Purpose Statement:
To provide a consistent ethical and compassionate approach, reflective of the Health Ethics Guide and Catholic teaching when responding to a person in care within Covenant Health who voluntarily requests assistance to intentionally end their own life, or who voluntarily requests administration of a lethal medication resulting in their own death. The fulfilment of these acts, when complying with Canadian law are collectively referred to as medical assistance in dying (MAID).\(^1\)

Parent Policy:
VII-B-440 Responding to Requests for Medical Assistance in Dying

Applicability:
While Covenant Health personnel shall neither unnecessarily prolong nor hasten death, the organization nevertheless reaffirms its commitment to provide quality palliative/hospice and end-of-life care, promoting compassionate support for persons in our care 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 clear 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, at the patient/resident's or families' request and agreement, that addresses physical, psychological, social, and spiritual needs of persons who are dying and their families;

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

4. Providing ethics services and support through the Covenant Health Ethics and Discernment Centre.

\(^1\) For the purposes of this policy, “medical assistance in dying” is used consistent with Parliament of Canada Bill C-14 and Alberta Health Services’ Medical Assistance in Dying program. It refers to assistance provided to a person with the aim of intentionally ending his/her life, sometimes known as assisted suicide, as well as voluntary euthanasia, whereby a legally recognized health professional directly administers a lethal dose of medication (or equivalent) in accordance with the request of the patient. References to “physician assisted suicide,” “physician-assisted death,” and “medical aid in dying” are also cited in the literature.
Responsibility:

All Covenant Health facilities, staff, physicians, volunteers, students and to any other persons acting on behalf of Covenant Health (“personnel”) when acting on behalf of Covenant Health or at one of our facilities. It does not apply to a health practitioner whose practice is conducted external to Covenant Health, such as physicians who hold multiple site privileges, or to other Covenant Health staff in any role they may have concurrently working at non-Covenant Health sites or facilities. Questions of actual or perceived conflict of interests raised while acting simultaneously on behalf of Covenant and an external provider must be declared and managed appropriately among the clinical care team.

Procedure:

A. Responsible Parties

This policy recognizes the long standing Catholic moral tradition of neither prolonging death by subjecting persons to disproportionately burdensome, medically inappropriate or futile treatments, nor intentionally hastening death through assisted suicide and/or voluntary euthanasia. Our response to persons requesting MAID therefore must be timely, compassionate and appropriate, while respecting our institutional identity and tradition.

1. Covenant Health will inform all individuals receiving care of the person’s right to make decisions concerning their medical care 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 MAID, adhering with the principle of non-abandonment and the duty to inform.

3. Patients/residents, families, caregivers, physicians and other members of the care team will be encouraged to fully explore and discuss care and treatment options for patients/residents.

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

B. Specific Inpatient Physician/Nurse Practitioner, Administrative and Other Personnel Responsibilities

Physician and Nurse Practitioner Responsibilities:

See also the professional obligations of regulated members under each respective body’s Standard of Practice.²

1. When a person verbalizes a request for MAID, the attending physician, and/or nurse practitioner will be promptly notified. The information and support provided will be guided by the patient/resident’s or families’ needs or explicit requests. In some settings, this may also require concurrent notification of other allied staff, including Social Work.

2. The attending physician and/or nurse practitioner must review the person’s medical status and seek to understand the person’s reasons for the request.

Additionally:

a) The attending physician and/or nurse practitioner will discuss the full range of available options with the person, including all factually relevant information as would be expected with any end of life discussion. This may require responding to questions about MAID, as well as Covenant Health’s relevant policy. It may also require other information sources being left with the person such as those available from AHS.

b) This response may require consultation with other health care personnel to assess the person’s decision-making capacity, to be cognizant of particular circumstances of vulnerability that might motivate choices, and to provide emotional and spiritual support, as indicated.

3. Covenant Health encourages physicians, nurse practitioners and patients/residents and/or their substitute decision-makers to engage in conversations regarding the person’s treatment/care options at the end of life, and discuss the provision of quality palliative/hospice care.

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

5. When, after discussion with the attending physician or nurse practitioner, the patient/resident still expresses a desire to further explore MAID, alternatives will be explored with clear communication that the actual provision of MAID is not done in Covenant Health facilities. The patient/resident may choose to involve the AHS Care Coordination Service either through Health Link (811), or by asking Covenant Health to contact AHS at their request (see https://www.albertahealthservices.ca/info/page13497.aspx for a link to resources).

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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.”
6. Once a discussion with the AHS Care Coordination Service has taken place, the patient/resident may subsequently request that this team help them navigate access to external providers. The Care Coordination Service would be responsible to arrange for further assessment of eligibility.

These arrangements will be made directly between such medically fragile individuals and the AHS Care Coordination Service and Navigator without Covenant Health participation, other than ensuring AHS access to the site and an appropriate location or means (e.g., telehealth) for conversations to take place and/or education materials to be left.

Personnel with joint privileges acting simultaneously on behalf of Covenant as well as an external provider which raises questions of perceived or actual conflicts of interest must be declared and managed appropriately among the clinical care team.

7. The AHS Care Coordination Service will assume responsibility for those aspects of the MAID process within their mandate and which are not otherwise able to be coordinated directly by the requesting individual and/or their family/supports. This includes witnessing and signing of the “Record of Request,” and arrangements for conducting formal assessments of eligibility and potential transfers. It is understood that such activities may occur on Covenant Health sites but will not be arranged by Covenant staff. For further clarification regarding witnessing in general, please see Covenant policy 1.08 Witnessing of a Legal Document for a Covenant Health Patient/Resident by a Covenant Health Personnel.

It is expected that assessments conducted by the AHS Care Coordination Service on a Covenant Health site would be held in an appropriate setting, including, but not limited to the patient or resident’s room, or a private meeting room at a Covenant Health facility if that is more appropriate for the assessment.

8. Throughout the process, Covenant Health will continue to provide ongoing treatment and care to a person while they are in our facilities. This would be to the point of time when an external provider has explicitly requested they are assuming total care of the person, and either:

a) A transfer of the patient/resident and records has been completed to a non-objecting institution; or

b) The person is transferred home.

9. Responding to a person’s clearly consented written request to be released of their care by Covenant Health and its personnel must always be timely, safe, compassionate, and respectful, through non-coercive and non-discriminatory dialogue.
10. Physicians and nurse practitioners are expected to comply with all federal and provincial regulatory reporting requirements that have been established when in receipt of a written request for MAID. For more information on these legal obligations, see the AHS website, MAID Reporting for Alberta Practitioners at: https://www.albertahealthservices.ca/info/Page16124.aspx as well as: https://www.albertahealthservices.ca/assets/info/hp/maid/if-hp-maid-faq.pdf

Administrative Responsibilities:

1. Senior Director, Operations (or appropriate clinical designate) will serve as the main point of contact with the AHS Care Coordination Service and address questions arising, in keeping with the principles outlined in this policy. Escalation to the Chief Medical Officer or to the Chief Mission and Ethics Officer is available, as required.

2. Senior Director, Operations (or appropriate clinical designate) must report requests to the Ethics and Discernment Centre staff for monitoring and statistical purposes at: https://www.covenanthealth.ca/ethics-centre/maid-reporting/ The Centre staff are also available for additional ethics support by calling (780) 342-8021 or 1 (855) 497-5353. Current internal reporting on date of known requests, location of and reason for transfers, and other supports provided to patient/residents will be reconciled quarterly with Alberta Health Services to ensure data integrity.

Nursing, Pharmacy, Allied Staff and other involved personnel:

1. Personnel will respond to inquiries about MAID with compassion and respect. This includes listening to the person to ensure they feel heard and bringing inquiries forward to the appropriate member of the health care team.

2. Nursing, Pharmacy, Allied Staff and other involved personnel, including those in Spiritual Care and Social Work will continue to provide effective pain and symptom management along with emotional and spiritual support for the patient/resident.

3. Emotional and spiritual support will be offered to family members/significant others, as required, including for the care team.

4. Pharmacy staff will not be involved in providing medications intended for MAID, either directly or indirectly.

5. Regarding transfers, Covenant Health Integrated Access will hold the patient/resident’s bed until confirmation has been received from the AHS Care Coordination Service that the person will not be returning to Covenant Health.

6. The exercise of conscientious objection as a fundamental right of all personnel, insofar as the person in care is not put at risk of harm or abandonment, shall apply.
C. Documentation

The attending physician or nurse practitioner, and other involved members of the care team will document in the medical record a summary of discussion(s) with a person regarding their request for MAID when such discussions occur. This should include all relevant information that would normally be documented as a statement of fact in compliance with regulatory and legal requirements to ensure safe management of the person’s care (e.g., the CPSA Standards of Practice). Documenting the scheduling of eligibility assessments, or potential transfer arranged by the AHS Care Coordination Service Team would therefore be expected, including any other required contact information to ensure timely communication.

When MAID assessments are completed by AHS at a Covenant Health site, the AHS assessor is encouraged to make notes in the patient/resident chart to ensure continuity of care and good team communication. They may wish to indicate in the progress notes that the assessment was done, or to make suggestions to the most responsible practitioner about enhancements to the existing care that would improve the patient or resident’s care.

The AHS Care Coordination Service will store all forms and assessments electronically within AHS systems on a secure drive, accessible only to the navigation teams and the AHS clinical lead for MAID.

D. Consultation Services

If situations arise that present further ethical and/or legal issues, the Chief Medical Officer or Chief Mission and Ethics Officer shall be contacted about questions around the application of this policy. After consulting Covenant Health, AHS and other relevant stakeholders, the Chief Medical Officer or Chief Mission and Ethics Officer may provide advice or direction concerning the interpretation or application of this policy.

Clinical Ethics, Legal Services, Social Work, or the Employee Family Assistance Program (EFAP) can be contacted for additional individual or group support as needed.

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**Keywords:**

**References:**

**Past Revisions:**
- December 3, 2018
- July 13, 2018
- September 15, 2017
- May 24, 2016