

GUIDELINES WHEN A LOVED ONE IS UNAWARE OR IN DISAGREEMENT WITH A PATIENT'S MAiD REQUEST

As Medical Assistance in Dying (MAiD) is entirely patient-driven, it can raise ethical and clinical challenges when family are not aware or aware but not in agreement with the patient's choice.

While challenging, care team members should strive to balance the following value commitments:

- Support patients to think through and prioritize their values and goals of care (including as their goals relate to family relationships)
- Provide patients access to MAiD information and this aligns with patient values
- Support family through their grieving process
- Support family to understand relevant policies and their rationale
- Assist family to understand their role in supporting the patient's end of life journey
- Respect patient confidentiality
- Support family confidentiality
- Treat everyone with respect - kindly and without judgment regardless of their perspective on MAiD

If loved ones are aware and not in agreement:

- Engage in an interdisciplinary approach to support/facilitate discussions that emphasize patient autonomy, yet honour and hear expressions of loved ones
- If there is a religious or spiritual context to the opposition, consult with Spiritual Care in your care setting to identify appropriate resources to assist the patient and family
- Have opportunities for one-on-one counselling available for family members to process their feelings, values – separate from the patient. If a loved ones' disagreement is persistent, it could adversely affect relationship with patient. Regularly assess for relationship strain
- If a patient ultimately chooses to not pursue MAiD because of family pressure, remember that [capable] patients often make choices where following the wishes of their loved ones may be more important to the patient than following their own preference for MAiD

If a patient chooses to not inform loved ones' of their decision to have MAiD:

- Have conversations over different visits with the patient to help them think carefully through why the patient does not wish to inform loved ones of their choice; recognize that a patient is free to choose to whom they wish to disclose/not disclose their choice
- Ask if patient would consider leaving a letter or video recording, explaining their choice, to be given to loved ones after their death
- Ask the patient what they want their loved ones to be told after their death

- Document the patient's wishes specific to pursuit of MAiD and after MAiD clearly in patients chart. A patient's right to privacy does not lapse when the patient dies. Fraser Health Release of Information (ROI) will take into account the wishes of the patient when processing any ROI request
- Explain to patient that:
 - While their privacy wishes will be honoured, complete confidentiality cannot be guaranteed
 - There are various documents that are legally required on death by external organizations that may disclose the reason for the death as MAiD; such documents may be subsequently released by these external organizations to loved ones depending on their disclosure processes (e.g. Vital Statistics, BC Coroner's Office, funeral home etc.)

Working with loved ones who question a patient's eligibility for MAiD:

- If a loved one wants to formally question a patient's eligibility for MAiD *after* their loved one's death, they should contact the Patient Care Quality Office.
- If a loved one formally questions a patient's eligibility for MAiD *prior* to provision, re-direct the loved one to site leadership, MAiD Care Coordination Centre and/or MAiD prescriber. Integrated Risk Management and/or Information Privacy Office may be consulted.
- Strategize, as a team, how to best communicate with loved ones specific to MAiD given the patient's wishes. Consulting with specific professional practice bodies may be necessary.
- Remember:
 - Communication of death of the person to the primary contact must be done by the Most Responsible Practitioner, supported by the social worker (where applicable)
 - If the Most Responsible Practitioner is not available, or one has not been allocated to the person, communication must be done by the Site Medical Director, supported by the social worker involved with the person's care (where applicable)
 - All communications must be in accordance with the patient's wishes and privacy rights (which do not lapse on death)