Disconnect in expectations
  - Participants described how their vision of who may need MAiD differed from their experience with patients who chose MAiD

*“They might not be a person that would normally pass away quick. It would be someone who is seriously speeding up their death. Which is interesting because it takes the natural process out of there. It sometimes can make it so that the person is not dealing with death”*

## Navigating personal unease within the patient-care provider relationship

*“It’s sad because palliative care is such a baby in evolution, it’s just evolving right now ... if we do good palliative care right now, would it change [the decision for MAiD], there is still a lot of people suffering”*

- Participants emphasized need to demystify provision of MAiD
  - Wanted to be included in discussions of MAiD with patient
  - Hopeful that with further experience and educational resources that discussions of MAiD will become normalized
- Participants identified a gap in knowledge to navigate language surrounding MAiD noting that it “doesn’t fit in our usual conversation”
  - Participants wished to support persons requesting MAiD but lacked supports, direction, and guidelines for best practices

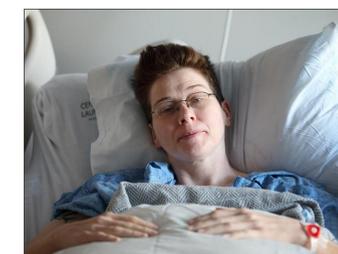
## Normalizing hospice care providers response to MAiD

- Participants described how they were becoming more accustomed to the process and gaining greater confidence caring for patients who chose MAiD
- Some participants described unease and discomfort with becoming complacent and desensitized to MAiD as it became more normalized and familiar
- Participants emphasized need to prioritize self-care and seek support from others when needed

*“other than the initial one, where there is avoidance ... but that was the first time and it’s as the not knowing and its odd. ... All of that has already become more acceptable. It was less of a shock, it was easier to say goodbye, and it’s kind of frightened me. It frightened me how easily I have adjusted”*

## IMPLICATIONS

- Hospice care providers worked to navigate the uncharted territory of MAiD within a non-provider hospice setting and to remedy the moral complexities, philosophical fit, and practical challenges of MAiD while attempting to provide high quality patient-centered care.
- The initiation and provision of MAiD gave rise to a disrupted, distinct, and fragmented care pathway
  - Existing pathway excluded majority of hospice care providers
- The experience of navigating MAiD within a non-provider context challenged care providers to rethink and redefine their roles
  - Left many uncertain about how best to support their patients and others.



## CONTACT INFO

**Dr. Shannon Freeman**

University of Northern British Columbia

[shannon.freeman@unbc.ca](mailto:shannon.freeman@unbc.ca)

## REFERENCES

- <sup>1</sup> Shadd, P., & Shadd, J. (2019). Institutional non-participation in assisted dying: Changing the conversation. *Bioethics*, 33(1), 207-214.  
<sup>2</sup> Sandelowski, M. (2010). What's in a name? Qualitative description revisited. *Research in nursing & health*, 33(1), 77-84.