



Report on the Professional Issue Forum on
**Medical assistance in dying (MAiD) and Suicide Prevention:
Navigate potential professional and ethical tensions**
Vancouver, BC – CAOT Conference 2018

Professional Issue Forums (PIFs) are held annually at the Canadian Association of Occupational Therapists (CAOT) Conference. PIFs address priority health and social issues, and emerging practice areas in occupational therapy. PIFs involve presentations from a panel of experts and participants are invited to contribute their perspectives. The discussion leads to strategies and recommendations for action for CAOT, individual occupational therapists and stakeholders to advance occupational therapy practice and the profession's presence in these areas.

Introduction

In 2016, the Federal Government of Canada passed a legislation that grants eligible patients the right to receive a medical assistance in dying (MAiD) (Ministry of Health and Long-term Care, 2017). Comprehensive end-of-life care is a shared commitment and MAiD is a new care option that has implications for the practice of occupational therapy. Occupational therapists can provide a valued input to health care teams as well as be a source of support to clients and their families. They can help in assessing capacity and competence. They can educate clients about their rights and options and support them in doing an advance care plan, identifying their values, priorities and/or fears.

Occupational therapists have also an important role in suicide prevention and postvention. Suicide is a serious public health issue with “every 40 seconds a person dies by suicide somewhere in the world” (World Health Organization, 2014). Also according to the World Health Organization (WHO), for every suicide many more have attempted to their own life (2018). Occupational therapists will strive to actualize their client's connection to life through engagement in meaningful occupations. Occupational therapists should consider suffering as an occupational barrier in itself and should work with clients to find ways to address this suffering.

However, occupational therapists will each have their own moral response to the idea of MAiD, while also having the professional responsibility to refrain from imposing their own opinions wherever clients are making capable choices to pursue legal health care options. In some situations, certain client circumstances may be particularly rife with clinical uncertainties, and these can create further complex tensions between personal and professional perspectives and the limits and demands they carry.

This year's Professional Issue Forum discussed the distinctions between medical assistance in dying and suicide prevention and presented a tool to assist occupational therapists in navigating potential ethical and professional dilemmas.

Objectives

This PIF session had two objectives:

1. To explore two distinct but intersecting elements of health care and occupational therapy practice in Canada—medical assistance in dying (MAiD) and suicide prevention; and
2. To consider these from both professional and personal perspectives.

Panel presentations

Marie-Josée Drolet is an occupational therapist and associate professor in the Department of Occupational Therapy at the Université du Québec à Trois-Rivières (UQTR). Holder of a doctorate in philosophy, specializing in ethics, she teaches professional ethics and does research in applied ethics in occupational therapy. She is the author of the book *Acting ethically? A theoretical framework and method designed to overcome ethical tensions in occupational therapy practice*, published by CAOT. This book contains the method of ethical deliberation that is in part used in this professional issue forum.

Kim Hewitt is an occupational therapist based out of Guelph, Ontario. Kim has worked in a persistent pain-oriented practice setting, mental health-oriented practice settings and education-oriented settings and suicide has absolutely been present in all practice settings. Kim is an Applied Suicide Intervention Skills Training (ASIST) trainer and has trained over 900 people in suicide crisis intervention skills. As an advocate for the role of OT and suicide prevention, Kim has been involved in research, part of a writing team for the CAOT Role Paper on OT and Suicide Prevention and developing the CAOT Network – Addressing Suicide in Occupational Therapy Practice.

Kevin Reel is a Toronto-based OT who has worked as a practicing healthcare ethicist for the past 10 years in acute care, mental health and community contexts. His prior OT practice was largely community-based and mainly in the United Kingdom. This involved supporting clients living with and dying from a wide range of conditions, both physical and mental health related. His work in both OT and healthcare ethics have informed his perspectives on the merits of both conventional palliative care and assisted dying, and the need for more comprehensive mental health care. Kevin conducted a Canada-wide survey of OT perspectives on assisted dying in 2016 and is involved with the launch of a new CAOT Practice Network for Palliative Care.

Presentations, activities and discussions

A copy of the panelists' presentation and of [the forum worksheet can be found here](#).

The forum started by a presentation of an ethical reflection tool designed for occupational therapists (Drolet, 2018). While the entire tool has a total of 10 steps, the forum invited participants to focus and complete the 2nd step, the one that examine the professional's values and beliefs (see Figure 1 below). Critically appraising personal values and moral beliefs is important in order to limit, where appropriate, the undue influence of undesirable biases on ethical reflection (Reel, Hewitt & Drolet, 2018).

Step 2 of the ethical reflection: Identifying and assessing spontaneous moral reactions	
<p>Identify spontaneous moral reactions without rational filters (emotional sub-step useful to <i>identify moral biases</i>) while answering these questions:</p> <p>➤ What are your spontaneous moral reactions?</p> <ul style="list-style-type: none"> ○ What does this story arouse in you? ○ What emotions do you feel? 	<p>Assess spontaneous moral reactions (rational sub-step useful to <i>start an ethical reflection</i> by assessing moral biases) while answering these questions:</p> <p>➤ Are these reactions desirable?</p> <ul style="list-style-type: none"> ○ What do they reveal about your values, beliefs, moral biases? ○ Are these values, beliefs and moral biases legitimate? ○ If they influence your practice, is it likely to limit clients' rights, interests, needs or preferences? ○ Should they influence your practice?
Identifying	Assessing

Figure 1. Extract of the participants' worksheet

Three videos of distinct stories were presented to forum participants.

Story 1 was the case of a man diagnosed with a degenerative, incurable illness with a foreseeable death that is likely to imply physical and psychological suffering. This story was chosen as it might be considered the most archetypal situation that suggests the need for and acceptability of medical assistance in dying (MAiD).

Story 2 was the case of a young woman who committed several suicide attempts following an extended episode of bullying and harassment by peers and strangers online and in person. This second archetypal situation is one where the appropriate response is grounded in preventing suicide.

Story 3 was the case of a man reporting that his mental health challenges caused him to live in near constant pain, resulting in an inability to function in daily life. He argued that he, too, should have access to an assisted death because his suffering was intractable and refractory to treatment. He was ineligible to MAiD under the law and anyone who helped him end his life would likely have been guilty of counselling or aiding a suicide. He eventually ended his own life, alone.

Comments and considerations arising from discussions

Some participants expressed some of their spontaneous moral reactions after the presentation of each story. A first common spontaneous reaction to all stories was the feeling of sadness and empathy for the immense human suffering involved. Also, for all stories, participants felt it would be important to support the client as well as the client's family and meaningful others. One participant mentioned that she would aim to increase resilience for the archetypal story 2. Since story 3 was more complex than the previous ones, participants felt unsettled and mentioned that more information from the lived experience of that client would have been required for them to truly understand and disentangle their moral reactions and obligations.

Summary of events

This PIF highlighted the importance of self-appraisal and conversations on these complex practice areas. Even though medical assistance in dying (MAiD) and suicide prevention are requiring different set of professional knowledge and competencies, they may in some cases intersect or unveiled slowly towards one or the other particular situations. Step 2 of Drolet's tool revealed its usefulness in supporting this in-depth exploration of personal moral reactions to ensure that spontaneous reactions are not impede an optimal provision of occupational therapy services (2018).

Acknowledgements

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References

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