

Navigating End-of-Life Options in Long-Term Care: Perspectives on Palliative Care and Medical Assistance in Dying (MAiD)

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Objectives

- 1. Understand the roles of team members** when a resident requests MAiD, respecting individual beliefs while ensuring resident-centered care.
- 2. Describe how MAiD can be part of a full spectrum of palliative care**, supporting residents' end-of-life choices.
- 3. Demonstrate how team members can continue providing excellent care** even if they disagree with a resident's decision to access MAiD.
- 4. Review the legal, moral, and ethical implications of MAiD** in a vulnerable patient population



Ben

Ethical/moral beliefs about MAiD.

Strategies for providing non-judgmental, compassionate care without compromising personal values.

Handling conflicts within the care team when views on MAiD differ.

Sandy

Importance of resident autonomy and informed choice.

Facilitating open communication within the team and with the resident's family.

Practical approaches to team-based care when opinions differ.

Resident Autonomy and Choice

- Informed by
 - Personal believes
 - Values
- Regulated by
 - Health Care Consent act
 - Substitute Decisions Act
- Influenced by
 - Access
 - Providers
 - Family and culture

Choice Dilemma 1

- Mrs. Walsh is finally admitted to your LTC home and you are her MRP/ part of her care team
- During her admission physical she tells you she's not sure she wants to be here anymore but is trying to remain hopeful
- You probe and realize she means 'here' in life and not LTC
- You engage in a conversation about her values and learn about her independent life
- You ask her if anyone spoke to her about MAID in the hospital and she said she brought it up with the attending team but nothing happened and she 'doesn't want to upset her family'

Rhonda

MAiD assessment process and ensuring the resident's capacity for consent.

How MAiD fits within the continuum of palliative care.

Addressing myths and providing education to the team about their roles and responsibilities in MAiD requests.

Choice Dilemma 2

- Bob is an 88-year-old male who moved into assisted living following the death of his wife three years ago.
- Bob is an outgoing and sociable person who until recently was regularly involved with many activities inside and outside the home until six months ago when he was diagnosed with Stage 4 Pancreatic cancer with a 6-month life expectancy.
- Bob describes his pain as 9/10 most days despite involvement of a palliative team. He is frequently SOB due to ascites and has been to the hospital three times in the last six weeks for a paracentesis. He is now confined to his bed and requires continence care.
- Bob states that he has had a good life and feels his current situation is undignified and not how he wishes to spend his remaining days to weeks. He has requested Medical Assistance in Dying and the team is devastated by this news and a PSW tells Bob he shouldn't do this.

What now?

How should the care team respond if a member expresses discomfort with MAiD?

What is your obligation to Bob/Mrs. Walsh?

How can we ensure comprehensive and compassionate care, respecting both the resident's choice and team members' diverse beliefs?

What are effective strategies for educating team members on their roles and responsibilities in end-of-life care, including MAiD?

Do you have a MAiD policy in your LTC/RET home?

What resources would you rely on if you weren't sure about next steps?

What is the difference between palliative sedation and MAiD?

A Great Approach

- Acknowledge and validate personal beliefs
- Clarify roles and responsibilities
- Ensure continuity of care
- Offer education and support
- Promote a culture of teamwork and respect





Questions?