



# Interprofessional Healthcare Students' Association

## POSITION PAPER ON ASSISTED DYING

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### BACKGROUND

This paper focuses on the need to view assisted dying as an interdisciplinary issue in response to the recent Supreme Court of Canada's ruling on assisted dying. This view will allow for the development of a national assisted dying care strategy informed by a wide range of professional knowledge, skills, experience and values. Such a strategy would help facilitate care that is collaborative, safe, high-quality, and dignified.

On February 6th, 2015, the Supreme Court of Canada unanimously struck down the law prohibiting physician-assisted dying (R.v. Carter, 2015). The ruling concluded that "the prohibition on physician-assisted dying is void insofar as it deprives a competent adult of such assistance where: (1) the person affected clearly consents to the termination of life; and (2) the person has a grievous and irremediable medical condition (including an illness, disease or disability) that causes enduring suffering that is intolerable to the individual in the circumstances of his or her condition. We therefore allow the appeal" (R.v. Carter, 2015).

The Supreme Court of Canada has suspended two sections of the Criminal Code for 12 months to allow for new rules and laws to be drafted, stating "It is for Parliament and the provincial legislatures to respond, should they so choose, by enacting legislation consistent with the constitutional parameters set out in these reasons" (R.v. Carter, 2015). New legislature must balance the interests of those seeking assistance to die in a dignified manner while simultaneously protecting those who are regarded as vulnerable.

### THE RULING AND IT'S IMPLICATIONS

The Supreme Court of Canada's ruling will change the way in which many Canadians are permitted to die and has vast implications for health care providers including, but not limited to nurses, occupational therapists, physiotherapists, physicians, social workers and pharmacists. Currently the term physician-assisted dying is being widely used in the literature. However, in less than 12 months many health care providers, not just physicians, may be involved in the care of an individual who has requested assistance to end their life.

Recognition of the importance of interdisciplinary collaboration is growing. Research has shown that interdisciplinary collaboration leads to positive outcomes including improved patient self-care, improved health care provider satisfaction, knowledge, skills, and practice behaviors; broader range of services; better access, shorter wait times, and more effective use of resources (Thornhill et al., 2008). Furthermore, it has been recognized that end of life care is best provided through a collaborative practice of an interdisciplinary team to meet the physical, emotional, social and spiritual needs of both the person and their family (CNA, 2008); emphasizing the importance of viewing assisted dying as an interdisciplinary issue.

Recognizing the important role nurses, occupational therapists, physiotherapists, physicians, social workers, pharmacists and many other professionals play in end-of life care, parliament and provincial legislatures need to engage these professionals in discussions regarding end-of life issues, and new legislation related to assisted dying. Although many professional bodies have begun discussions regarding the impact of the court's ruling, there is little evidence of health care providers, and their professional bodies, being consulted or engaged in broader national discussions that impact legislation. This presents a limitation to informed legislation.

## **RECOMMENDATIONS**

Recognizing that assisted dying requires an interdisciplinary approach, we recommend that:

1. Parliament and provincial legislatures move forward with the term “healthcare-assisted dying” as opposed to “physician-assisted dying”.

Assisted dying involves a process of important tasks; rarely is a single health care provider an expert in all of these tasks, nor should they be. As in palliative care models, an interdisciplinary approach to assisted dying should be implemented. Using “healthcare-assisted dying” as opposed to “physician-assisted dying”, allows us to focus on the interdisciplinary team.

2. Parliament and the provincial legislatures should collaborate with professional organizations such as the Canadian Association of Occupational Therapists, Canadian Medical Association, Canadian Nurses Association, Canadian Pharmacists Association, Canadian Association of Social Workers as well as provincial bodies, and engage in formal dialogue regarding assisted dying, and the development of new legislation.

Occupational therapists, nurses, physiotherapists, physicians, social workers and pharmacists play a critical role in palliative care (Michelson & Steinhorn, 2007, CHPCA, 2002), and will have an important role to play in assisted dying. Therefore, these professions, and many more, must have a voice in the development of new legislation regarding assisted dying. The development of an advisory committee which includes representatives from a variety of professional backgrounds, such as those mentioned above, could help foster collaboration in the development of new legislation. Furthermore, this committee should attend to the professional values the members bring and to those expressed in the Supreme Court of Canada's ruling, including but not limited to: respect for autonomy, dignity, quality of life, and protection of the vulnerable.

Legislating assisted dying is guaranteed to present many challenges. We must go forward with an interdisciplinary approach in order to improve person-centered care by meeting the physical, emotional, social and spiritual needs of both the client and their family as well as improving the overall quality of assisted dying.

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