

May 12, 2016

Promoting Equitable Access to Palliative Care Approaches in the Context of Medical Assistance in Dying

Resolution

BE IT RESOLVED THAT the ARNBC work with the Canadian Nurses Association to support equitable access to palliative care approaches in the context of Medical Assistance in Dying (MAiD) through provincial educational and policy initiatives in British Columbia.

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Background and Rationale

“On February 6th, 2015, the Supreme Court of Canada declared in *Carter v. Canada* that the absolute criminal prohibition of physician-assisted death (PAD)¹ is unconstitutional.

The Court specified certain circumstances in which it must be lawful for a person to choose PAD, and gave the federal government one year to enact a legislative response within its jurisdiction, failing which the provision of PAD meeting the Supreme Court of Canada’s criteria for eligibility would be ungoverned by the criminal law.” (University of Toronto Joint Centre for Bioethics, 2015, p. 1).

Amendments to the related Bill C-14, Medical Assistance in Dying (MAiD), are currently being debated in the legislature with the intention that Bill C-14 comes into effect on June 6, 2016 as per the directions of the Supreme Court of Canada. The legislation tabled by the Liberal government on April 14th 2016 extends participation in Medical Assistance in Dying to Nurse Practitioners and those who help them. At this time eligibility to access MAiD has been limited to mentally competent adults capable of making a health care decision that have a grievous and irremediable health condition (justice.gc.ca).

However, also at this point in time, significant bodies of evidence compiled by nurses and other researchers warn that there are long-standing and serious *inequities in access* to resources for appropriate health and health care at all levels—including acute care, home care and long term care, as well as palliative care (Carstairs, 2010; Peter, 2013; Marcella & Kelley, 2015; Storch, Starzomski & Rodney, 2013). Inequities are especially pronounced for Aboriginal peoples, those with mental health challenges, those who are impoverished, those who do not speak English/French, people living in rural/remote areas, and older adults (Anderson et al., 2009; Rodney, 2016; Romanow, 2002).

Despite significant work to support better end of life decision making (e.g. advance directives), many patients still experience inappropriate treatment at the end of life, and a lack of support for pain and other distressing symptoms, including grief (Heyland et. al., 2010). The impacts on patients (e.g. suffering), families (e.g. post-traumatic stress), and health care providers (e.g. moral distress) is significant (Rodney, 2016). *For patients and their families to autonomously ‘choose’ MAiD, they must have a viable range of options available to them.* In other words, MAiD must not slide into a ‘default’ choice (Pereira, 2011) because resources to support seriously ill patients and their families are lacking.

It is therefore crucial that palliative approaches to care are accessible for *all* people facing chronic, life-limiting conditions at all stages, including the end of life (Stajduhar, 2011; Stajduhar & Tayler, 2014). *Palliative approaches* include palliative care principles such as dignity, hope, comfort, quality of life, relief of suffering (Canadian Nurses

¹ The terminology used has recently moved from physician assisted death (PAD) to medical assistance in dying (MAiD).

Association, Canadian Hospice Palliative Care Association & Canadian Hospice Palliative Care Nurses Group, 2015, p. 2). Such approaches complement and support the more specialized palliative care services needed by a sub-set of patients and their families at the end of life. These specialized services involve a “specialist palliative care team or health professional to augment palliative care, usually in one of two ways: assessing and treating complex symptoms” and “providing information and advice to staff about complex issues” (Canadian Nurses Association, Canadian Hospice Palliative Care Association & Canadian Hospice Palliative Care Nurses Group, 2015, p. 2).

Relevance to ARNBC’s Mission and Goals

Promoting more equitable access to palliative care approaches in the context of Medical Assistance in Dying (MAiD) requires educational and policy initiatives in British Columbia that are linked to the broader Canadian context—initiatives that are well aligned with the ARNBC’s mission and goals.

The ARNBC has adopted three broad strategic directions to guide their work in 2014-2017: **1.** Engaging effectively with RNs and NPs² in B.C.; **2.** Advocating for evidence informed policies to promote the health and health care of British Columbians; and **3.** Developing and sustaining professional development services for all RNs and NPs in B.C. (arnbc.ca). Responding proactively to the imminent implementation of MAiD will require the ARNBC to draw on all three strategic directions. RNs and NPs throughout B.C. must be engaged in the planning, implementation and evaluation of MAiD in B.C.; evidence informed policies are needed to promote more equitable access to palliative care approaches; and professional development services related to fostering accessible palliative approaches to care are essential.

The strategic directions above are linked to national and international nursing and interprofessional organizations (arnbc.ca). As the jurisdictional representative on the Canadian Nurses Association (CNA) Board of Directors, the ARNBC ensures that the experience and expertise of B.C. nurses informs national health and nursing policy and, in turn, that B.C. nursing policy is informed by the national perspective (arnbc.ca). ARNBC works closely with CNA to ensure a continuous and effective policy presence and voice among Canadian nurses (arnbc.ca). Given that the CNA is a major stakeholder at the national level in relation to planning and implementing MAiD (Canadian Nurses Association, 2016), active ARNBC involvement in supporting equitable access to palliative care approaches in the context of Medical Assistance in Dying (MAiD) will be of benefit in British Columbia and across Canada.

List of Key Stakeholders

- ARNBC Board and Staff
- CNA Board and Staff
- CRNBC Board and Staff
- Registered Nurses and NPs across BC
- BC Health Authorities
- BC Ministry of Health
- BC Regional Ethics Committees/Resources
- Schools of Nursing

² It is important to note that NPs are named as health care providers who may be actively involved in MAiD.

Estimated Resources

- Difficult to estimate, as the Resolution falls within the ongoing mandates of the CNA and the ARNBC.

Expected Outcomes

- More equitable access to palliative care approaches in diverse practice contexts across BC.
- Reductions in patient suffering.
- Reductions in family stress.
- Reductions in the moral distress of nurses and other health care providers.
- Improved provincial-national collaboration in MAiD initiatives.
- Enhanced visibility and credibility of the ARBC as a policy vehicle for the benefit of nurses and the public.

Related References

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