



CASW

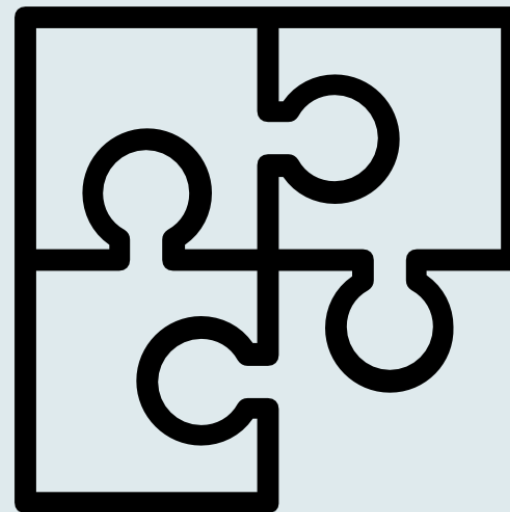
Canadian Association of
Social Workers

ACTS

Association canadienne
des travailleuses et travailleurs sociaux

Medical Assistance in Dying Presentation Structure

- CASW & Policy Development
- Current Legislation
- Provincial Overview
- Next Steps
- FAQs



THREE PILLARS OF THE PROFESSION

EDUCATION



CASWE

- Develops educational policies and standards
- Accredits educational programs

ASSOCIATION



CASW

- Promotes & strengthens social work
- Pursues social justice
- Develops Code of Ethics
- Offers membership benefits

REGULATION



CCSWR

Regulatory Bodies:

- Develop qualifications for registration
 - Receive and investigate complaints
- Establishes CPE criteria

How does CASW set its policy agenda?



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Consensus Decision Making



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CASW and MAiD – A Timeline

- **1993:** Statement of Principles on Assisted Suicide
- **2013:** Projet de loi 52
- **February 2015:** Landmark Supreme Court Ruling in Carter v Canada
- **February 2015:** CASW re-releases *Statement of Principles*
 - Internal and external pressures
- **...Getting to consensus**





“Assisted dying is a difficult topic” stated CASW past-President Morel Caissie, “as it exists at the intersection of Canadians’ right to self-determination and a concern about the protection of society’s most vulnerable.”

Your task: In groups, generate one argument for and one argument against the following concepts, from a social work perspective

- Medical aid in dying?
 - Mature minors?
- Advance directives?
- Non-life limiting illnesses?
- Mental illnesses?





Should social work have a role? Does the social work perspective have something to contribute?



Getting to Consensus on National Advocacy Direction

April 2016: CASW Releases *Discussion Paper*:

- 1) The time is now for the federal government to develop pan-Canadian standards for both palliative care and PAD;
- 2) A palliative first approach to care, including the development of a more robust and accessible model of palliative care, is crucial in ensuring that Canadians do not pursue PAD due to a lack of adequate or accessible palliative services;
- 3) Vigorous safeguards must be put in place to protect persons vulnerable due to age, gender, health, disability, or any other factor, and to ensure that no Canadian pursues PAD due to coercive influence;

Getting to Consensus on National Advocacy Direction

- 4) The Criminal Code of Canada must be amended to provide explicit legal protection to social workers involved in PAD;
- 5) Social workers require training and support specific to PAD;
- 6) Social workers, with their unique perspective and expertise, should be integral members of teams caring for Canadians considering PAD.



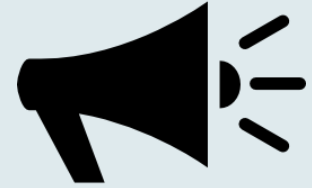
CASW Invited to Witness at the Standing Committee on Justice and Human Rights

CASW asked to help shape federal legislation and Criminal Code amendments in advance of June deadline (May 2016) :

- Protection for social workers
- Safeguards & palliative care



Current Legislation: The Social Work “Wins”



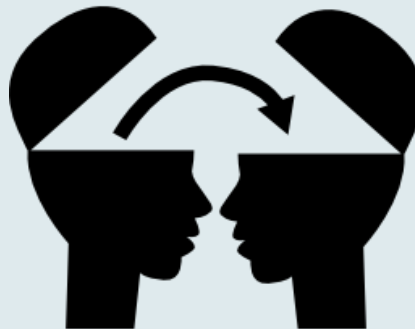
“the Government of Canada recognizes that in the living conditions of Canadians, there are diverse circumstances and that different groups have unique needs, it commits to working with provinces, territories and civil society to facilitate access to palliative and end-of-life care, care and services for individuals living with Alzheimer's and dementia, appropriate mental health supports and services and culturally and spiritually appropriate end-of-life care for Indigenous patients;”



Current Legislation: The Social Work “Wins”

*“(5.1) For greater certainty, no **social worker**, psychologist, psychiatrist, therapist, medical practitioner, nurse practitioner or other health care professional commits an offence if they provide information to a person on the lawful provision of medical assistance in dying.”*

“No person is a party to culpable homicide if they do anything for the purpose of aiding a medical practitioner or nurse practitioner to provide a person with medical assistance in dying in accordance with section 241.2.”



Current Legislation: Overview

- *They are at least 18 years of age and capable of making health care decisions;*
- *They have a grievous and irremediable medical condition and their death is reasonably foreseeable*
- *They have made a voluntary request for MAID that was not a result of external pressure; and*
 - *They give informed consent*



What does this mean for practice?



- ‘Counsel to die by suicide’
 - MAiD is not understood as suicide in the legal sense
- Ability to decline
- Protecting yourself: “if the provincial colleges deem MAiD to be within their scope of practice, our policy may respond in the event of a claim. This is subject to our policies terms and conditions in each situation, since no two claims are exactly alike.”

**“Everything is different, but nothing
has changed.”**



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Social Work Responses



OCSWSSW

“The law permitting MAID is controversial and may arouse intense feelings and anxieties. Members are urged to ensure their competence, which includes:

- Gaining knowledge about the legislation as well as their roles and responsibilities.
- Identifying their own values and attitudes to ensure they do not adversely affect clients.
- Seeking consultation when needed. As with all social work and social service work practice, the best interest of the client is the primary professional obligation.”



From ACSW:
nearly identical to other provinces at this time

What does a professional conversation about medical assistance in dying with a patient look like?

While the ACSW does, from time to time, develop best practice guidelines in certain areas of practice, the ACSW is not in a position to provide practice advice on medical assistance in dying at this time. Please consult with your employer regarding organizational practices.



- Care scenarios vary widely
- organizationally driven policies arise

You are required to:

Follow the Code of Ethics and college standards of practice

Follow workplace guidelines and policies

Follow provincial guidelines and policies

You are not required to

Provide or administer MAiD

Determine whether a client is eligible

Be an expert on MAiD



It's a good
idea to:

Continue to provide the
excellent care you
already do

Continue documenting

Consult with insurance
provider, lawyer, trusted
colleague

**** Refer! ****



Canada's halfway measures on assisted dying fail the mentally ill

When it comes to psychological suffering, talking about doctor-assisted death can be tricky. But Canada needs a proper framework.

Alheli Picazo
March 28, 2017



Quebec seeks court clarification on assisted dying law to broaden its access

TU THANH HA

The Globe and Mail

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What's next federally?



Possible Social Justice
Priorities

Possible Priorities in
Supporting the
Profession

Mature minors

Continuing Education

Advance Directives

?

Non-life limiting illnesses

Palliative Care

Additional research areas identified by GOC:

- requests by mature minors
- advance requests
- requests where mental illness is the sole underlying condition

In December 2015, the federal government announced that a review of these areas will be conducted by the Council of Canadian Academies.

The final reports on these reviews will be tabled in Parliament and available to the public by December 2018.

Their intended purpose will be to generate dialogue.

A Quick Case Study

Policy Statement

As a Catholic health care organization, Covenant Health is committed to the inherent dignity of every human being throughout the entire continuum of life from conception to natural death. The organization's ethical and moral opposition to medical assistance in dying and the organization's unequivocal position to not provide or explicitly refer for same needs to be recognized, respected and honoured by all persons served by, or working within Covenant Health including, but not limited to: funders, regulatory bodies, advocacy groups and the larger community.

2. ACSW Standards of Practice – the following standards of practice, among others, may be relevant to the practice of social work in the area of medical assistance in dying
 - Referral – social workers who choose not to provide services around medical assistance in dying on the basis of conscientious objection must facilitate the referral of the client and family to another qualified provider

5. When, after discussion with the attending physician the patient still clearly expresses a desire for medical assistance in dying, alternative arrangements will be explored with clear communication that such practice is not provided in Covenant Health facilities. The person may choose to contact the Alberta Health Services Medical Assistance in Dying Resource Team to provide neutral information and further exploratory discussion of options, including identification/facilitation of capacity and mental health assessments, either directly through *Health Link* or by asking Covenant Health to contact AHS at their request (see www.ahs.ca/MAID for link to resources).



Myths | FAQs

I'm going to be forced to participate in MAiD.

This is a slippery slope.

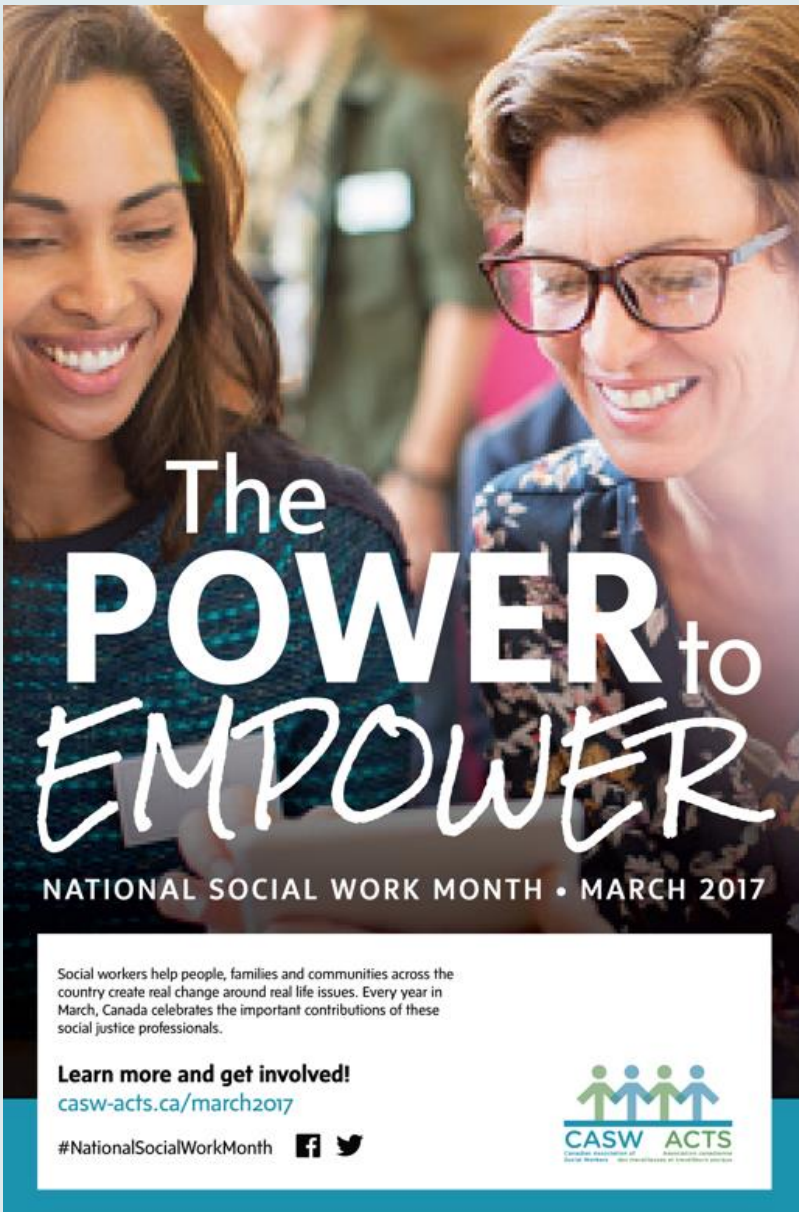
Discussing MAiD is completely different than other discussions I've had with clients.

It's my responsibility to tell my client they aren't eligible for MAiD if they bring it up and I know they don't fit the criteria.

I have no expertise in end of life care. If a client brings up MAiD, I have nothing to offer.

The word MAiD has negative connotations – can we change it to something different/ to something that sounds more empowering/better?








The
POWER to
EMPOWER

NATIONAL SOCIAL WORK MONTH • MARCH 2017

Social workers help people, families and communities across the country create real change around real life issues. Every year in March, Canada celebrates the important contributions of these social justice professionals.

Learn more and get involved!
casw-acts.ca/march2017

#NationalSocialWorkMonth  



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Thank you!

Questions?