

The Role of Occupational Therapy (OT) in Medical Assistance in Dying

The Society of Alberta Occupational Therapists (SAOT), recognizes the Supreme Court of Canada's 2015 decision to legalize Medical Assistance in Dying. The Canadian Association of Occupational Therapy (CAOT) affirms its position stating that "all people of all ages in Canada have the right to quality end-of-life care that allows them to die with dignity, free of pain, surrounded by loved ones, in a setting of their choice" (CAOT, 2011).

A terminally ill person's concept of a "good death" is unique to each individual, and can be supported by interventions such as pain and symptom management, preparation for death, a sense of completion, feeling in control, being treated as a whole person, being mentally aware, having funeral arrangements made, not being a burden, coming to peace with God, and helping others. (Davel Jacques & Risteen Hasselkus 2004)

The holistic values of occupational therapy (OT) draw attention to a person's physical, psychosocial and spiritual needs, making OT a natural fit with the philosophy and approach of end-of-life care (CAOT, 2011).

- The value people place on independence and autonomy, even through the dying process, remains tenacious regardless of the opinions and perceptions of others. Therefore, the challenge to society and health care systems is to find ways to enable dignity and self-efficacy through the end-of-life process.
- Occupying ones time purposefully is a primary source of meaning in end-of-life (Davel Jacques & Risteen Hasselkus, 2004). Therefore, engagement in personally meaningful activities, relationships, and life roles helps to maintain a sense of normality and identity (Ashworth, 2014).
- These types of choices require a greater focus on the adaptation of the individual and types of adjustments made to the home. The OTs tool kit includes therapeutic use of self (planned use of personality, insights, perceptions and judgements), and the therapeutic use of activities and assistive devices to meet care needs (Wilson & Landry, 2014). In collaborative consultation, OTs apply their knowledge and expertise to develop intervention goals in direct collaboration with the individual and/or family.

OTs are able to address distress (spiritual, psychological) when considering end of life issues and decisions. They utilize and are regulated to perform psychosocial interventions to address affective issues to enable the individual to engage in occupations.

- Under the Occupational Therapists Professional Regulation, Section 17(g), it states that a regulated member may, in the practice of occupational therapy and in accordance with the standards of practice governing the performance of restricted activities approved by the Council, perform the following restricted activities:

(g) to perform a psychosocial intervention with an expectation of treating a substantial disorder of thought, mood, perception, orientation or memory that grossly impairs


- (i) judgment,
- (ii) behaviour,
- (iii) capacity to recognize reality, or
- (iv) ability to meet the ordinary demands of life.

OTs are uniquely positioned to provide the right care and support for individuals and families through the continuum of palliative care and medically assisted death to ensure quality and comfort in end-of-life care.

- Meaningful and purposeful activity during end-of-life is considered to provide a "good death". The role of the OT is to "rework" everyday activities to sustain a person's way of life as near as possible to his or her without illness lifestyle, most importantly supporting occupational and social engagement. (Davel Jacques & Risteen Hasselkus, 2004).
- OTs conduct appropriate assessments using a client-centered process that considers the interaction of the person, his or her occupations and customary environments. The process of evaluation of care needs is obtaining information, deciphering meaning and interpreting findings to provide appropriate physical and emotional support.

OT recognizes the roots of occupational justice, or the power of individuals to be acknowledged and respected in end-of-life planning. Occupational justice is woven into the fabric of a person's life and may be a focus in assisted dying.


- OTs have the capability to support the personal choice of an individual or family to approach end-of-life in their home or in a family home. This is supported through the OT principals of client-centered and holistic practice that recognizes personal and environmental influences, and respects the values and beliefs of each person.
- The provision of assistive devices and home alterations are distinct OT specialties to achieve the comfort and dignity that is a human right.



Occupational Therapists actively support not only the individual throughout the end of life process but also have an essential role in providing caregivers with appropriate information, support and care advice.

- Care givers often find themselves disempowered in the palliative care system, citing a lack of recognition of the dying person, or their family, as central to decision making in the continuum of care (Keesing & Rosenwax, 2011).
- OTs facilitate engagement between persons who are palliative and their caregivers through provision of education, equipment and strategies to enable participation in meaningful activities and experiences.

Medical assistance in dying is a complex issue that occupational therapists may find themselves ethically challenged by.

- A preliminary study found that 70% of OTs felt they should be competent to discuss a person's wish of dying, while 43.4% felt their personal beliefs, or values, would put them in a potential conflict working with a client requesting medical assistance in dying (Bernick et al., 2015).
 - Occupational therapists who find themselves ethically challenged by the complexities of physician-assisted suicide may need tools to navigate these ethical demands. They have a role as client-centered practitioners to explore a client's wish to die and to seek continuing possibilities for purposeful engagement (Winter et al., 2015).
 - However, it is the responsibility of each practitioner to determine if they have the attributes to contribute to the assisted dying plan. The Quadripartite Ethical Tool (QET) created by Drolet and Hudon (2015), offers a resource to analyze these ethical issues (Gordon et al, 2015).
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