



Ethical issues: MAID and its provision in rural and remote settings

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Background

- Justice
- Equity
- Deficit
- Relationships
- Respect for human dignity



MAID and rural settings



Provincial-Territorial Expert Advisory Group on Physician-Assisted Dying (2015)

Report of the Special Joint Committee on Physician-Assisted Dying (2016)



External Panel on Options for a Legislative Response to *Carter v. Canada* (2015)

Policies – Physicians and Nurses



National	4
Alberta	2
British Columbia	3
Manitoba	2
New Brunswick	2
Newfoundland and Labrador	3
Northwest Territory/Nunavut	1
Nova Scotia	2
Ontario	2
Prince Edward Island	2
Saskatchewan	1
Yukon	1

Explicitly addressing rural barriers

- Very limited
- Justice/equity



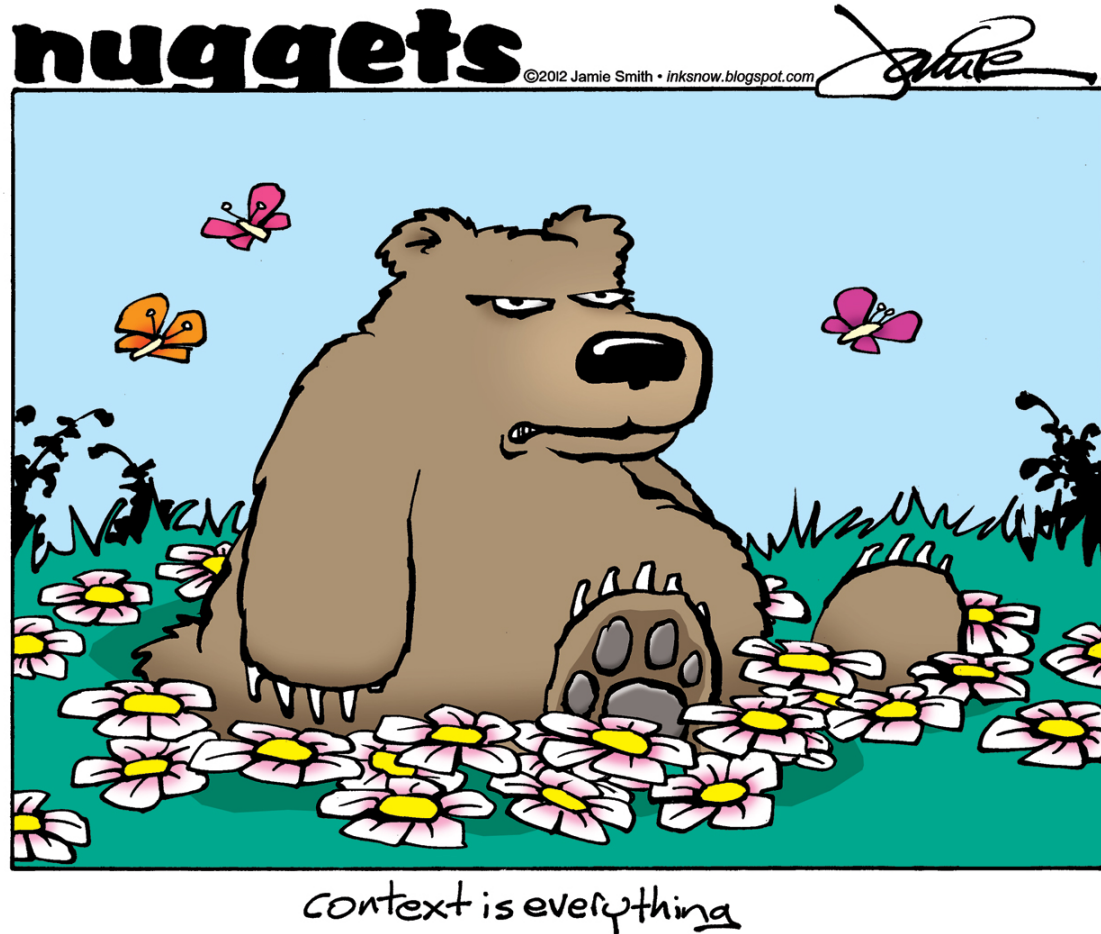
Telemedicine



Continuity of care



Patient needs/context



Relationships



Confidentiality



Data

- Raw data about rates of rural use of MAID:
 - perceptions of dying
 - access to services such as palliative care



References



- **Rethinking Rural Health Ethics** (Simpson and McDonald, *Rethinking Rural Health Ethics*, Basel: Springer, 2017).
- Collins A; Leier B. Can medical assistance in dying harm rural and remote palliative care in Canada? *Canadian Family Physician* (2017) 63, 186-7, 189-190.
- Kirby S; Barlow V; et al. Are rural and remote patients, families and caregivers needs in life-limiting illness different from those of urban dwellers? A narrative synthesis of the evidence. *Aust. J. Rural Health* (2016) 24, 289–299.