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CAMT Practice Guidelines: Medical Assistance in Dying March 2017

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Introduction

This document has been prepared by the Canadian Association of Music Therapists (CAMT) in response to the case of *Carter v. Canada*, within which the Supreme Court of Canada considered whether the criminal prohibition of physician-assisted death (currently referred to as “medical assistance in dying” or MAiD) violated the Canadian Charter of Rights and Freedoms of competent adults with grievous and irremediable suffering, seeking assistance to end their lives. The Supreme Court of Canada unanimously decided that an absolute ban on medical assistance in dying is in fact a violation of the rights of these individuals; as a result, the federal government enacted legislation in order to establish a framework for medical assistance in dying in Canada. Music therapists across Canada commonly work with individuals who have life-threatening illnesses, both in community settings as well as in institutional facilities. Within these contexts, MAiD is currently being administered for patients who request it and meet the criteria.

Because music therapists may be asked to be involved in an individual’s care (and/or the family of the individual, or the staff caring for the individual) in the context of this intervention, the Canadian Association of Music Therapists has created this document to offer guidelines to support its members who are working within these contexts.

This document was created in order to support Canadian music therapists (board certified, accredited, as well as in-training) who care for individuals requesting and/or receiving MAiD.

Definition of Medical Assistance in Dying

In accordance with federal legislation, medical assistance in dying includes circumstances where a medical practitioner or nurse practitioner, at an individual’s request: (a) administers a substance that causes an individual’s death; or (b) prescribes a substance for an individual to self-administer to cause their own death (CPSO, 2016).

Ethical Stance

In accordance with the CAMT's Code of Ethics, CAMT advocates adherence to the principles of Respect for the Dignity and Rights of Persons, Responsible Practice, Integrity in Relationships, Extended Responsibility, and Responsible Leadership (CAMT, 2002). This position holds our profession to a high standard of responsibility and respect both for the individuals with whom we work, as well as the communities within which we work. With particular reference to Section 1.2 of the Code of Ethics, we "acknowledge clients' rights to self-determination and autonomy, and the right to participate in decisions that affect them" (p. 6). This stance demands our consistent valuing of an individual's right to make decisions affecting their health and well-being, whether these be decisions around active medical management, or a request to be assessed regarding eligibility for MAiD. Music therapists in Canada are bound by our Code of Ethics to maintain respect for our client's/patient's decisions.

Conscientious Objection

Although as CAMT members, we position ourselves as consistently respecting the dignity and rights of persons, conscientious objection to providing care within the context of MAiD is respected by the CAMT. As a governing body, the CAMT respects and values the beliefs and opinions of its members, and understands that each member comes to the profession with their own set of beliefs, values, and personal experiences. If a music therapist declines to provide music therapy before or during medical assistance in dying for reasons related to conscience or religion, the music therapist must maintain respect for the client's/patient's dignity, autonomy and personhood. Further to this, music therapists must not impede access to medical assistance in dying, either through coercion or offering their own personal beliefs/opinions to clients/patients.

In following the Code of Ethics' mandate for Responsible Practice (CAMT, 2002), section II.10 regarding Self Knowledge and Care mandates that music therapists "Evaluate how their experiences, attitudes, culture, beliefs, values, social context, individual differences, and stresses influence their interactions with others, and integrate this awareness into all efforts to benefit and not harm others" (p. 9). In following this principle, music therapists must take great care to recognize their own reactions, feelings, opinions, and ideas regarding medical assistance in dying. If the music therapist conscientiously objects to providing care to an individual who requests music therapy before, during and/or after MAiD, the music therapist must offer alternative approaches to fulfilling this request (see section below for further information).

Potential Role(s)

Should a music therapist be asked to participate in the care of an individual receiving MAiD, the music therapist may be asked to engage in any number of the following ways listed below, and additional options for participation may be agreed upon between client/individual and music therapist, within reason, depending on both parties' mutual consent and level of comfort.

If the music therapist is asked to engage, and conscientiously objects, the music therapist may offer the involvement of another music therapist if possible, or offer alternatives (e.g. another staff member may be able to support the client/patient through providing recorded music, or may be able to offer psychosocial support to the client/patient, family, and/or staff).

If a client/patient asks the music therapist to engage in a conversation around the process of MAiD (assessment, intervention, etc.), the music therapist may choose to

engage in these conversations depending on his or her comfort level, however is not required to do so, and has the option to redirect and defer to another health care professional. Many health care facilities/organizations currently have a MAiD assessment and intervention team in place, which music therapists may defer to if needed. If the music therapist is asked about his or her moral stance or personal opinion about MAiD, the CAMT advises the music therapist to redirect the question(s) back to the client/patient, exploring these questions in a similar way to any other questions addressed to the therapist about their personal stances/opinions. If these conversations present challenging situations for the music therapist, the music therapist is welcome to contact another health care professional or the Ethics chair of the CAMT. The following is a list of several possible options (though others not listed here may arise) for involvement of the music therapist within the MAiD process:

Music therapy sessions

- The music therapist may engage in music therapy interventions in days/weeks leading up to MAiD (e.g. receptive, active, psychodynamic, song-writing, etc.).
- The music therapist may be following the client/patient for music therapy in days/weeks before the client/patient requests a MAiD assessment; the music therapist may engage in a psychodynamic role of supporting the client/patient in processing emotion before the assessment, or during the reflection period between assessments.
- The music therapist may engage the client/patient and/or family in legacy work through song-writing, life review, reminiscence, etc. (e.g. creation of a playlist or song-writing for legacy work).

Music therapy during intervention

- The music therapist may provide music (live or recorded) at bedside before, during, and/or after MAiD. This may involve being present during the administration of the intervention, alongside the client/patient and interventionist, and other requested individuals.
- The music therapist may be asked to set up the audio required if the client/patient requests particular recordings of music to be played during the intervention.

Music therapy for family support

- The client/patient may request music therapy support for their family, therefore the music therapist may be asked to provide a playlist, for example, for the family to be able to use based on the client's/patient's request (e.g. before intervention, during or after intervention, or within a funeral/memorial context, or as a legacy piece).

Music therapy for staff support

- The clinical team may require support before, during and/or after the MAiD intervention takes place.
- The music therapist may be asked to engage the staff in a ritual at bedside after MAiD, or at a separate de-briefing session, or in extended staff support through psychodynamic processing (e.g. group improvisation or song-writing).

Considerations

As noted by the Canadian Association of Social Workers in their 2016 discussion paper, Bill C-14 (*An Act to amend the Criminal Code and make related amendments to other Acts (medical assistance in dying)*) provides exemptions for medical practitioners, nurse practitioners, and pharmacists in order to protect them from culpability under the criminal code. The CASW recommends furthering these protections so that other professions that “may reasonably take part in PAD be named explicitly- as opposed to naming only ‘health care providers’” for protection under the Criminal Code of Canada” (CASW, 2016). The CAMT endorses this as music therapists could and should be considered alongside all other health professionals who may reasonably take part in MAiD. In the interim, in order to support its members, the CAMT stresses the need for professional self-care for all therapists practicing within this context, and encourages seeking out professional support through each individual therapist’s organization, place of work, or peer/professional supervision.

The CAMT is aware of the potential psychosocial impact of involvement of MAiD for music therapists, and as per the Code of Ethics, the CAMT strongly encourages its members to “Engage in self-care activities which help to avoid and alleviate conditions (e.g., burnout, addictions) that could result in impaired judgement and interfere with their ability to benefit and not harm others” (p. 10). Further to this, if music therapists have further questions or issues that arise, please connect with the CAMT Ethics Co-Chairs and/or Provincial/Regional Ethics Chairs for additional support. If music therapists find themselves dealing with issues of transference/counter-transference related to MAiD, the CAMT strongly encourages its members to notice and be aware of these feelings, which may manifest themselves as not wanting to be at work, not wanting to engage with clients/patients, feeling angry, tired or resistant, etc. If you would like more information on transference and counter-transference, please contact the CAMT Professional Supervision committee to be connected and consult with a professional supervisor. Because of the new and unfamiliar territory that all health care professionals are navigating since the passing of the new legislation by the Supreme Court of Canada, the CAMT recognizes that there may be unexpected and unique challenges that arise. The CAMT encourages all members to take stock of their own reactions and feelings as professional practitioners, and take the necessary steps in order to decide how they are choosing to approach working with individuals requesting/receiving MAiD.

References

College of Physicians and Surgeons of Ontario
<http://www.cpso.on.ca/Policies-Publications/Policy/Medical-Assistance-in-Dying>

CAMT Code of Ethics 2002
<http://www.musictherapy.ca/documents/official/codeofethics99.pdf>

CASW, April 2016. Physician-Assisted Death: Discussion Paper.