Challenges in End of Life Care and Medical Assistance in Dying: Toward a Relational Ethics Approach

Patricia (Paddy) Rodney, RN, MSN, PhD

Associate Professor

UBC School of Nursing

Faculty Associate, W. Maurice Young Centre for Applied Ethics, UBC

Research Associate, Providence Health Care Ethics Services

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EMPIRICAL Reflections

- **In Canada there are long-standing and serious *inequities in access* to resources for appropriate health and health care, including acute care, home care, long term care, and *palliative care*.**
- **Inequities are *especially pronounced* for Indigenous peoples, people with mental health challenges, people who are impoverished, people who don't speak English/French, people living in rural/remote areas, and older adults.**

EMPIRICAL Reflections continued…

- **Despite significant work to support better end of life decision making (e.g. advance directives) over a few decades, many patients still experience what they would consider to be *over-treatment* at the end of their life.**
- **At the same time, many patients with chronic illnesses/life limiting conditions have *difficulty accessing appropriate treatment*, including symptom management and supportive care.**
- **The *impacts* on patients (e.g. suffering), families (e.g. traumatic grief), and health care providers (e.g. moral distress) are significant.**

ETHICAL Theory reflections…

…”relational autonomy embraces (rather than ignores) the fact that persons are inherently socially, politically, and economically-situated beings. A relational approach to autonomy directs us to attend to the many and varied ways in which competing policy options affect the opportunities available to members of different social groups,… and to make visible the ways in which the autonomy of some may come at the expense of others. Relational autonomy encourages us to see that there are many ways in which autonomy can be compromised. It allows us to see that sometimes autonomy is best promoted through social change rather than simply protecting individuals' freedom to act within existing structures” (Kenny, Sherwin, & Baylis, 2010, p. 10; see also Baylis, Kenny & Sherwin, 2008).

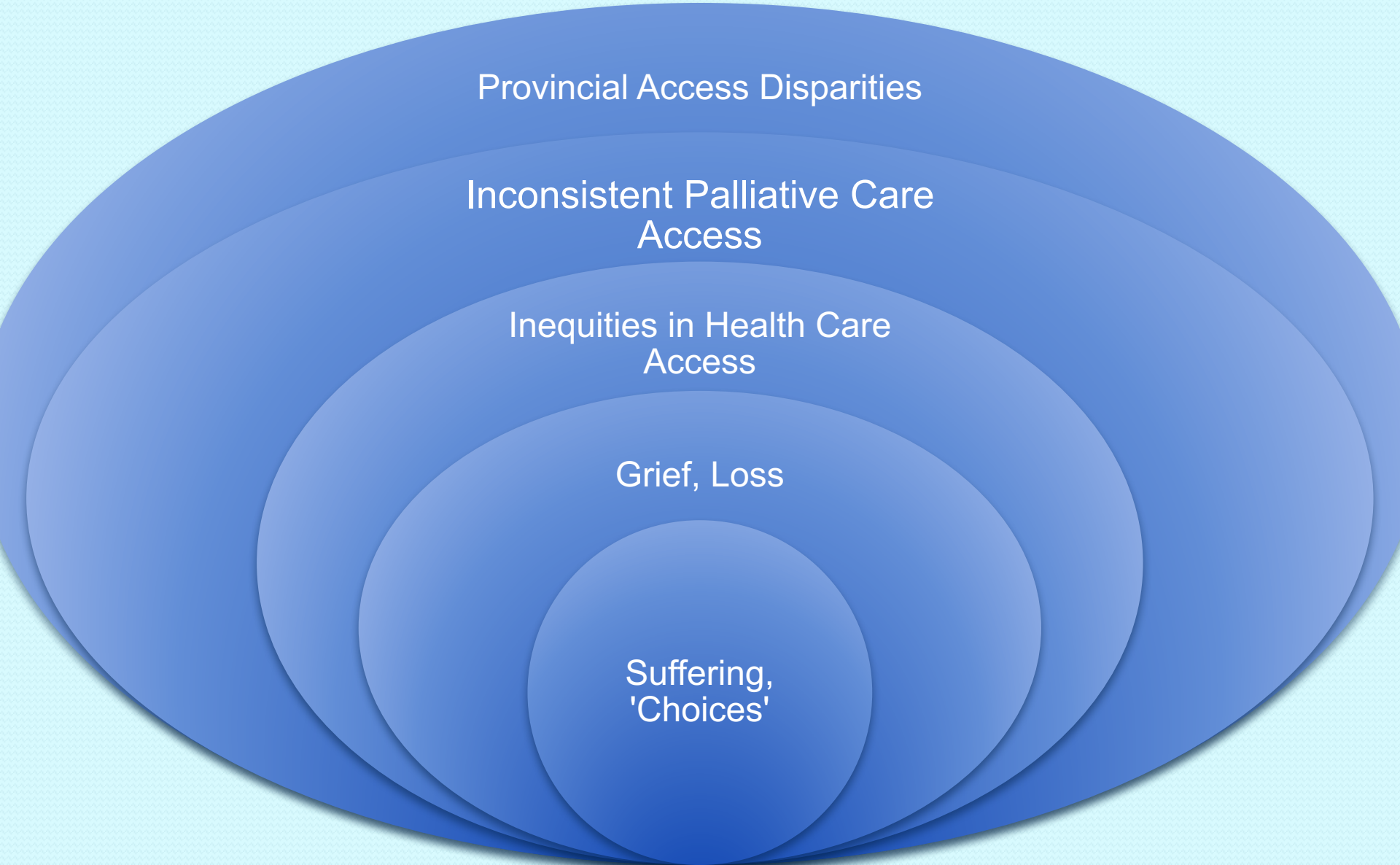
ETHICAL Theory Reflections continued…

- **Autonomy: Patient self-determination and privacy (JCB, 2015).**
- **Beneficence and non-maleficence (JCB, 2015).**
- **Fairness and equity (JCB, 2015)**
- **Health care professional virtues, e.g. compassion (JCB, 2015)**

- ***Relational Autonomy***
- ***Fidelity***
- ***Proportionate Interventions***
- ***Social Justice***

Looking Through a Relational Ethical Lens….

Proceed with Care….



Policy Action

***A*ttend to the *social determinants of health*.**

Be guided by principles of primary health care: *accessibility, public participation, health promotion, appropriate technology and intersectoral cooperation*.

INTEGRATE a *palliative approach to care* and more accessible specialized *palliative services* as needed.

***Anticipate* potential harms, using the *precautionary principle*.**

Use robust mixed-methodological approaches to *evidence* in planning and evaluating MAiD

Policy Action continued

Promote authentic *collaborative engagement* of those diverse groups affected by policies—the public, health care professions, and all levels of government.

Aim for *"overlapping consensus"* vs competing rights (JCB).

Reflection and evaluation, feedback at all levels. Pay particular attention to those who are most *marginalized* by our society, and the *situated vulnerability* (Anderson, 2004; Anderson et al., 2009) of all.

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NOTE: The "PROCEED WITH CARE" concept in this presentation is inspired by: Royal Commission on New Reproductive Technologies (1993). *Proceed with Care: Final Report of the Royal Commission on New Reproductive Technologies* (Volumes 1 & 2). Ottawa: Authors.