



The Ottawa
Hospital | L'Hôpital
d'Ottawa

Physician Assisted Dying Spiritual and Moral Issues

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Outline

Learning Objectives

Spirituality

Suffering

Personhood

Case Study

Responses to Suffering

Moral Issues

Code of Ethics – Canadian Association for Spiritual Care

Chaplain's Survey Results





Learning Objectives

Better understand the many dimensions of suffering and personhood

Explore moral issues around PAD





Spirituality:

is the dynamic dimension of human life that relates to the way persons (individual and community) experience, express and/or seek meaning, purpose and transcendence, and the way they connect to the moment, to self, to others, to nature, to the significant, and/or the **sacred**. (Puchalski et al. 2014, Improving the Spiritual Dimension of Whole Person Care: Reaching National and International Consensus JOURNAL OF PALLIATIVE MEDICINE Volume 17, Number 6, 2014)





The Spirituality of Imperfection: Ernest Kurtz, 1992

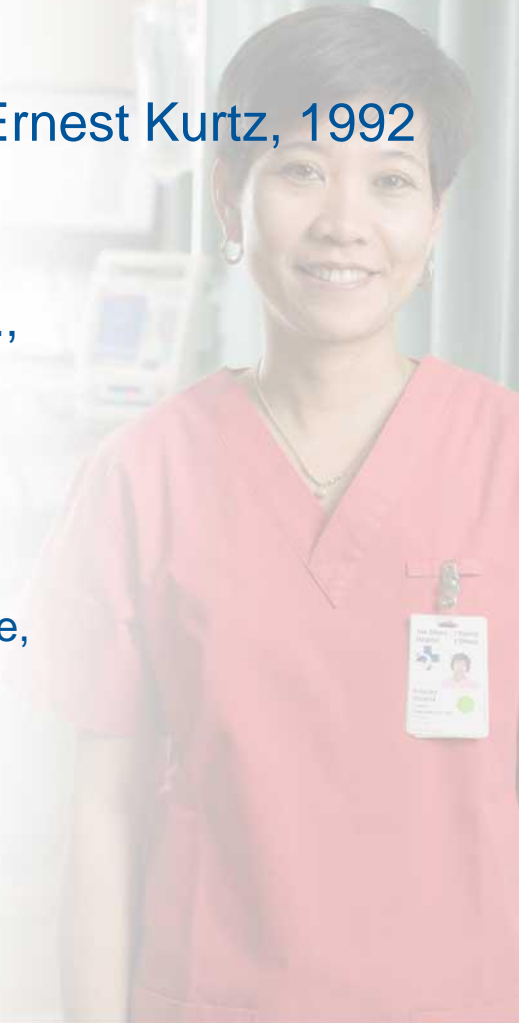
Religion is for people who are afraid of going to hell;
spirituality is for those who have been there. – Ross V.,
Member of Alcoholics Anonymous

Spirituality is elusive, ineffable, rooted in paradox

Begins with acknowledgment and acceptance of the dark side,
the down side of human experience.

Tragedy and despair

Allows us to get beyond the narrow confines of “self”





Suffering: (Eric Cassell, The Nature of Suffering and the Goals of Medicine, 1982)

Severe distress

Threaten intactness of the person

Multi-dimensional:

- physical

- social

- psychological

- spiritual

- existential



Aspects of personhood: (Cassell, 1982)

Lived past,

Culture and society, roles, activities, associations and relationships, political beings

The body, unconscious mind, secret life

Perceived future

Transcendent dimension



To be human...(Kurtz, 1992)

Paradox and ambiguity at heart of the human condition

We are “both-and”

Good – bad Weakness – strength

Connection – Alienation Trust – fear

Bound – free Result: Anxiety

Incomplete yet yearn for completion

Uncertain yet yearn for certainty

Imperfect yet long for perfection

Broken yet crave for wholeness

Limited yet capable of more

Hope amidst “torn-to-pieces-hood”

There is a crack in everything – Leonard Cohen





Mr. A

70 year old Caucasian man with ALS

Leader in workplace

United Church background

Physician-assisted suicide

“I can't find any mention of suicide in the Bible.”

Did not want to be a burden

Family stood by him

Offered Psychological services

Difficult for health care team





Ms. B

Woman

Chronic illness

Loss

Meaninglessness of suffering

Agnostic

Wanted PAS



Recover from Suffering? (Cassell, 1982)

Resilience: Recover from loss w/o succumbing to suffering

Recovery: Help from others (To lend strength)
 Find meaning
 Transcendence

“Everything terrifying is, in its deepest being, something helpless that wants our help.” – Rainer Maria Rilke



Unanswered questions pertaining to patients' persistent, intractable wish to die:

Raymond Viola, (2014)

Understand suffering better

Can we identify predictors?

How does suffering affect the family?

Neula Kenny, (2011) "Palliative Care: Responding for requests: core skills and clinical competencies."



Unanswered questions for Health care providers (Raymond Viola, 2014)

Emotional reactions when a patient expresses a persistent, intractable wish to die?

Hierarchy of interventions?



Relationship between Spirituality and Suffering

Feeling like a burden

Values (dependence & interdependence, individual autonomy & community)

Meaning of suffering?

to undergo, to endure

Life is Suffering - First Noble Truth

Learning to live with unanswered questions

Hope and Hopelessness

"I feel so much better since I gave up hope." (Joanna Salajun, Zen Comics)





Contributions from Spiritual traditions

Community

Letting go

Trust

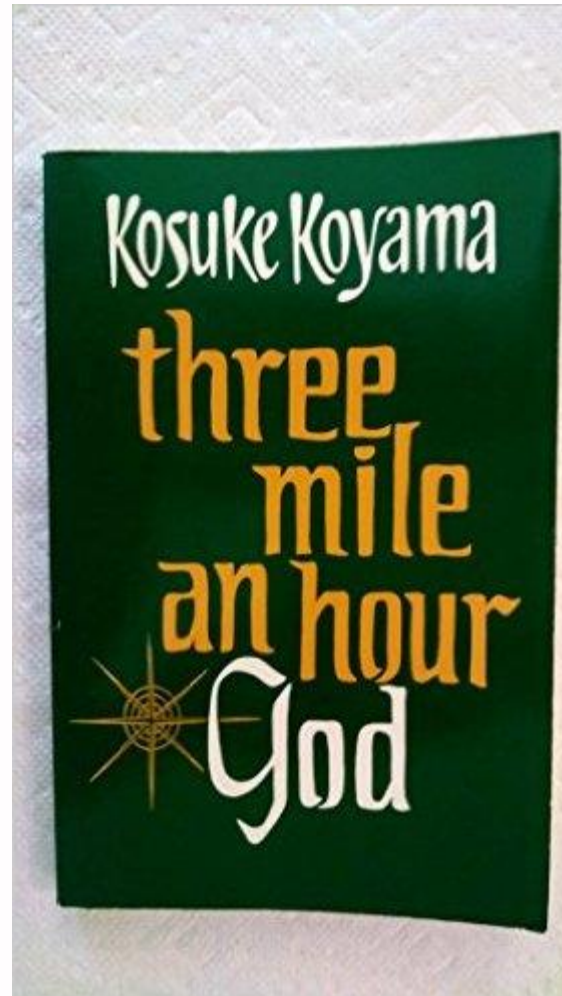
Understanding of Time

Chronos

Kairos

Mystery





Moral Issues

A matter of conscience

Relationship with and beliefs about God

- We are “other than God”
- control vs. mystery

Moral distress:

“The experience of being seriously compromised as a moral agent in practicing in accordance with accepted professional values and standards. It is a relational experience shaped by multiple contexts, including the socio-political and cultural context of the workplace environment.” (Collen Varcoe et al. HEC Forum 2012, 24, p. 50)



Code of Ethics – Canadian Association for Spiritual Care (CASC)

SECTION I: ETHICAL PRINCIPLES

A. IN RELATIONSHIPS WITH “CLIENTS”

1. Standards

Spiritual Care Professionals:

- 1.1 Speak and act in ways that honor the dignity and value of every individual.
- 1.2 Provide care that is intended to promote the best interest of the client and to foster strength, integrity and healing.
- 1.3 Demonstrate respect for the cultural and religious values of those they serve and refrain from imposing their own values and beliefs on those served.



Code of Ethics – con't

C. IN RELATIONSHIPS WITH SOCIAL INSTITUTIONS

Spiritual Care Professionals are accountable to their faith communities, one another and other organizations.

Spiritual Care Professionals:

1. Maintain good standing in their faith group.
2. Abide by the professional practice and/or teaching standards of the state/province, the community and the institution in which they are employed. If for any reason a Spiritual Care Professional is not free to practice or teach according to conscience, the Spiritual Care Professional shall notify the employer, his or her professional organization and faith group as appropriate.



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Hospital Chaplains Survey on PAD

September 2015

www.surveymonkey.com

2.5% response rate

Divided as the Canadian public



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Government of Canada Panel on End of Life

<http://www.ep-ce.ca/home/>

survey can be found under consultations and Issue Book.