

Covenant Health clarifies guidelines for patients requesting assisted death

Citing the needs of fragile patients, Covenant Health has clarified how assessments are done in its facilities for patients who want to end their lives under provisions of the medical assistance in dying (MAID) law.

The change comes after the Catholic health-care provider came under fire for making some patients undergo the assessments in public areas outside hospitals.



Gordon Self

“It’s not a starting point of ‘Well, we don’t do that,’” said Gordon Self, chief ethics officer for the Catholic health-care provider, which runs 17 facilities located in 12 communities across Alberta.

“It’s a starting point of trying to understand where a person’s coming from and tending to some of their own inner thoughts and concerns. And then, if they are interested in pursuing a service which we don’t provide – whether it’s MAID or cardiac surgery – there’d be appropriate referral mechanisms.”

Legalized in 2016, Medical Assistance in Dying allows a physician to administer a lethal medication or provide the means for a patient to do so.

However, MAID goes against Covenant Health’s mission and Catholic ethical tradition, “to uphold the inherent dignity of every human being throughout the entire continuum of life from conception to natural death.”

Last year at least two patients had their MAID assessments done outside in public areas around Covenant Health facilities. Since then, every patient actively exploring MAID has had their assessment completed on site.

On Dec. 3, Covenant Health went further. It released a [revised MAID policy](#) after consultations with more than 100 individuals and groups including doctors, Catholic bishops, Alberta Health Services, the Alberta government, patient advisers, families, ethicists and community members.

Under the policy, witnessing and signing of legal documents and assessments of eligibility can take place on Covenant Health sites. Patients deemed eligible for MAID would still be transferred to other facilities.

“We’re not playing the role of making that determination of whether an assessment takes place or not, that’s something that we defer to AHS in the context of their conversation with the patient,” said Self.

“We recognize that these are medically fragile patients. Our policy is catching up with our experience in the past year.”

Critics welcomed the new policy, but said it doesn’t go far enough.

“We’re always happy when Covenant Health is responsive to some of the things that come their way,” said Sandra Azocar, executive director of Friends of Medicare.

Azocar wants to see provisions made to allow assisted deaths on Covenant Health sites, not just the assessments, especially in rural Alberta where healthcare options are limited.

“If the physicians don’t feel it’s something they can do – they have moral objections to it – allow other health-care professionals to accommodate it by having a specific area, or room, especially in rural communities,” Azocar said.

“We recognize the importance of palliative care and hospice care – those are essential parts of our health-care system,” she said. “But for those that choose the other legal service, that is medical assistance in dying, then it has to be provided.”

According to the federal government, over [40 per cent of Canadians who died under MAID in 2017 did so at home](#), not in a hospital.

Azocar maintained that Covenant Health is creating barriers and roadblocks for patients, but Self denies that.

“That’s incompatible with who we are as an organization,” said Self.

“We don’t hold people hostage. The patient is the ultimate decision maker, and

it's really about us being sensitive to the patient, respecting their values, making sure they're making an informed decision."

If a service is not available in a community, it's up to AHS to fill the gap, not Covenant Health.

"We focus on what we (can) do, but we don't obstruct people to access what is legally available," Self said. "And that's where the (AHS) care coordination service can help them navigate the system."

Self said that Covenant Health staff as well as Alberta Health Services care coordinators also have a role to help direct people to palliative care as an option.

He also noted that most people exploring MAiD in Covenant Health facilities end up choosing palliative care instead, although he did not have on hand the number of people who made that choice.

"If a patient decides they're going to go home, they're transferred home, so we no longer are providing care to that individual," said Self. "We don't always know whether or not they decide at the last minute to forgo having MAiD."

Covenant Health's new policy also clarifies the need for proper documentation at every step in the MAiD process, including a new Government of Canada requirement for medical and nurse practitioners to file reports every time they receive a request.

Covenant Health's policy will continue to evolve, said Self. The next review is scheduled for December 2021.