

## **Oak Ridges Hospice**

# Policies and Procedures Board Governance

Number: G-07	Subject: Medical Assistance in Dying (MAiD)
Policy: x	Approved By: Board of Directors
Procedure:	Original Date Approved: August 31, 2021
	Date Last Revised:

## **Preamble:**

The Oak Ridges Hospice (ORH) Board of Directors has given serious consideration to whether MAiD should be provided performed or allowed on site at Oak Ridges Hospice. After due consideration involving input from health care professionals in the community, a review of the positions of the Hospice Palliative Care Association (HPCO), the Canadian Hospice Palliative Care Association (CHPCA), and the World Health Organization (WHO) on this subject, as well as considering the ready availability of MAiD in our local communities, it was determined that this procedure is unwarranted for Oak Ridges Hospice to introduce.

## Policy:

MAiD will not be provided on site at the Oak Ridges Hospice. Education and support access to MAiD and facilitated transfer will be available to a resident who expresses an interest in MAiD.

Persons wishing to access the provision of MAiD currently have access to this service in a hospital through Lakeridge Health MAiD Team and in the community through the Home and Community Care MAiD Team.

### Sources:

CHPCA Key Messages:

- 1. CHPCA adopts the WHO definition of palliative care. Hospice palliative care strives to reduce suffering, not to intentionally end life; therefore CHPCA believes that no patient should choose MAiD because of lack of access to hospice palliative care.
- 2. Hospice palliative care must remain focused on effective symptom management and psychological, social, and spiritual interventions, while meeting individual cultural needs to help people live as well as they can until their death.
- 3. Patients with life threatening conditions have a right to high quality hospice palliative care regardless of their end of life choice, including MAiD.
- 4. Provision of MAiD is a practice separate and distinct from hospice palliative care.
- 5. Individuals working in hospice palliative care who do not wish to participate directly or indirectly in MAiD should have their integrity and fundamental freedoms, including freedom of conscience, protected.

#### The WHO's Definition of Palliative Care:

The WHO defines Palliative Care (including pediatric palliative care) as "an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. Palliative care:

- Provides relief from pain and other distressing symptoms:
- Affirms life and regards dying as a normal process;
- Intends neither to hasten or postpone death;
- Integrates the psychological and spiritual aspects of patient care;
- Offers a support system to help patients live as actively as possible until death;
- Offers a support system to help the family cope during the patients illness and in their own bereavement;
- Uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated;
- Enhances quality of life and may also positively influence the course of illness;
- Begins early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications" (WHO, 2019).

#### References:

- HCPO Statement on Medical Aid in Dying (MAiD) https://www.hpco.ca/statement-on-b-c14-medical-aid-in-dying/
- Canadian Hospice Palliative Care Association. A Model to Guide Hospice Palliative Care. Ottawa, ON: Canadian Hospice Palliative Care Association, 2013.
- World Health Organization (WHO). *WHO Definition of Palliative Care*, 2019, <u>www.who.int/cancer/palliative/definition/en/</u>
- Bill C-14, An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying), s.241.2=241.4 (2018). Retrieved from <a href="https://lop.parl.ca/staticfiles/PublicWebsite/Home/ResearchPublications/LegislativeSummaries/PDF/42-1/c14-e.pdf">https://lop.parl.ca/staticfiles/PublicWebsite/Home/ResearchPublications/LegislativeSummaries/PDF/42-1/c14-e.pdf</a>