POLICY VII-B-440	**Responding to Requests for Medical Assistance in Dying**	**DOMAIN** Governance and Ethics
ELT Sponsor(s): Chief Medical Officer & Vice President, Mission, Ethics & Spirituality		**Date Approved:** February 24, 2026 **Date Effective:** February 24, 2026 **Date of Next Review:** February 2027 (extended)

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NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definition section

Policy Statement:

As a Catholic health care organization, Covenant Health is committed to uphold the inherent dignity of every human being throughout the entire continuum of life from conception to natural death. Therefore, Covenant Health will not provide nor explicitly refer for MAID given the incompatibility of MAID with the organization's mission and ethical tradition. At the same time, Covenant Health is committed to the principles of justice and non-abandonment, and thus must ensure persons in our care seeking further information, assessment, and potentially, provision of MAID are able to access navigation resources within the health system which can facilitate these processes independently of Covenant Health.

Purpose Statement:

The purpose of this policy is to provide a consistent ethical and compassionate approach, reflective of the *Health Ethics Guide* and Catholic teaching when responding to a person in care within Covenant Health who voluntarily requests assistance to intentionally end their own life, or who voluntarily requests administration of a lethal medication resulting in their own death. The fulfilment of these acts, when complying with Canadian law are collectively referred to as medical assistance in dying (MAID).[1]

Applicability:

While Covenant Health personnel shall neither unnecessarily prolong nor hasten death, the organization nevertheless reaffirms its commitment to provide quality **palliative**/hospice and **end-of-life care**, promoting compassionate support for persons in our care and their **families**, including:

[1] For the purposes of this policy, "medical assistance in dying" is used consistent with Parliament of Canada Bill C-7, Bill C-14, and Alberta Health Services' Medical Assistance in Dying program. It refers to assistance provided to a person with the aim of intentionally ending his/her life, sometimes known as assisted suicide, as well as voluntary euthanasia, whereby a legally recognized health professional directly administers a lethal dose of medication (or equivalent) in accordance with the request of the patient. References to "physician assisted suicide," "physician-assisted death," and "medical aid in dying" are also cited in the literature.

1. Honouring **patient**/resident self-determination through the use of **advance care planning**, **goals of care designation**, and/or **personal directives**, including clear recognition of the role of substitute decision-makers/**agents** chosen by and acting on behalf of the patient/resident;

2. Offering quality palliative/hospice and end-of-life care, at the patient/resident's or families' request and agreement, that addresses physical, psychological, social, and spiritual needs of persons who are dying and their families;

3. Delivering effective and timely pain and symptom management as outlined in the Health Ethics Guide, the foundational ethics resource used by Covenant Health; and

4. Providing ethics services and support through the Covenant Health Ethics and Discernment Centre.

Responsibility:

All Covenant Health facilities, staff, physicians, volunteers, students and to any other persons acting on behalf of Covenant Health ("personnel") when acting on behalf of Covenant Health or at one of our facilities. It does not apply to a health practitioner whose practice is conducted external to Covenant Health, such as physicians who hold multiple site privileges, or to other Covenant Health staff in any role they may have concurrently working at non-Covenant Health sites or facilities. Questions of actual or perceived conflict of interests raised while acting simultaneously on behalf of Covenant and an external provider must be declared and managed appropriately among the clinical care team.

Principles:

An expressed request from a person in our care for MAID must be respectfully acknowledged in a non-coercive and non-discriminatory manner. The response should focus on providing information and access to appropriate physical, psychological and spiritual supports, as requested, to help address the person's needs that may underlie their expressed request.

This policy recognizes that suffering is part of the human experience which occurs throughout life and is not related only to dying. A person who may be experiencing deep existential anguish needs to be appropriately supported to acknowledge, address, and ameliorate their suffering. The goal of care is to reduce such suffering.

Covenant Health and its personnel are prohibited from participating on Covenant sites in any actions of commission or omission that are directly intended to cause death through the deliberate

prescribing or administration of a lethal agent.[2] The values of Covenant Health nevertheless ethically oblige appropriate personnel to explore and seek to understand the nature of the person's expressed request, and to provide unconditional support.

As affirmed in Our Commitment to Ethical Integrity and in the Health Ethics Guide, including the standards of practice of regulated members, Covenant Health will support those in good conscience who cannot participate in an activity to which they morally object, or that is contrary to their professional codes of conduct. It is our responsibility to do so without abandoning those who may be impacted by such conscientious or professional decisions by reviewing circumstances on a case-by-case basis and exercising prudential judgment. At minimum, provision of information on MAID to the patient/resident, and ensuring reasonable access to the Alberta Health Services (AHS) Care Coordination Service for further exploratory discussion is required.

Covenant Health is morally and legally bound to work together with patients/residents, families and personnel to resolve potential conflict around the goals of care and find proactive solutions that seek to respect the wishes and integrity of all. In response to both a patient/resident's consented request and an external provider arrangement to assume care of the patient/resident, this may require safe and timely transfer of the patient/resident and their records to their home or to a non-objecting institution which can support the provision of MAID.[3] Consistent with Covenant Health's mission and values, our interaction in such patient/resident and external provider requested assessments or transfers should be conducted in a compassionate and respectful manner.

While Covenant Health will not participate in the formal eligibility determination or provision of MAID, it is recognized that various components of the determination phase undertaken by the Alberta Health Services Care Coordination Service of such medically fragile patients/residents will take place on Covenant sites (e.g., witnessing and signing of legal documents, assessments of eligibility, or transfer of care arrangements). That is a matter solely organized and arranged between the patient/resident and AHS personnel within the privileged relationship they share, for whom this aspect of care has been assumed by AHS within the mandate of the Care Coordination Service.

Similarly, in those instances when the patient/resident chooses to coordinate their own arrangements

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[2] In this context, omissions of care excludes withdrawing or withholding disproportionately burdensome therapies deemed not to be directly intending to cause death, even if death is a foreseen but unintended consequence of such omissions. See: *Health Ethics Guide*, Article 20, including Articles 77-79 – "Refusing and Stopping Treatment."

[3] Covenant Health recognizes and abides by all legislative requirements and regulatory standards governing access to medical assistance in dying elsewhere, while reciprocally, fully expecting others to respect Covenant Health's institutional integrity as a Catholic health care organization and the conscience rights of its personnel to not provide or directly refer explicitly for same.

for determining eligibility and provision of MAID, this too is conducted within the privileged relationship the person has with the community assessor and/or provider. Timely and respectful access of community practitioners to Covenant Health sites would be expected to conduct assessments for eligibility, and potentially, to assume responsibility in transferring the patient/resident to another facility or home for provision of MAID. Covenant Health personnel would be required to ensure a written release of care is signed, and to support the patient/resident initiated transfer, as per standard of practice.

Covenant Health, however, will not allow the provision of MAID on Covenant property at any time given the incompatibility of MAID with Covenant's mission and ethical tradition.

Definitions[4]:

Advance care planning means a process which encourages people to reflect and think about their values regarding future health care choices, explore medical information that is relevant to their health concerns; communicate wishes and values to their loved ones, their agent/alternate decision-maker and their health care team; and record those choices

Agent means a person designated in a personal directive to make personal decisions on behalf of the maker.

Continuous palliative sedation therapy (CPST) means intentional lowering of a patient's level of consciousness in the last one to two weeks of life. It involves the proportional (titrated) and monitored use of specific sedative medications to relieve refractory symptoms and intolerable suffering. Sedation as a consequence of medications used to relieve a specific symptom is not regarded as CPST.[5]

End-of-life care means care provided during the period of time when a resident of a continuing care home or an individual to whom home and community care is provide is approaching death.

Euthanasia means knowingly and intentionally performing an act, with or without consent, that is

[4] The definitions used in this policy are based on the Canadian Medical Association, which were used as a common reference point during a national dialogue and public consultation on end-of-life care. For stylistic reasons only, and to ensure grammatical consistency with this policy, hyphens were purposely added to any reference to "physician assisted suicide". See: "End-of-Life Care: A National Dialogue, https://cma.ca/sites/default/files/pdf/Activities/end-of-life-care-report-e.pdf (Accessed January 7, 2022), as well as the link to the CMA policy statement, noted in the Reference section below. The bracket additions on the definition for Palliative Sedation and the inclusion of **Continuous palliative Sedation Therapy (CPST)** have been added, and are not included in the CMA policy Statement

[5] Dean MM, Cellarius V, Henry B, Oneschuk D, and Librach L., "Framework for continuous palliative sedation therapy in Canada." Journal of Palliative Medicine, 2012 Aug; 15(8):870-9.

explicitly intended to end another person's life and that includes the following elements: the subject has an incurable illness; the agent knows about the person's condition; commits the act with the primary intention of ending the life of that person; and the act is undertaken with empathy and compassion and without personal gain.

Family(ies) means one or more individuals identified by the patient as an important support, and who the patient wishes to be included in any encounters with the health care system, including but not limited to, family members, legal guardians, friends, and informal caregivers.

Goals of care designation means a codified instruction that provides direction regarding general care intentions, specific health interventions, transfer decisions and locations of care, for a patient as established after consultation between the most responsible health practitioner and patient.

Medical aid in dying means a situation whereby a physician intentionally participates in the death of a patient by directly administering the substance themselves, or by providing the means whereby a patient can self-administer a substance leading to their death.

Palliative care means the active holistic care of individuals across all ages with serious health-related suffering due to severe illness, and especially of those near the end of life. It aims to improve the quality of life of patients, their families and their caregivers.

Palliative sedation means the use of sedative medications for patients who are terminally ill with the intent of alleviating suffering and the management of [intolerable and refractory] symptoms. The intent is not to hasten death although this may be a foreseeable but unintended consequence of the use of such medications. This is NOT euthanasia or physician-assisted death.

Patient means all persons, inclusive of residents, who receive or have requested health care or services from Covenant Health and its health care providers or individuals authorized to act on behalf of Covenant Health. Patient also means, where applicable, a co-decision-maker with the person; or an alternate decision-maker on behalf of the person.

Personal directive means a written document in accordance with the requirements of the *Personal Directives Act* (Alberta), in which an adult names an agent(s) or provides instruction regarding their personal decisions, including the provision, refusal, and/or withdrawal of consent to treatments/procedures. A personal directive (or part of) has effect with respect to a personal matter only when the maker lacks capacity with respect to that matter.

Physician-assisted death means that a physician knowingly and intentionally provides a person with the knowledge or means or both required to end their own life, including counseling about lethal doses of drugs, prescribing such lethal doses or supplying the drugs. This is sometimes referred to as physician-assisted suicide. Euthanasia and physician-assisted death are often regarded as

morally equivalent, although there is a clear practical distinction, as well as a legal distinction, between them.

Withdrawing or withholding life sustaining interventions such as artificial ventilation or nutrition, that are keeping the patient alive but are no longer wanted or indicated, is NOT euthanasia or physician assisted death.

Source: Canadian Medical Association, 2014

Relevant Covenant Health Policy and Policy Support Documents:	
A.	**Policies:**
B.	**Procedures:**
C.	**Guidelines:**
D.	**Job aids:**
E.	**Standards:**
Keywords:	

Related Documents

"Conscientious Objection" (formally issued as "Moral or Religious Beliefs Affecting Medical Care),"Standards of Practice, College of Physicians and Surgeons of Alberta, June 2016. See: http://www.cpsa.ca/standardspractice/conscientious-objection (Accessed January 7, 2022).

"Discussion Paper on Euthanasia and Physician-Assisted Dying," Covenant Health Palliative Institute, 2013.

Joint Statement from CHPCA and CSPCP Regarding Palliative Care and MAiD, November 27, 2019. See: https://www.cspcp.ca/wp-content/uploads/2019/11/CHPCA-and-CSPCP-Statement-on-HPC-and-MAiD-Final.pdf (Accessed January 7, 2022).

"Medical Assistance in Dying: Guidelines for Nurses in Alberta" CARNA Provincial Council (College & Association of Registered Nurses of Alberta, College of Licensed Practical Nurses of Alberta, College of Registered Psychiatric Nurses of Alberta), June 2016. See: https://www.crpna.ab.ca/CRPNAMember/CRPNA_Member/Medical_Assistance_and_Dying.aspx?WebsiteKey=aa1c05eb-842d-492b-a34a-b5374c1161e1 (Accessed January 7, 2022)

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"Order in Council O.C. 142/2016 June 10, 2016" Order respecting Medical Assistance in Dying Standard of Practice for Physicians. See: http://www.qp.alberta.ca/documents/orders/Orders_in_Council/2016/616/2016_142.html (Accessed January 7, 2022).

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"Transfer of Care," Standards of Practice, College of Physicians and Surgeons of Alberta, October 1, 2016. See: http://www.cpsa.ca/standardspractice/transfer-of-care (Accessed January 7, 2022).

References

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"A Moral Analysis of Cooperating in the Wrongdoing of Physician Assisted Suicide," Cataldo, Peter J., Commissioned by the Catholic Health Alliance of Canada, March 2016.

"Advice to the Profession – Medical Assistance in Dying (MAID)," College of Physicians and Surgeons of Alberta, May, 2021. See: http://www.cpsa.ca/wp-content/uploads/2016/06/AP_Medical-Assistance-in-Dying.pdf (Accessed January 7, 2022).

Bill C-14, "An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying), Statutes of Canada, Assented to June 17, 2016. See: http://www.parl.ca/DocumentViewer/en/42-1/bill/C-14/royal-assent (Accessed January 7, 2022).

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"End-of-Life Care: A National Dialogue," Ottawa: Canadian Medical Association, June 2014 See: https://cma.ca/sites/default/files/pdf/Activities/end-of-life-care-report-e.pdf (Accessed January 7, 2022).

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Past Revisions:

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