Responding to Requests for Hastened Death

Corporate Policy & Procedures Manual

Policy No.

Date Approved

Approved by:
Vice President, Medicine and Chief Medical Officer
Vice President, Mission, Ethics and Spirituality

Date Effective

Next Review (3 years from Effective Date)

Purpose

The purpose of this policy is to provide a consistent ethical and compassionate approach, reflective of the Health Ethics Guide and Catholic teaching when responding to expressed requests for hastened death\(^1\) within Covenant Health.

Policy Statement

As a Catholic health care organization, Covenant Health is committed to the inherent dignity of every human being throughout the entire continuum of life from conception to natural death. The organization’s ethical and moral opposition to intentionally hastened death needs to be recognized, respected and honoured by all persons served by, or working within Covenant Health including, but not limited to funders, regulatory bodies, advocacy groups and the larger community.

Applicability

This policy applies to all Covenant Health facilities, staff, physicians, volunteers, students and any other persons acting on behalf of Covenant Health (“personnel”). It does not apply to physician practices conducted external to Covenant Health such as those who hold multiple site privileges, or to other Covenant Health staff working in other capacities clearly outside of Covenant Health.

Responsibility

While Covenant Health personnel shall neither unnecessarily prolong nor hasten death, the organization reaffirms its commitment to provide quality palliative and/or hospice end-of-life care, as well as compassionate support for dying persons and their families, including:

1. Honouring patient/resident self-determination through the use of advance care planning, goals of care designation, and/or personal directives, including recognition of the role of substitute decision-makers/agents chosen by and acting on behalf of the patient/resident;

2. Offering quality palliative/hospice and end-of-life care that addresses physical, psychological, social, and spiritual needs of persons and their families; and

3. Delivering effective and timely pain and symptom management as outlined in the Health Ethics Guide, the foundational ethics resource used by Covenant Health and other Canadian Catholic health care organizations.

\(^1\) For the purposes of this policy, “hastened death” is the most comprehensive and precise term from a Catholic moral perspective to describe the assistance provided to a person with the intention of ending his/her life, including voluntary euthanasia, whereby a physician or other legally recognized health professional directly administers a lethal dose of medication (or equivalent) in accordance with the wishes of the patient. Reference to “physician-assisted suicide,” “physician-assisted death,” “physician-assisted dying,” and “medical aid in dying” are also cited in the literature. For example, see the Canadian Society of Palliative Care Physician’s key message statement on physician-hastened death at: http://www.cspcp.ca/wp-content/uploads/2015/10/CSPCP-Key-Messages-FINAL.pdf, or the College of Physicians and Surgeons of Alberta’s Advice statement on physician-assisted death at: http://www.cpsa.ca/standardspractice/advice-to-the-profession/pad/
**Principles**

Expressed requests from persons in our care for hastened death should be respectfully acknowledged in a non-coercive and non-discriminatory manner.

Although Covenant Health and its personnel are prohibited from participating and assisting in any actions or omissions that are directly intended to cause death, the values of Covenant Health nevertheless ethically oblige personnel to explore and ascertain the nature of the person’s expressed request.²

This response should focus on providing information and access to appropriate physical, psychological and spiritual supports to help address the person’s needs that may underlie their expressed request.

This policy recognizes that suffering is part of the human experience which occurs throughout life and not necessarily related to dying. A person in deep existential anguish needs to be appropriately supported to acknowledge, address, and ameliorate their suffering. The goal of care is to reduce such suffering.

As a publicly-funded institution, Covenant Health recognizes that the personnel serving persons in our care may be conflicted when responding to a request for hastened death given the range of societal views on the issue. Covenant Health has an institutional obligation to uphold its principles of faith and morals by which it is bound as a Catholic health provider and as recognized by the Cooperation and Services Agreement, established between Alberta Health Services and Covenant Health.

Covenant Health is morally and legally bound to work together with both patients and personnel to resolve potential conflict around goals of care to enable proactive solutions that respect the wishes and integrity of all. In some cases, this may require safe and timely transfer of a patient and their records to a non-objecting institution for continued exploratory discussion and assessment.³ Consistent with Covenant Health’s mission and values, care in arranging such transfer must be provided in a compassionate and non-discriminatory manner.

As affirmed in Our Commitment to Ethical Integrity and in the Health Ethics Guide, Covenant Health will support those in good conscience who cannot participate in an activity deemed to be immoral or contrary to their professional codes of conduct and moral beliefs. It is our responsibility to do so without abandoning those who may be impacted by such conscientious or professional decisions by reviewing extenuating circumstances on a case-by-case basis and exercising prudential judgment.

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² Omissions of care in this context would not be deemed to be directly intending to cause death, even if death is a foreseen but unintended consequence of such omissions See: Health Ethics Guide, Article 20, including articles 77-79 – “Refusing and Stopping Treatment.”

³ Covenant Health recognizes and abides by all legislative requirements and regulatory standards governing access to hastened death elsewhere, while reciprocally, fully expecting others to respect Covenant Health’s institutional integrity as a Catholic care organization and the conscience rights of its personnel to not provide or directly refer explicitly for same.
Procedure

A. Responsible Parties

1. Covenant Health will inform all individuals receiving care of the person’s right to make decisions concerning their medical care consistent with institutional consent policies, including the right to accept or withdraw medical or surgical treatment and the right to formulate advance directives.

2. Covenant Health will transparently provide information on its policy related to hastened death, in keeping with the principle of non-abandonment and the duty to inform.

3. Patients/Residents, families, care givers, physicians and other members of the care team are encouraged to fully explore and discuss care and treatment options with patients and residents.

4. Covenant Health respects the rights of all patients/residents/caregivers and physicians to explore all such treatment options, but fully expects that patients/residents and physicians/caregivers will respect and adhere to Covenant Health’s position as set forth in this policy while providing care within Covenant Health facilities, programs and services.

B. Specific Inpatient Physician/Nursing/ Staff Responsibilities

The position and policies of Covenant Health are based on the Health Ethics Guide and the Catholic fundamental values of respect for the sacredness of life from conception to natural death, compassionate care of dying and vulnerable persons, and respect for the integrity of the medical, nursing, and allied health professions. The policy recognizes the long standing Catholic moral tradition of neither prolonging death by subjecting persons in care to disproportionately burdensome, medically inappropriate or futile treatments, nor intentionally hastening their death through assisted suicide and/or voluntary euthanasia.

Physician Responsibilities:

1. When a person expresses a consistent wish for hastened death, both the attending physician and either the VP Medicine/Chief Medical Officer and/or the VP Mission, Ethics and Spirituality will be notified.

2. The attending physician must review the person's medical status and seek to understand the person's reasons for the request. The attending physician will discuss the full range of treatment options with the patient, including all factually relevant information, including reference to Covenant Health’s policy on hastened death. This may require responding to questions regarding what is entailed by hastened death, the process involved, and/or type of medications used as a statement of fact. This response may also require consultation with other health care personnel to assess the person’s decision-making capacity, and

See also, the Health Ethics Guide, 2012, “Organizational Response to Conscientious Objection,” Article 165. While no person is required to participate in activities deemed to be immoral, “the exercise of conscientious objection must not put the person receiving care at risk of harm or abandonment.” Moreover, “this may require informing the person receiving care of other options of care.”
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3. Covenant Health encourages physicians, patients/residents and/or their substitute decision-maker to engage in conversations regarding the person’s treatment/care options at the end of life, and actively supports the provision of quality palliative and/or hospice care.

4. The patient/resident is informed of the options for meeting the person’s care needs including palliative and/or hospice services for comfort and support as appropriate.

5. When, after discussion with the attending physician the patient still clearly expresses a desire for hastened death, alternative arrangements will be explored with clear communication that such service is not provided in Covenant Health facilities. Covenant Health will facilitate transfer to alternative sites wherein the alternatives to hastened death are fairly included in options presented to patients.

6. The patient can choose to remain in the hospital/residence/hospice and receive treatment and care recommended by the clinical team, or choose to be transferred to another care facility or their home.

7. Designated staff and physicians facilitate referrals and discharge planning in a timely, safe, compassionate, and respectful manner, through non-coercive and non-discriminatory dialogue, in accordance with Covenant Health’s mission and values.

8. If the person who desires hastened death chooses to stay, the patient is informed that Covenant Health’s employees and volunteers do not educate, provide, deliver, administer or assist the person to fulfill this desire while the patient is participating in Covenant Health services.

9. Covenant Health does not prevent patients from independently seeking information on hastened death outside of the Covenant Health system such as from available community resources and/or care coordination system.

Nursing and Allied Staff:

1. Nursing and other care staff, including those in Spiritual Care and Social Work, will provide the patient with effective pain and symptom management including emotional and spiritual support, as needed.

2. Emotional and spiritual support will also be offered to family members/significant others, as requested.

3. In the absence of a physician to respond to a patient’s request for information or support, nursing staff shall be governed by the principles of this policy, notwithstanding any other restrictions on their scope of practice.

C. Documentation

The attending physician will document in the medical record a summary of the discussion with the patient regarding his/her request for hastened death as well as the reasons to provide emotional and spiritual support, as indicated.
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outlined by the person, in keeping with regulatory and legal requirements.

D. Consultation Services

If situations arise that present ethical and/or legal issues, contact Ethics Services and/or Legal Services (Risk Management)

Definitions

Advance care planning: is a process whereby individuals indicate their treatment goals and preferences with respect to care at the end of life. This can result in a written directive, or advance care plan, also known as a living will.

“Dying with dignity”: indicates a death that occurs within the broad parameters set forth by the patient with respect to how they wish to be cared for at the end of life. It is NOT synonymous with euthanasia or physician-assisted death.

Euthanasia: means knowingly and intentionally performing an act, with or without consent, that is explicitly intended to end another person's life and includes the following elements: the subject has an incurable illness; the agent knows about the person's condition; the agent commits the act with the primary intention of ending the life of that person; and the act is undertaken with empathy, compassion, and without personal gain.

Medical aid in dying: refers to a situation whereby a physician [or other member of the care team] intentionally participates in the death of a patient by directly administering the substance themselves, or by providing the means whereby a patient can self-administer a substance leading to their death.

Palliative care: is an approach that improves the quality of life of patients and their families facing problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification, assessment and treatment of pain and other symptoms be they physical, psychosocial and spiritual.

Palliative sedation: refers to the use of sedative medications for patients who are terminally ill with the intent of alleviating suffering and the management of [intolerable and refractory] symptoms. The intent is not to hasten death although this may be a foreseeable but unintended consequence of the use of such medications. This is NOT euthanasia or physician-assisted death.

Physician-assisted death: means that a physician knowingly and intentionally provides a person with the knowledge and/or means required to end their own lives, including counseling about lethal doses of drugs, prescribing such lethal doses or supplying such

5 The definitions used in this policy (with the exception of Continuous Palliative Sedation Therapy) are based on the Canadian Medical Association, used as a common reference point during a national dialogue and public consultation on end-of-life care. For stylistic reasons only, and to ensure grammatical consistency with this policy, hyphens were purposely added to any reference to “physician assisted suicide”. See: “End-of-Life Care: A National Dialogue, http://www.cma.ca/advocacy/end-of-life-care, as well as the link to the CMA policy statement, noted in the Reference section below. The bracket additions on the definition for Palliative Sedation, as well as the link to the CMA policy statement, have been added, and are not included in the CMA policy statement.

6 Advance directives are intended to be informative rather than dispositive in nature. Even though a directive may contain a previous expressed wish for physician assisted suicide this does not obligate the Catholic health care organization to compromise its own institutional integrity. See Health Ethics Guide (2012), Article 91: “A person’s written or oral health care preferences are to be respected and followed when those directions do not conflict with the mission and values of the organization.”
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drugs. This is sometimes referred to as physician-assisted suicide. Euthanasia and physician-assisted death are often regarded as morally equivalent, although there is a clear practical distinction, as well as a legal distinction, between them.

**Withdrawing or withholding life sustaining interventions:** such as artificial ventilation or nutrition, that are keeping the patient alive but are no longer wanted or indicated, is NOT euthanasia or physician assisted death.

**Continuous palliative sedation therapy (CPST):** intentional lowering of a patient's level of consciousness in the last one to two weeks of life. It involves the proportional (titrated) and monitored use of specific sedative medications to relieve refractory symptoms and intolerable suffering. Sedation as a consequence of medications used to relieve a specific symptom is not regarded as CPST.7

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**Related Documents**


*Early Induction of Labour*, Policy VII-B-10, Covenant Health


“Impact of Physician Assisted Death (PAD) within Alberta Health Services Provincial Steering Committee Draft Terms of Reference,” *Alberta Health Services*, October 2015.


*Our Commitment to Ethical Integrity* (Code of Conduct), Covenant Health


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References

A Catholic Perspective on Health Decisions and Care at the End of Life, Ottawa: Catholic Health Alliance of Canada, 2014.


