

**Ethical Dilemmas and Considerations for Nurses During the MAID Process: A Literature Review**

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## **Ethical Dilemmas and Considerations for Nurses During the MAID Process: A Literature Review**

In 2016, the Canadian government passed legislation Bill C-14, allowing for medical assistance in dying (MAID). MAID is the legalization of clinician-administered (by a nurse practitioner or physician) or patient-administered death for eligible Canadian adults with grievous and irremediable medical conditions (Government of Canada, 2022). MAID was introduced into the existing healthcare system; therefore, nurses and nurse practitioners have a significant role in this process. Legislation has since changed, and as it continues to evolve, several uncertainties and unknowns are still evident within Canadian healthcare.

The legislation states that nurses are not obligated to provide or assist in providing MAID; this is known as conscientious objection in the Code of Ethics for Registered Nurses (Canadian Nurses Association, 2017). Legalizing MAID and a nurse's right to conscientiously object has caused both tension and the development of moral and ethical dilemmas within Canadian nurses. This choice is complex and riddled with ethical, legal, personal, and professional considerations that have led to nurses' moral distress across many different settings. MAID is becoming increasingly prevalent in Canada; therefore, nurses' perspectives must be openly discussed. It is crucial to understand 'why' and 'how' ethical dilemmas occur and investigate the needed support and education to minimize distress and uncertainty in the workplace. This literature review examines the question, what ethical dilemmas do nurses face regarding MAID? This paper aims to investigate the ethical stressors nurses face following the legalization of MAID and identifies recommendations to mitigate moral distress felt within the nursing community.

### **Methods**

The key terms used in the literature search included ('maid' or 'medical assistance in dying') AND ('nurse' or 'nurses' or 'nursing'). This resulted in 113 articles in the CINAHL database, 3 of which were selected for this literature review. The selected studies were chosen based on the following criteria: primary research, published between 2018 and 2022, and inclusive of or relating to the ethics within nursing. The selected three studies are all primary, peer-reviewed, qualitative studies.

## Results

### **Broad Scope Nurses' Perspectives: Months After Legalization**

The qualitative article "Medical assistance in dying (MAiD): Canadian nurses' experiences" by Beuthin et al. (2018) recruited 17 nurses across acute care, residential care, primary care clinics, community and palliative care settings; using purposive sampling through poster distribution across Health Authority and contact with local hospitals and hospice centres. The study was conducted using semi-structured telephone or in-person interviews. It explored the experiences of 17 RNs, LPNs, and NPs in the Vancouver, BC area 6 months after the legalization of assisted dying in Canada. This study aimed to understand the experiences of nurses who choose to actively participate in the MAID process and nurses who choose not to participate at all (Beuthin et al., 2018).

Personal, professional, religious, and social values significantly influenced the nurses' decisions to support MAID (Beuthin et al., 2018). Many nurses supported MAID as an extension of their professional role as a nurse, while others viewed it as morally wrong. The nurses who conscientiously object to assisted dying stated that "ethanizing a patient is not part of nursing" (Beuthin et al., 2018, p. 513), expressing concern that it is, in fact, the opposite of what they are willing to do. Nurses who felt strongly opposed to MAID expressed religious values that did not align with the principles of assisted death. These nurses feared judgment and ridicule from other nurses who supported the MAID process, and this caused further moral distress and tension (Beuthin et al., 2018). Most of the nurses that conscientiously objected could reflect and continue to care for their patients as long as they did not have to actively participate in the MAID process (Beuthin et al., 2018).

A majority of nurses in the study were stuck in an in-between grey area from fear of legal and ethical implications. Their fear was due to uncertainties of knowing what they could and could not say to patients regarding MAID for fear of facing legal problems (Beuthin et al., 2018). These nurses expressed a lack of proper education and information regarding these issues, which ultimately increased moral tension among a large portion of the nurses (Beuthin et al., 2018).

This study suggests there should be education and clarity of misinformation. It also recommends the creation of open conversation to better understand moral sensemaking to create a safe space for nurses to minimize judgment and discuss ethical questions and dilemmas (Beuthin et al., 2018). This study was conducted at the very beginning of legislation which should be considered when reviewing the results. As this literature review continues to analyze the results of future studies, a pattern of rectifiable dilemmas continue to emerge.

### **Broad Scope Nurses' Perspectives: Years After Legalization**

The article "Riding an elephant: A qualitative study of nurses' moral journeys in the context of medical assistance in dying (MAiD)" by Pesut et al. (2020) uses a qualitative approach with semi-structured telephone interviews using Interpretive Design. Participants were recruited using purposive and snowball sampling through the CNA and CAMAP. This study explored the experiences of 59 RNs and NPs within home and community, acute care, LTC, hospice, clinics, and other settings across Canada. This article takes on the perspective of a more recent study of the ethical considerations nurses continue to face regarding deciding to participate in MAID.

Some nurses spoke of the "deep-seated culture within healthcare of doing no harm" (Pesut et al., 2020, p. 3876). In particular, palliative care nurses spoke of the palliative philosophy, with concern that MAID was used to 'fix' suffering, whereas palliative care opted to alleviate it. Thus MAID seemed morally wrong (Pesut et al., 2020). Other nurses who opposed MAID did so for religious reasons, expressing feelings that they did not have the right to participate in assisted dying; however, they acknowledged patient autonomy regardless of their opinions of MAID (Pesut et al., 2020).

Many nurses in this study spoke of the emotional toll of participating in assisted dying; even the nurses that were conscientious objectors described being emotionally impacted by the patients they cared for who were choosing to receive MAID (Pesut et al., 2020). These nurses expressed that their experiences with MAID were challenging to cope with, especially while receiving minimal support (Pesut et al., 2020). Pesut et al. (2020) described that nurses went through a deep intuitional process due to

these immense emotional responses. Emotional unease led nurses to a moral dilemma of whether or not to continue participating in MAID (Pesut et al., 2020).

This study suggests that a safe moral space for conversations should be implemented so that needed support for nurses can be created (Pesut et al., 2020). Additionally, debriefing opportunities should be created for nurses to share experiences to promote "compassion amidst difference" (Pesut et al., 2020, p. 3880).

### **Palliative Care Nurses' Perspective**

The article "'Reflection and soul searching': Negotiating nursing identity at the fault lines of palliative care and medical assistance in dying" by Wright et al. (2021) is a qualitative study using semi-structured telephone interviews. The 22 participants were recruited using purposive sampling with announcements through the CPCNA and CNA. All 22 nurses work in a palliative care practice within hospice or palliative care units, acute care, home care, LTC, and palliative care residence settings across Canada. Since the legalization of MAID, some palliative care facilities have refused to provide MAID because of the belief that it contradicts the palliative care philosophy (Wright et al., 2021). The palliative care philosophy entails that nurses assist in alleviating suffering until the patient's natural death; therefore, a majority of the palliative nurses in this study viewed MAID in a negative way (Wright et al., 2021).

Many nurses expressed concern that patients may have arrived at the decision of MAID because of a failed promise of palliative care (Wright et al., 2021). These nurses were worried that these patients lacked adequate palliative care and had decided that MAID was the only viable option to end their suffering. For this reason, several palliative care nurses felt it was morally wrong to end suffering by ending a patient's life (Wright et al., 2021). However, most nurses expressed that if patients were provided with all options and proper palliative care and the patient still chose MAID, they could support their patients' decisions (Wright et al., 2021). All nurses viewed patient choice and freedom as fundamental to their practice, even if they opposed assisted dying (Wright et al., 2021).

Since many palliative care communities made open statements about moral misgivings of MAID, the participants that supported MAID felt like they had no voice to speak up about their support without being ridiculed. This left some nurses feeling unsupported and judged (Wright et al., 2021).

This study recommends the creation of an open forum of communication and reflection to discuss ethical issues relating to MAID. It also suggests that palliative care leaders should openly recognize that some nurses are in support of MAID in palliative care while others grapple with the moral distress of this end of life option (Wright et al., 2021).

### **Gaps in the Literature**

All three articles are qualitative studies, using purposive sampling and therefore cannot be generalized to all nurses across all contexts. Each article mentions a gap in research regarding proper support and open communication about moral standpoints (Beuthin et al., 2018; Pesut et al., 2020; Wright et al., 2021).

### **Discussion**

Within the Code of Ethics, nurses are not obligated to participate in or personally support the process of MAID due to personal, religious, and social values (CNA, 2017). Thus, the nurses who have chosen conscientious objection have the right to do so as long as they uphold their ethical responsibilities of providing competent, just, dignified care to all their patients regardless of their moral tension (CNA, 2017). Within all three studies, all nurses supported the autonomy of their patients without judgment, regardless of their feelings towards MAID (Beuthin et al., 2018; Pesut et al., 2020; Wright et al., 2021). Personal values and beliefs causing ethical dilemmas should not create judgment between nurses and should not cause a divide. Instead, it is recommended in each of the articles that an open forum of communication be present for people to express moral distress, emotional unease, and support for one another (Beuthin et al., 2018; Pesut et al., 2020; Wright et al., 2021).

A vast majority of the moral conflicts presented in these articles are rectifiable and have occurred due to misinformation, lack of adequate education, and a lack of collegial support. These are

not ethical dilemmas based on personal or social values; instead, this is distress caused by misunderstandings and judgment between nurses and within the nursing community in Canada. Nurses who choose to participate and those who do not should not fear ridicule from other nurses. This calls to action an open conversation for nurses to support their beliefs without pressure or influence from other nurses. Nurses should be as impartial toward a colleague's decisions as they would be toward their patients' decisions.

Therrien & Pothier (2019) found that the more support nurses experienced during the process with MAID, the more positive their experiences became. The survey concluded that in-house education, information packages to assist nurses throughout the entire MAID process, and post-MAID debriefs were necessary for nurses to feel supported and well-educated (Therrien & Pothier, 2019). These strategies allow nurses to make personal moral decisions about MAID without the barriers of misinformation and lack of support.

The findings in this literature review should not be read as a definitive stance of nurses regarding the ethical dilemmas of MAID. However, this paper does illustrate that although there have been answers to some uncertainties within MAID, nurses are still struggling with ethical dilemmas, and more research needs to be done.

### **Conclusion**

Nurses experience ethical dilemmas due to personal, social, professional, and religious values that lead them to conscientiously object to MAID. Many nurses in favour of MAID also face moral tension from a lack of support in the workplace, lack of proper education, and misinformation. To mitigate these moral tensions, it is recommended that education and training on MAID be implemented, as well as opening up conversations about ethics and MAID to help ensure nurses feel supported emotionally and professionally throughout the MAID process.

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