

Medical Assistance in Dying (MAiD) from the Perspective of the Palliative Registered Nurse

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Land Acknowledgement

I would like to begin by acknowledging that the land, on which we gather, is the traditional and unceded territory of the Abegweit Mi'kmaq First Nation.

Acknowledgements

Nurse Storytellers

Thesis Committee:

- Dr. P. Drake
- Dr. J. Loo
- PhD (c) R. Carragher

Examination Committee:

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Outline

- Background
- Purpose & Research Questions
- Literature Review
- Methods and Methodology
- Findings
- Limitations, Implications, & Recommendations
- Future Research

My Experience

- I have been planning end-of-life care with patients and families since 2018 in long-term care and palliative care nursing.
- I felt a desire to study the experiences of the palliative care coordinators (PCCs) with MAiD in practice based on my experiences working with the palliative care program.
- My motivation to study the experiences of the palliative care coordinators when clients consider MAiD as an end-of-life option aims to highlight the challenges they may face in practice.

Background

- The law supporting Medical Assistance in Dying (MAiD) was passed on June 17, 2016. This law allows for individuals diagnosed with a life ending illness to request lethal injection or medication as an end-of-life option.
- Palliative care programs offer patients specialized care to relieve symptoms, comfort patients and family members, and manage a care plan with the goal of a natural pain free death.
- Considering that palliative care nurses represent a plan for a natural death and that palliative programs do not intend to hasten death, palliative nurses face challenges in caring for patients who request the option of MAiD.

What is Medical Assistance in Dying (MAiD)?

MAiD is when either lethal injection or medication is given by a licensed nurse practitioner or physician when a client is diagnosed with a life-ending illness (Antonacci et al., 2021).

What is Palliative Care?

The comprehensive material provided by the World Health Organization (WHO) can be summarized to describe palliative care as a program that aims to provide the best, holistic quality of life and a natural death for individuals when a cure is no longer possible (Vanderveken et al., 2019).

Literature Review

- **Maid's Relationship with Palliative Care**
- **Palliative Care Providers (PCPs) Observation of MAiD**
- **Palliative Care Nursing Morals and Ethics**
- **MAiD's Relevance to Palliative Nursing**
- **Palliative Care Nursing Exploration of MAiD**

Purpose and Research Questions

The purpose of this research is to explore the experiences of the palliative care nurse with Medical Assistance in Dying (MAiD) in Prince Edward Island (PEI).

1. What stories do registered nurses who work in palliative care share about their experiences with MAiD?
2. How do the narratives of registered nurses who work in palliative care illuminate the challenges and opportunities of palliative care and MAiD co-existing as options for end-of-life care?

Ethics Approval

Ethics approval was obtained from the University of Prince Edward Island Research Ethics Board and the PEI Research Ethics Board

Methods

Recruitment

- Nurses who work or have worked with the Integrated Palliative Care Program (IPCP) for at least one year
- N = 2 nurse participants

Data Collection

- Semi-structured interviews

Data Analysis

- Verbatim transcripts analyzed using Dialogical Narrative Analysis (DNA) as described by Arthur Frank

Trustworthiness

- **Credibility**
- **Dependability**
- **Confirmability**

Methodology

- Dr. Arthur Franks Dialogical narrative analysis (DNA) is the methodology for this study.
- This methodology understands that stories represent people's lives and uncover their experiences by reshaping the past and opening the door for future analysis
- *Thinking with* stories versus *Thinking about* stories

Data Analysis

- Data analysis began with a semi-structured interview when the participant told their story
- The stories were analysed using Arthur Franks DNA to recognize commonalities, patterns, or collective experiences in the stories called narrative resources
- The narrative resources that were heard from their stories include those from the individual PCCs and the shared experiences of both PCCs

Findings

Narrative Resources

Narrative resources reveal the tools that storytellers use to share their stories and are common across all stories.

Narrative Resources

- The lines get blurred
- Supporting how they wish to die
- I'm not part of that team
- The day the IVs go in
- The missing pieces of the puzzle.

The lines Get Blurred - Narrative Resource

Gwen:

“It’s providing education to them about the difference between MAID and palliative care....we don’t want the lines to get blurred, blurred by what services we provide.”

Supporting How They Wish to Die - Narrative Resource

Gwen:

“Everyone should get to die how they want to die and have control...that is a very important decision to make and I don’t think any client has taken that decision lightly.”

I'm Not Part of That Team - Narrative Resource

Jean:

“Our involvement with the MAID program is limited... I don't really have any connection with the MAID team.”

Gwen:

“I tell them that no, that's not my job, that's not the team I am a part of, that's not the purpose of the program I am a part of.”

The Day the IVs Go In - Narrative Resource

Gwen:

“I do find it challenging as a palliative care nurse, is that I am in this job to see someone through to the moment of death and to support that family, so in that last day, having to step back I do find that challenging to do.”

The Missing Pieces of The Puzzle - Narrative Resource

Jean:

“The people who are providing it (MAiD) should have the resources to provide... support to people who are getting MAiD... previous to the procedure and after the procedure... because... sometimes after the procedure is done we are then left to kind of pick up the pieces and help these people through that time.”

Typology

- Narrative resources come together to reveal the typology or underlying plot
- Something missing between the work of the palliative care program and the MAiD program

Nothing in Between Typology

- **Nothing in Between MAiD and the PCCs**
- **Nothing in Between MAiD and the Client**

Nothing in Between MAiD and the PCCs

Jean:

“The MAID team needs to be more involved. They need to have their own social workers to um, to work through these issues with people. They need to have their own RN’s to put the IV’s in and to give that support before and after... definitely a need for the MAID team to be more comprehensive I guess and more like, accessible in that people have people to talk to and have support for them.”

Nothing in Between MAiD and the Client

Gwen:

“It’s not part of my program but I am here and available to refer someone that service, to call the MAiD team to arrange a visit or to provide the family with the contact information on-line so they can contact the team themselves.”

Jean:

“What I direct them to, is on the website and that they can... find the information and contact numbers there... I tell them to go to the web page or talk to their doctor about it or their NP... You have to give them something, right.”

Katharine Kolcaba's Comfort Theory

- This theory aims to determine comfort needs and establish the interventions required to meet the level of comfort desired by the patient and family.
- Using comfort interventions, supported by the health care institution, the goal is to have the client realize a state of relief, ease, and transcendence.
- Using Comfort Theory may offer opportunities for the palliative care team and the MAiD team to enhance their relationship by collaborative to achieve client comfort for end-of-life care.

Limitations

- **Researcher's bias**
- **Small sample size**
- **Moral perspective of PCCs**
- **Time to develop policies within healthcare**

Implications

- Practice
- Education
- Future Research

Ending with Gratitude

- Grateful for the storytellers and their stories.
- Grateful for the narratives.
- Grateful for the possibility to inspire future practice.
- Grateful for the opportunity to help construct new narratives for palliative care nurses.

Thank you

Questions

