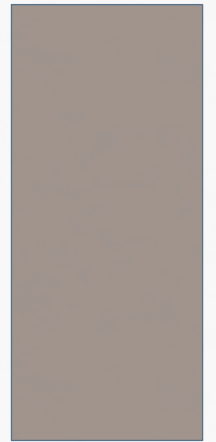




MEDICAL ASSISTANCE IN DYING (MAID)

SUPPORTING HOME HEALTH CARE NURSES



DISCLOSURES

- No conflict of interest to disclose.

OUTLINE

- Background on MAID
- MAID in home care
- Nurses' surveys
- Summary of findings
- Next steps



WHO WE ARE

- Michelle Pothier, RN, MN
 - Clinical consultant, ParaMed Home Health Care
- Pauline Therrien, RN, BScN
 - Clinical consultant, ParaMed Home Health Care



WHO WE ARE AND WHAT DO WE DO

- National home health care organization
- Approximately 11,000 field staff across 52 communities
- Rural and urban areas served
- Provide nursing, home support and allied health services to clients – home, schools, clinics, work settings, etc...
- Government/private contracts

BACKGROUND - WHAT IS MAID?

Medical Assistance in Dying (MAID)
legislation passed in 2016
in Canada



THE MAID PROCESS

Initial request

- Client makes a formal verbal request for MAID
- Initial assessment completed by physician or nurse practitioner to determine eligibility

Second opinion

- A second physician or nurse practitioner provides a written second opinion to confirm eligibility

Written request

- Client makes and signs a written request or form for MAID

Consent

- Client's written consent is signed by 2 independent witnesses
- Witnesses must not be directly involved in client care

10-day reflection

- Client must wait a period of at least 10 "clear" days between signing the request and the date the service is provided

MAID

- Client is required to confirm consent just before receiving MAID
- Administration of substance by MD/NP or self-administration by person requesting MAID

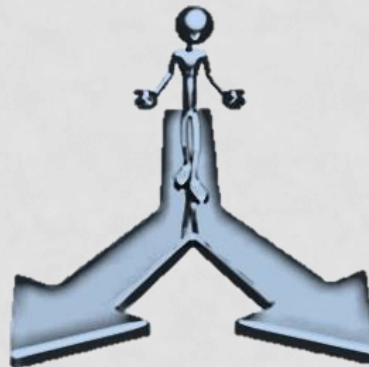
MAID IN HOME CARE

- Nurses have significant involvement in end-of-life care and palliative care
- New role with home care clients requesting MAiD
- Home health nursing brings unique challenges in itself:
 - Nurses work independently
 - Work in remote areas
 - Often work with reduced supports in place



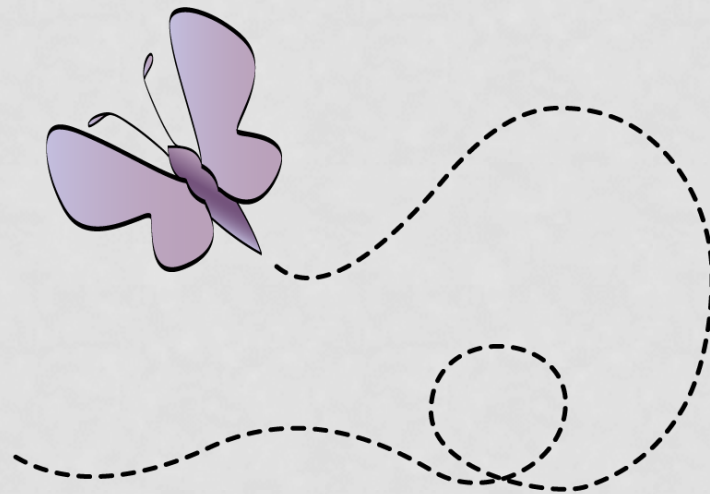
MAID - AN ETHICAL DILEMMA?

- With the implementation of MAID, home care nurses may face moral and ethical dilemmas with the care they provide
- What if a nurse is not comfortable participating in MAID?
 - Conscientious objection



THIS MADE US WONDER...

Are we doing enough to support our nurses participating in MAID in the home health setting?



ARE WE DOING ENOUGH?

- Since MAiD was introduced, ParaMed has done a lot of work to support our staff:
 - We created policy and procedure
 - We developed education for nurses, as well as unregulated staff and supervisors
 - Our Clinical and Risk Consultants were available to answer any questions
- Was this effective?
- Should we do more?



SO WE ASKED OUR NURSES

Have You Ever Cared for a MAiD Client with ParaMed?



**Would you be
willing to share
your
experience?**

We want to hear how the MAiD experience was for you

From your experiences, we would like to learn what we can do to best support our Nurses with MAiD in the Community – before, during and after – and bring what we learn back to help our nurses.

Please email Michelle: mpothier@paramed.com or Pauline: PTherrien@paramed.com to share your story

Thank you for helping us!

AND THEY RESPONDED

8 nurses reached out and shared their experiences with us – some with positive experiences...



Supportive Happy Right
Grateful Wishes
Explained deaths
Empathetic Professional Follow-up
Best Amazing Peaceful
Smooth Assist Family Dignity
Celebration Wonderful
Caring Good experience Help Choice
Happier place Discussion
Successful Laughter
Decision

“We are involved with a lot of death in our job. I have seen too many bad deaths. The MAID I have been involved in are the best deaths, most peaceful and supported deaths I can imagine.”





“I was so grateful to be a part of such a wonderful thing for this client that he could make that choice for himself when he had been so helpless for so long.”

“Family were celebrating as this is something he had really wanted to do. There was wine and appetizers and laughter.”





“I take comfort in knowing that it is their choice and they will not have to endure the long painful unknown end.”

“A great blue heron flew beside my car as I left her home, it was like a sign she was at peace and wanted me to know she was free.”



and others not so positive...

Draining
Hours Helpless Crying Anxiety
Strange Hard
Headache Sobbing Time Exhausted
Difficult Struggling Killing PTSD
Awkward Heartstrings Learning
Distraught Emotional Stressful
Magnitude Scared Goodbye Secret
Shocked Significant Odd Distressed Anger
Emotions

“I couldn't sleep of course, I tossed and turned... I woke the next morning exhausted mentally and physically.”





“I never heard from anyone at the office, no one reached out and asked me how it went... it was as if it never happened.”

THE STORIES RAISED GOOD POINTS

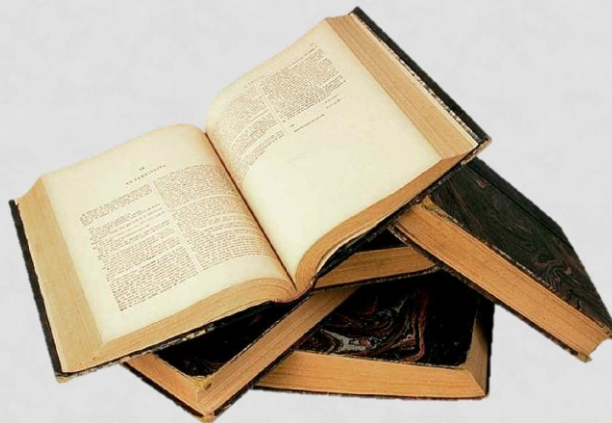
- It was clear from the initial stories that we collected that there is a need to support our nurses – **support is needed before AND after MAID.**
- The impact of going into a home to assist a Health Care Practitioner with MAiD cannot be taken too lightly.
- There is a difference between starting an IV for a dose of antibiotics and starting an IV that will be used to provide MAID.

... so what should we do?

WHAT CAN WE DO TO BETTER SUPPORT OUR NURSES?

- Is it just us?
- What's happening across Canada?

... so we hit the books



LITERATURE REVIEW – NURSES

- We found little exists in the current literature about **support for nurses** who assist with MAiD.
- Sheridan (2017) acknowledged that
 - *“support for the people who are front-line [and] who are providing this care... you really do bond and you want to make sure that these people are doing ok, and that they're managing well post passing“ (p. 50).*
- Other than that, no other recent Canadian research was found that addressed supporting the nurses



LITERATURE REVIEW – OTHER HCP

- McKee & Sellick (2018) studied the **impact on physicians** providing MAID
 - Physicians find providing MAID highly rewarding
 - “Profoundly positive, meaningful, even life-transforming for providers”
 - “You leave [after the provision], feeling just completely in touch with the universe, like you go home,... you appreciate every single moment... Like, it’s sad, but it’s an incredible endorsement of life and understanding like, what it means to be alive, and enjoying every minute”
 - Negative experiences/sources of stress pertained to:
 - Institutional & administrative barriers
 - Isolation, being judged by colleagues
 - Time consuming; high time pressure; improper fee schedule



THE STORIES PROMPTED MORE QUESTIONS

- Why were some MAID experiences very positive while others were quite negative?
- After reviewing our nurses' stories and the literature, we sought to ask more questions from our nurses.

... so we created a survey

THE SURVEY

- We reached out to ParaMed nurses in Ontario who had participated in at least one MAID case in the home care setting
- We found the majority of nurses surveyed had participated in MAID for existing clients (as opposed to new clients requiring only an IV start)



SURVEY RESULTS – DEMOGRAPHICS

- 24 responses
- 100% female
- Age: 50% of respondents age 41-55
- 80% had more than 10 years Nursing experience
- 80% Registered Nurses vs 20% Registered Practical Nurses



SURVEY RESULTS - EDUCATION

- Majority of nurses reported having previously completed palliative care education
- Only 13 of the 24 nurses received the in-house MAID education
- Education preference: majority prefer in-person group education (83%)



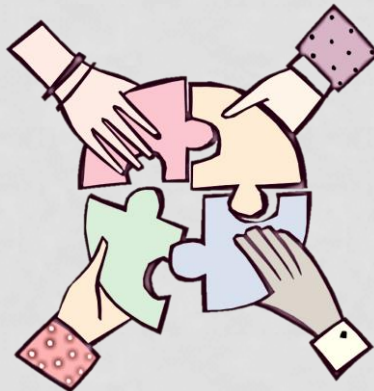
SURVEY RESULTS - CONFIDENCE

- Majority of nurses (84%) stated they felt confident or very confident in understanding their role during the MAID visit
- All nurses who received in-house MAID education reported feeling confident about their role in MAID



SURVEY RESULTS - SUPPORT

- Nurses voiced feeling supported in their role.
- Majority of respondents felt most supported by their supervisor/manager and peers, followed by other care providers and LHIN care coordinators.
- The more support the nurse received from different members of the health care team, the more positive the MAID experience was for the nurse



SURVEY RESULTS - FEELINGS

“The experience **seemed "surreal"** it was unlike any nursing experience I have had in my 25 years... **not unpleasant just very different.**”



- Majority of the nurses felt relieved and/or happy for the client after MAID
- However, some nurses reported feeling unsettled or upset and sad

SURVEY RESULTS - SUPPORT AFTER MAID

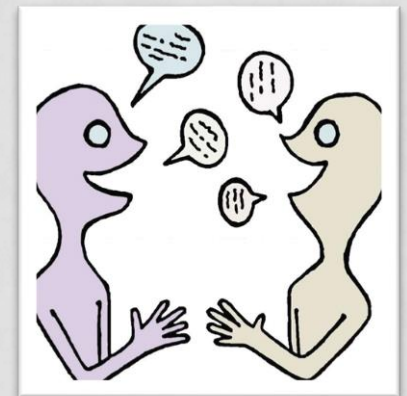
“The **support and guidance** I received **were excellent.**”



- Nurses reported feeling most supported by their supervisor/manager and peers after MAID
- Most nurses reported receiving support face-to-face or by phone however some only received an email from their supervisor

THE NURSES HAD ADVICE TO SHARE...

- Debrief with the MAID team before and after
- There should be a one on one conversation with the nurse after MAID
- Support group for nurses
- Some nurses would like a pre visit and some just want to start IV's & not be there
- Education on MAID
- Reduce stigma associated with MAID
- Start a MAID team at ParaMed
- Clear charting expectations
- Incentives for time and financial constraints



WHAT WE LEARNED

- Nurses like to tell their stories and talk about MAID
- There is a stigma associated with MAID even within our own peer group
- MAID is an emotionally charged experience for home health nurses
- Nurses need to be supported before and after MAID; support from all members of the health care team is important
- Nurses need education on MAID
- Nurses who received MAID education voiced increased confidence participating in MAID



GAPS WE NEED TO ADDRESS

- MAID education not offered at all sites. *Why not?*
 - Do we need more educational supports?
- Some nurses did not feel supported by their supervisor. *Why not?*
- Some supervisors did not connect with their nurses after MAID. *Why not?*
- Debriefing is not offered consistently. *Why not?*
- Some supervisors thought email was a sufficient way to connect with nurses before and after MAID.
Really?

NEXT STEPS – RECOMMENDATIONS

- Preference for palliative trained nurses to participate in MAID
- MAID education for all nurses
- MAID education for all new nurses on orientation
- Don't schedule nurse with other clients after a MAID visit
- Supervisor follow-up with nurse face-to-face or by phone after every MAID visit
- Debriefing re MAID cases or other palliative deaths at regular nurses' meetings
- Peer support groups
- Time/money barriers



QUESTIONS?



THANK-YOU

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- Pauline Therrien, RN, BScN
 - ptherrien@paramed.com



RESOURCES

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