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# Niagara readies for assisted dying requests

By Maryanne Firth, St. Catharines Standard
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Niagara Health System CEO Kevin Smith. Jan. 17, 2014. Bob Tymczyszyn/St. Catharines Standard/QMI Agency.

With new federal law in place permitting medically-assisted dying in Canada, Niagara Health System is working to determine what that wil mean for local hospitals.

It has not yet been decided whether the health-care system will opt out of providing the controversial procedure, an option it was learned earlier this month will be offered to Ontario institutions.

According to information provided to the National Post from the office of Ontario Health Minister Eric Hoskins, “no clinicians or institutions would be required to participate directly in MAID (medical aid in dying) cases.” Hospitals unwilling to grant eligible patients the service wou be required to transfer their care to non-objecting institutions.

Chief executive officer Kevin Smith said Niagara Health System has yet to receive “anything official” from the health ministry about the abili to opt out, but once more information is received the issue will be brought to the board.

“As it stands at the (NHS), the plan is to provide the service.”

The St. Joseph’s Healthcare system, which Smith also oversees, has requested an opt out “because of the historical nature of the founding sisters, as a Catholic hospital,” he said.

It’s a move a number of institutions across the country have made.

For the NHS, that decision will be made by the board if and when more information is provided on provincial legislation amendments being pursued by the Ontario government.

Smith said timelines remain unclear as to when further detail will be made available.

In the meantime, and with federal law now in effect, action is being taken.

“We are putting protocols in place that will allow any and all staff who might be asked about physician-assisted dying to have the support required of an expert team that’s coming together,” Smith said. Work is also being done to determine physicians willing to provide the servi for those who request it, he added.

The NHS board has been discussing the topic for months and has been working with other hospitals to determine what that introductory stage will look like.

“We have reached out to a couple of our Quebec colleagues who are ahead of us in this,” Smith said, adding work is being done to try and get insight into best practice.

Quebec’s assisted dying law has been in effect since December.

NHS president Suzanne Johnston said the ability for institutions to opt out of offering eligible patients a hastened death remains unclear.

“I don’t really know how that would unfold,” she said.

Since legislation was initially tabled, members of the Hamilton Niagara Haldimand Brant Local Health Integration Network have been working together to determine what policies might look like.

“Hamilton Health Sciences has done some great work, so we’re following their lead and also picking up from our partners at St. Joe’s heal system,” Johnston said.

“There are some basic premises or principles that I think all of us would want to follow — that we wouldn’t abandon any patients and that w will have to seek advice on a case-by-case basis while we’re still early on in the process.”

Protocols need to be put in place quickly, she noted, as it “could be at any moment that we receive a request.”

Johnston called it critical that throughout the journey the health system supports both its patients and its clinicians.

Asked whether she believes hospitals should be allowed to opt out of providing medically-assisted death, she said there’s “not enough information to form an opinion yet.”

“I am just taking it from the perspective of the patient in saying if we have a request we’re going to have to do our best to try and meet that request, whether it’s through a referral or through an action, I don’t know yet. I think it’s still early days on that.”

As someone who has worked at both secular and religious-based hospitals, Smith was pleased with the province’s recognition of both institutional and individual conscience.

“I think we wouldn’t want to ask anyone who was uncomfortable providing that service to do so, nor would we ask institutions who are governed by entities that don’t wish to provide that service, providing there is an alternative to do so.”

Despite the ability for institutions to opt out, Smith feels the procedure will remain accessible to eligible patients. If regions did exist where providers supported assisted dying, an outreach service would have to be created, he said.

The federal law only provides the framework for the service.

Smith said it will be up to clinicians, ethicists, patient advocates and the patients themselves to talk about “what this could and should look like” in local jurisdictions.

“I think we won’t immediately find one size fits all. This will be an ongoing debate and discussion and very much could and should be deal with in each individual case, with each individual family and in a respectful and supportive way.”

Hospice Niagara executive director Carol Nagy believes medical practitioners cannot be compelled to provide services they are not comfortable providing, whether on moral, religious or professional grounds.

“I think that protection is important,” she said.

But for individuals who are suffering and seeking assisted dying, Nagy feels there needs to be a clear mechanism within the province for accessing that service.

It’s a procedure that Hospice Niagara will not provide.

The agency offers palliative care under a philosophy of providing quality of life with all services geared toward “ensuring exceptional pain management and whole person care, which includes psychological, emotional and spiritual relief of pain and suffering,” Nagy said. “None our services hasten or prolong life.”

Media focus on assisted dying has prompted an important discussion across the country about making equitable access to quality palliativ care a priority, she said.

“If we look at other countries where they have access and quality hospice palliative care and end of life services, we find that requests for physician-assisted dying are actually lower.”

“Here in Niagara we still have a system where it depends on your postal code whether or not you have access to in-home palliative care support.”

Nagy is hopeful ongoing discussions will ultimately result in additional palliative care funding to support creation of sustainable models of care in every community.

The assisted dying debate has forced society to talk about the taboo topics of death, dying, grief and loss — conversations Hospice Niagar supports and wants to see continue.

The agency is preparing for its clients to ask questions about assisted death.

“We will offer a compassionate response and compassionate service to any suffering, try to relieve the suffering that’s underlying,” Nagy said.

It will mean making sure the service is available elsewhere, without judgment, to support people in their time of need.

“We don’t judge people for making the decision that best fits them at end of life, but we’re certainly there to support them.”

Based on what’s being seen in other countries, Smith believes hospitals are unlikely to be the places where most assisted death requests occur.

“Few people are saying I want to end my life in an institutional setting. Most people want to be at home or in a place with things they love, people they love and surrounded by things that have been meaningful to them.”

It will be important for hospitals to work closely with groups that are “able, interested and willing” to provide the service in homes and potentially other settings, he said.

“These are early days. No jurisdiction that enters into this will be the same 10 years from now as it is today. We’ll evolve. We’ll have an understanding of what the demands are.

“What obviously won’t change is the dramatically emotional, and rightly so, nature of the discussion.”

It must be ensured, Smith said, that patients and their families never feel abandoned, always feel cared for and connected to those who ca provide them the information to make the best decision.

In response for request for comment from Health Minister Eric Hoskins, ministry spokesman David Jensen said assisted death is a “challenging and sensitive issue for patients, families and health-care providers.

“We will continue to work closely with our partners across the health-care system to develop a plan that strikes the right balance in respecting both the rights of our patients and health-care providers.”

The province, Jensen said, is “working to align our planned communications with the final language in Bill C-14, which was released June 22 on the federal government’s website. We plan to provide additional information to patients and providers as soon as possible, and are targeting a June 30 release.”

Moving forward, Ontario will also “pursue amendments to provincial legislation to further support the implementation of medical assistance dying,” he said.

“The timing and scope is still to be determined.”

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**Eligibility requirements for medically-assisted dying**

Be eligible for health services funded by the federal government or province.

Be at least 18 years old, mentally competent and capable of making one’s own health-care decisions.

Have a grievous and irremediable medical condition

Make a request for medical assistance in dying which is not the result of outside pressure or influence.

Give informed consent to receive assistance in dying. This means giving consent after receiving all information needed to make the decisi including details about one’s own medical diagnosis, available treatment and available options to relieve suffering, including palliative car

**To be considered as having a grievous and irremediable medical condition, one must:**

Have a serious illness, disease or disability.

Be in an advanced state of decline that cannot be reversed.

Be suffering unbearably from an illness, disease, disability or state of decline.

Be at a point where natural death has become reasonably foreseeable, which takes into account all medical circumstances.

A fatal or terminal condition is not required to be eligible for medical assistance in dying.

*Source: Government of Canada.*

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