

Spiritual Care Community of Practice Series 2

The Unique Challenges of MAiD Bereavement and Loss



Host: Holly Finn, Pallium Canada

Presenter: Oceana Hall, B.Sc., M.Div., M.Ed., RCCH
Clinical Specialist Palliative, End-of-Life, MAiD, Bereavement

Date: April 8, 2025

Territorial Honouring



The Palliative Care ECHO Project

The Palliative Care ECHO Project is a 5-year national initiative to cultivate communities of practice and establish continuous professional development among health care providers across Canada who care for patients with life-limiting illness.

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The Palliative Care ECHO Project is supported by a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.



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LEAP Core

- ← Interprofessional course that focuses on the essential competencies to provide a palliative care approach.
- ← Taught by local experts who are experienced palliative care clinicians and educators.
- ← Delivered online or in-person.
- ← Ideal for any health care professional (e.g., physician, nurse, pharmacist, social worker, etc.) who provides care for patients with life-threatening and progressive life-limiting illnesses.
- ← Accredited by the CFPC and Royal College.



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LEAP

CORE

Learn more about the course and topics covered by visiting

www.pallium.ca/course/leap-core

Overview of Sessions

Session #	Session Title	Date/ Time
Session 1	How psychotherapy modalities can facilitate spiritual care in the palliative care context	August 20, 2024 from 1-2pm ET
Session 2	Cultural sensitivity: how to approach the conversation around spirituality	October 22, 2024 from 1-2pm ET
Session 3	Spiritual nature of living our losses part 1	November 26, 2024 from 1-2pm ET
Session 4	Spiritual nature of living our losses part 2	January 21, 2025 from 1-2pm ET
Session 5	Spirituality of Grief and Bereavement	February 18, 2025 from 1-2pm ET
Session 6	The Unique Challenges of MAiD Bereavement and Loss	April 8, 2025 from 1-2pm ET

Welcome and Reminders

- ← Please introduce yourself in the chat!
- ← Your microphones are muted. There will be time during this session when you can unmute yourself for questions and discussion.
- You are welcome to use the Q&A function to ask questions , they will be addressed towards the end of the session.
- Remember not to disclose any Personal Health Information (PHI) during the session.
- This session is being recorded and will be emailed to registrants within the next week.

Disclosure

Relationship with Financial Sponsors:

Pallium Canada

- Not-for-profit
- Funded by Health Canada

Disclosure

This program has received financial support from:

- Health Canada in the form of a contribution program
- Generates funds to support operations and R&D from Pallium Pocketbook sales and course registration Fees

Facilitator/ Presenter/Panelists:

Holly Finn: Senior Manager, Program Delivery, Pallium Canada.

Oceanna Hall: B.Sc., MDiv., M.Ed., RCCH: nothing to disclose

Sheila Atkinson, RP, MDiv: nothing to disclose

Christine Enfield: nothing to disclose

Peter Barnes, D.Min, CCC, SEP: nothing to disclose

Disclosure

Mitigating Potential Biases:

- The scientific planning committee had complete independent control over the development of course content

Introductions

Host:

Holly Finn

Senior Project Manager, Program Delivery
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Presenter:

Oceanna Hall, M.Div., M.Ed., RCCH

Spiritual Health Practitioner, Certified CASC
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Panelists:

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Sheila Atkinson, RP, M.Div.

Certified Spiritual Care Practitioner (CASC),
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Christine Enfield, M.Div.

Spiritual Health Practitioner, Tertiary Palliative Care
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Care Practitioner (CASC/ACSS)

UNIQUE BEREAVEMENT ISSUES WITH MAiD





Session Learning Objectives


**Upon completion of this session,
participants will be able to:**

- Have an awareness of some of the differences in grief and bereavement around Medical Assistance In Dying (MAiD)**




Common contributors to anticipatory moral distress for MAiD grief


- ➔ Primary health care provider (GP) personally objects to MAiD as a medical option - or there is institutional conscientious objection in their residential LTC care facility**
- ➔ Does not have a clear understanding of the actual procedure and rules that govern the process**
- ➔ Rapidly progressing disease and/or pain after initial diagnosis**


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- **Fear of losing mental capacity before assessments are completed**
 - **Timing and limited availability of providers in some areas**
 - **Psycho-spiritual/social supports are often not available before the provision**





Common Moral Distress challenges found in grief experience post maid


- Feelings of shame and guilt for supporting the MAiD decisions**
 - Feeling the procedure is happening too quickly or not fast enough**
 - Underestimating the intensity of the day**
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- **Watching the death freely chosen of a family member may cause trauma for some**
 - **Feelings of abandonment and anger – that the person choosing MAiD cheated those left behind of time that could have been shared with family or friends**
 - **Family concerns about disclosure and the stigma of MAiD -Reactions/judgement from relatives, and/or disapproval of friends/social circle**

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- **Lack of professional support post MAiD for family members experiencing prolonged grief, depression or PTSD trauma from watching the provision of MAiD.**
 - **Ongoing family disagreements/conflicts about MAiD choice within the family unit survivors that can leave families fractured**

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- ➔ **Naming and openly conversing on spiritual/existential themes especially when some family member's religious/existential and/or philosophical beliefs are in moral conflict; this conflict can dramatically impact those family members who believe MAiD is against God's law and/or disrespects the dignity of the human person.**


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- **Felt a clear description of the process including how many injections are involved and the use of the saline solution was not discussed – shocked by the number of needles involved**
 - **Family reported patient looked uncomfortable, seemed to engage in aggressive movement that the family interpreted as distress**
 - **Cultural Death phobia**
 - **Some family felt invisible or unacknowledged by the Provider**



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- **The MAiD application process itself – was difficult to find and complete**
 - **Felt family was offered minimal or no assistance with the planning of any meaningful ceremony/ritual for the last moments before the provision**



Some reasons that may have contributed to a better post MAiD grief experience

- Engaged in counseling support before the MAiD provision**
- Experienced MAiD as mitigating a loved one's physical, emotional and existential pain and suffering avoiding a prolong dying process**

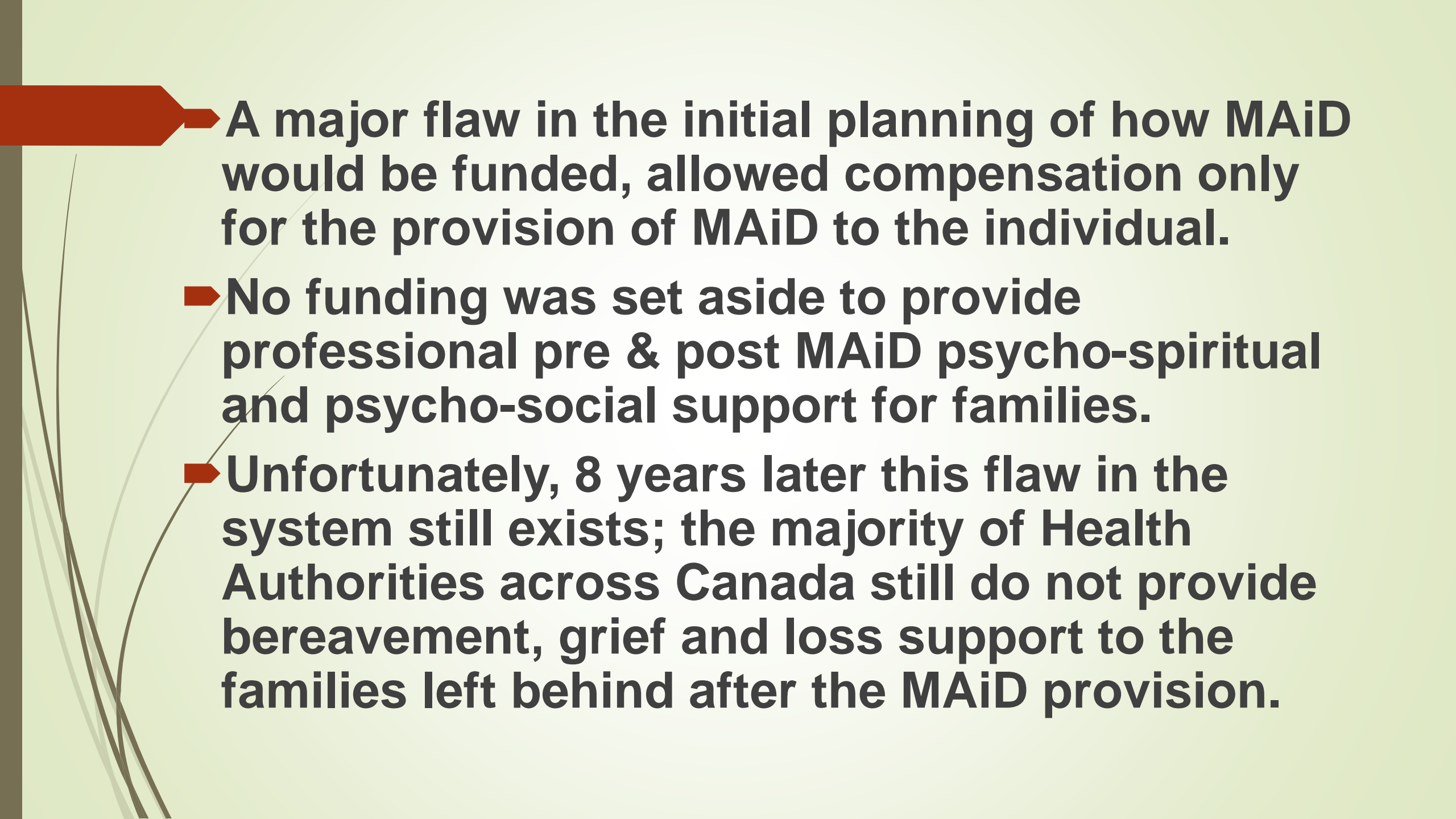
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- **Felt having MAiD helped their loved-one to avoid escalating personal care needs resulting in loss of dignity and autonomy which their loved one had dreaded.**
 - **For a person that highly valued their independence, MAiD provided autonomy and control over their final choices by setting a date for their own death**

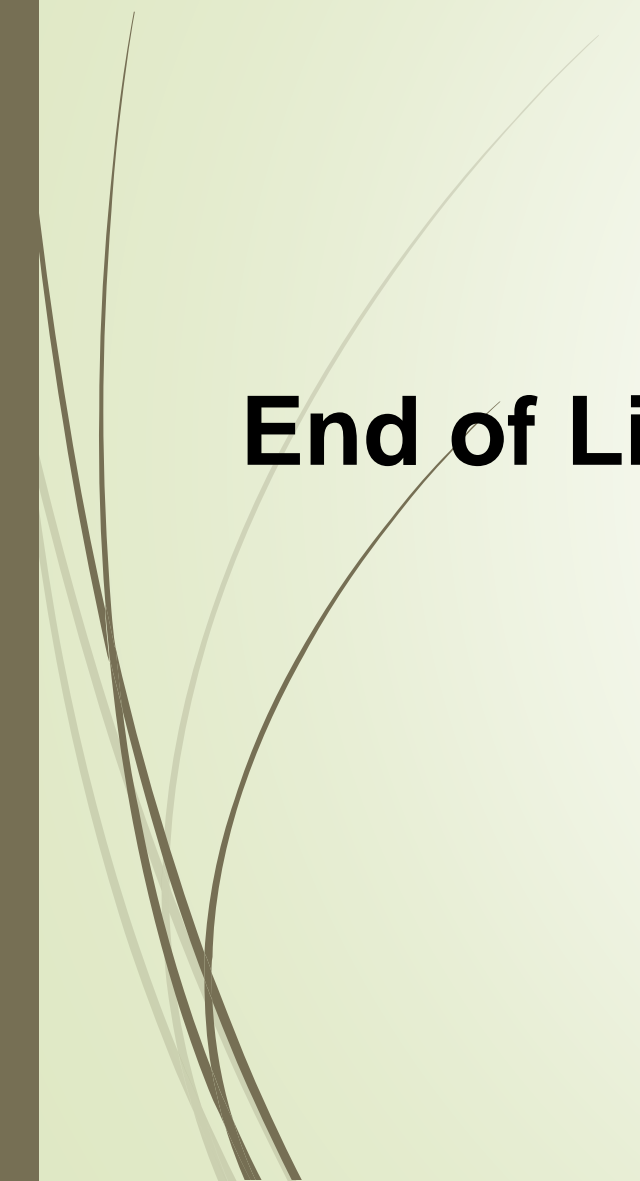

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- ▶ Having the Provider pauses right before injections start and ask family and patient if they had any last words or affection to share**
 - ▶ Having professional support free of charge for family members post MAiD; allowed those experiencing prolonged grief, depression or post-traumatic stress from watching the procedure to have the supports they needed**
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COMMUNICATION IS KEY

- **Family dynamics, communication style and a willingness to openly have a direct, honest conversation to discuss the possibility of choosing MAiD after a life altering diagnosis that severely limits a person's quality of life, in my experience, has the most profound effect on family bereavement, loss and grief after a MAiD provision.**

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- ➔ **A major flaw in the initial planning of how MAiD would be funded, allowed compensation only for the provision of MAiD to the individual.**
 - ➔ **No funding was set aside to provide professional pre & post MAiD psycho-spiritual and psycho-social support for families.**
 - ➔ **Unfortunately, 8 years later this flaw in the system still exists; the majority of Health Authorities across Canada still do not provide bereavement, grief and loss support to the families left behind after the MAiD provision.**



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Questions/Discussion



Session Wrap Up

- Please fill out our feedback survey, a link has been added into the chat.
- A recording of this session will be emailed to registrants within the next week.
- This is the end of our 2nd series, please stay tuned for series #3 information coming soon to your in-box!
- Thank you for your participation!

Thank You



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