



18th Canadian Collaborative Mental Health Care Conference (2017)

Connecting People in Need with Care

June 2 and 3, 2017 | Delta City Centre, Ottawa, Ontario

“Navigating Medical Assistance in Dying (Maid) in Primary Care: Readiness, Roles, and Realities”

**Cecelia Palmer MSW, RSW, Mental Health Counsellor, Hamilton Family Health Team
Jennifer Morritt BScN MA, RN, CHPCN(c), Palliative Resource, HFHT**

PRESENTER DISCLOSURE

Cecelia Palmer and Jennifer Morritt :

- Have not received any commercial support
- Have no conflicts to declare



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LEARNING OBJECTIVES

- 1) Discuss current perspectives on readiness and roles of the Mental Health Clinician in Primary Care Teams implementation
- 2) Identify existing primary care competencies and needs in supporting patients requesting MAiD, their loved ones, and providers
- 3) Identify competencies and learning needs for Mental Health Clinicians related to patient and family counselling, and in support, debriefing and training other team members



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Existing Primary Care Competencies

- **An old story with a new ending**
 - Patients with serious/incurable illness have been requesting help to die probably as long as most of us have been practicing... and longer
- **Requests take many forms:**
 - Explicit: “Please help me die.”
 - Water Testing: “I don’t know how long I can do this”.
- It’s the legislation, not the request that’s new!
- Request is an invitation to engage in a conversation about end-of-life matters and the nature of suffering.



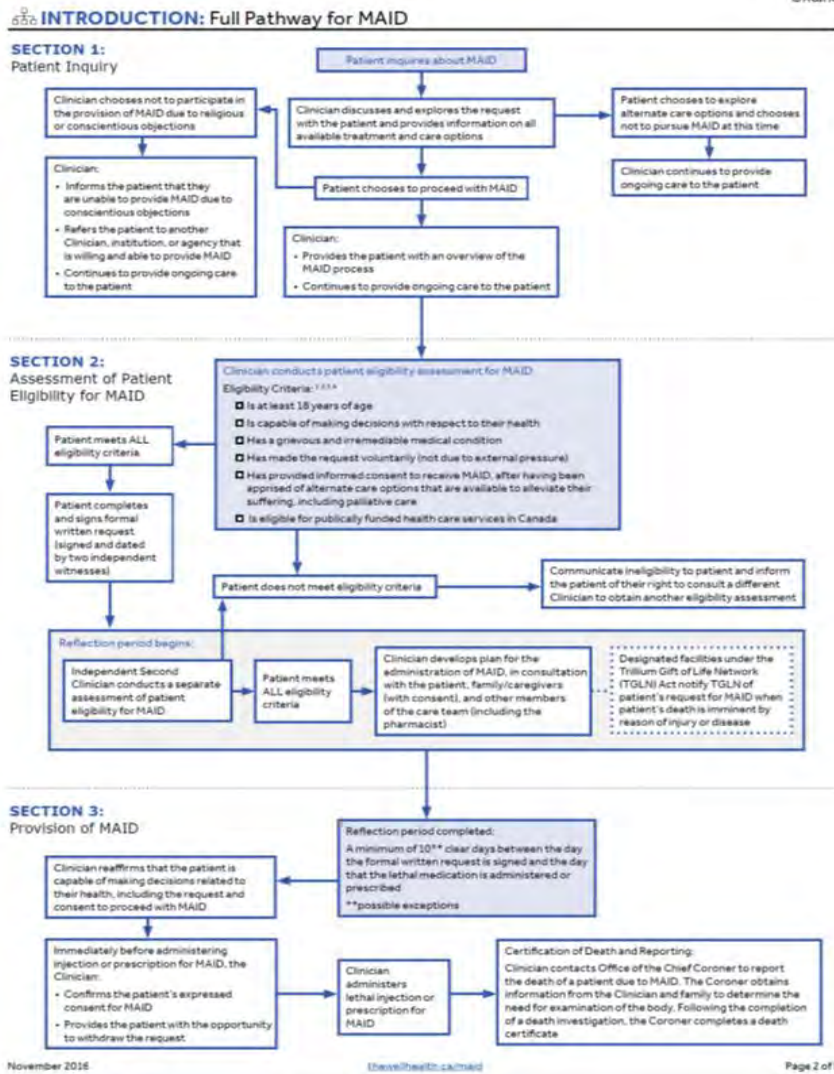
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Full Pathway for MAiD



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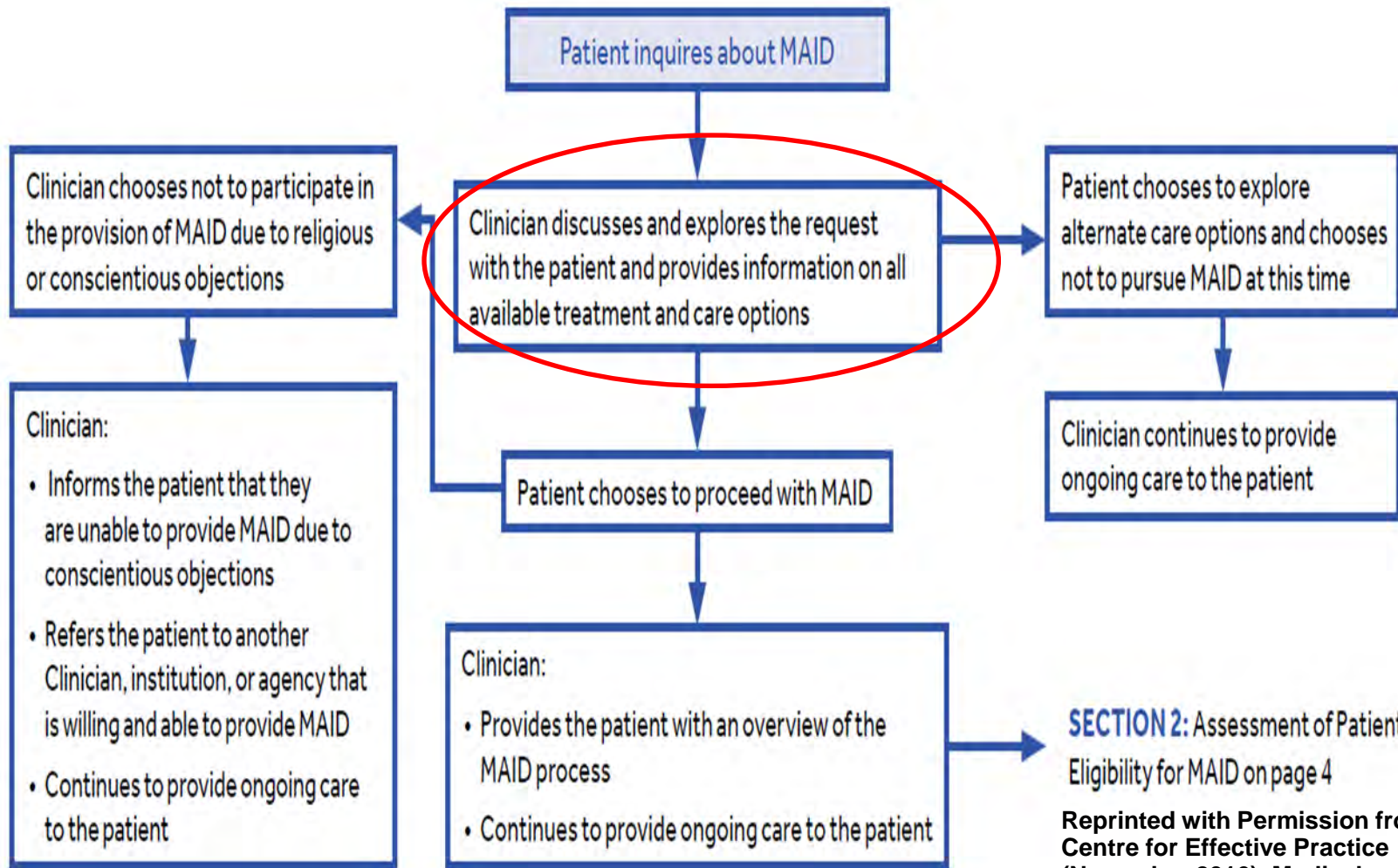
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Responding to the Inquiry



SECTION 2: Assessment of Patient Eligibility for MAID on page 4

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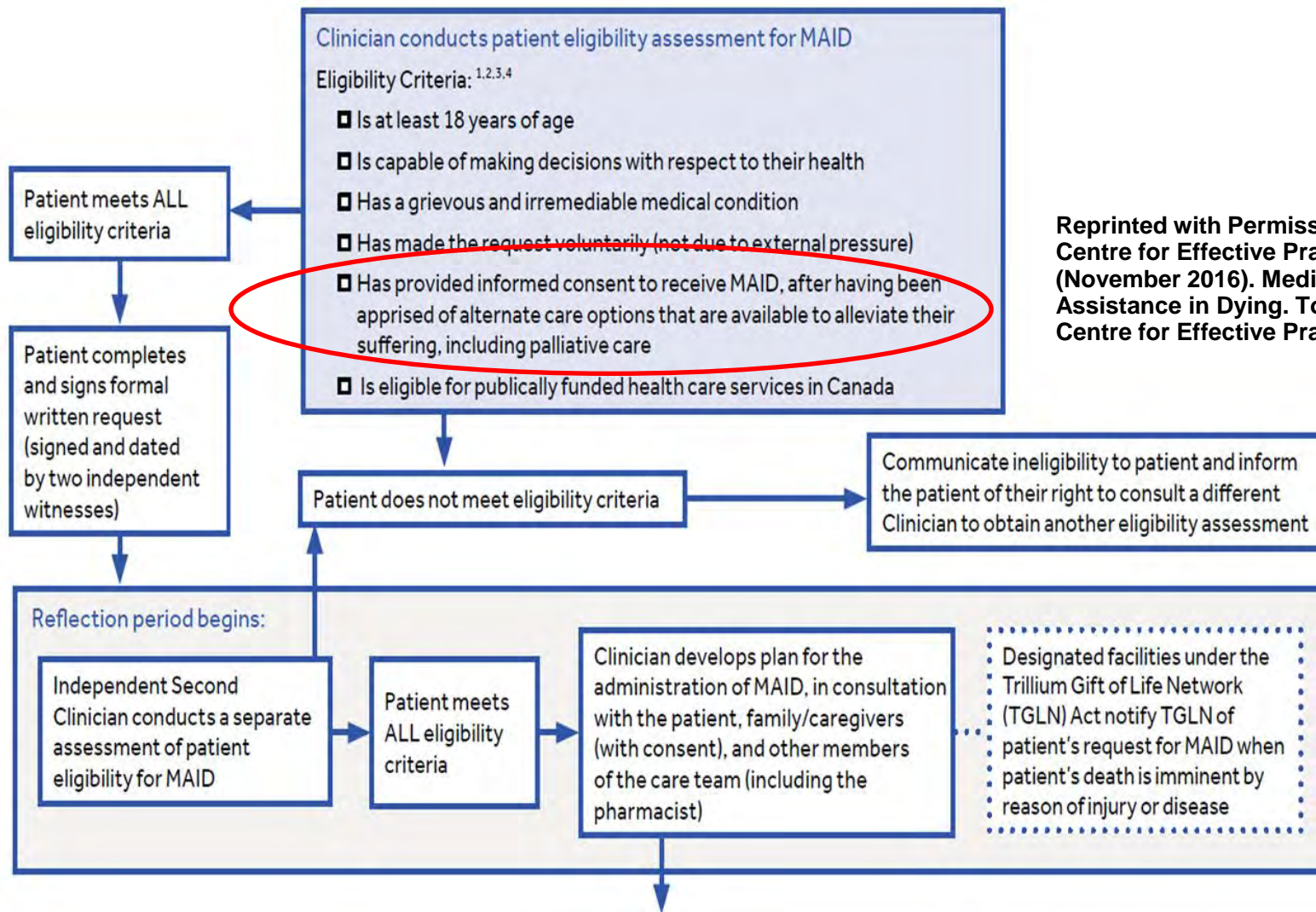
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Assessment of Patient Eligibility for MAiD



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Current Perspectives for MHCs

CPSO, CNO, CPO, COTO, CPTO, CRPO, OCSWSSW all have published guidelines for their membership.

Existing Competencies for Consideration:

Social Work Competencies in Palliative Education

- Modified Delphi process
- Eleven core competencies in Hospice Palliative Care.

Harvey Bosma, M. J. (2010). *Creating social work competencies for practice in hospice palliative care*. Retrieved 05 10, 2017, from Canadian Hospice Palliative Care Association: http://www.chpca.net/media/7733/Journal_Article.pdf



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Competencies

Advocacy

Assessment

Care delivery

Care planning

Community capacity
building

Decision making

Evaluation

Education and research

Information sharing

Interdisciplinary team

Self-reflective practice

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Emerging Themes from MHC's

Perceived role of the MHC in the FHT

“We see our role as validating feeling, giving patients information and connecting them to the MAiD service.”

Perceived needs of the MHC re: MAiD

“We feel comfortable talking with patients but we need more training on death and dying (and cross cultural) along with compassion fatigue.” (echoed in 13 other comments)

Perceived barriers to MAiD in the FHT

“Expectation re: non-judgemental/neutral attitude, despite option to be conscientious objector.”



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Emerging Themes from MHC's

How the MHC is personally impacted

“...requires greater reflection. I am open to support in any way that I can, and that the impact would result in minimal personal influence, acknowledging that the decision of the patient is based on what they and the MAiD team view as an appropriate decision.”

General perceptions and questions about MAiD

“Suffering is individual and attitude is a significant factor in this perception.”



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Contacts

Cecelia.Palmer@HamiltonFHT.ca

Jennifer.Morritt@HamiltonFHT.ca



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