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Practice Guidelines:

Music Therapy and Medical Assistance in Dying

2nd Edition

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Introduction

This document was initially created in 2017 by several Canadian music therapists and a Canadian psychiatrist with interest and experience in medical assistance in dying, health care ethics, and in order to support the professional practice of music therapy. This current document is a revised edition of those initial guidelines, and has been prepared by a diverse cohort of clinicians and researchers in collaboration with the Canadian Association of Music Therapists (CAMT). These Canadian-based guidelines arose 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 (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 (*Carter v Canada*, 2015). The Supreme Court unanimously decided that an absolute ban on Medical Assistance in Dying (MAiD) 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-limiting illnesses, both in community settings as well as in institutions. Within many of these contexts, MAiD is currently being made available for patients who request it and meet the criteria as stipulated in the current legislation¹.

These clinical guidelines have been developed based on various Canadian health care contexts, and the ethical framework supporting the approach has been informed in accordance with the CAMT’s Code of Ethics, situating this document within a Canadian music therapy and health care landscape. A more global approach may be warranted if and when these existing guidelines are used and adapted in other geographic locations in the future.

In collaboration with the Canadian Association of Music Therapists, these clinical guidelines have been written (2017) and subsequently revised (2020) through a rigorous and evidence-based methodology (Shekelle et al, 2012), as informed by initial qualitative studies in the field of music therapy and MAiD (Black, 2020). Collectively, an advisory group of authors and contributors revised this document to offer guidelines to support music therapists (certified with the MTA credential, as well as those in-training) and other stakeholders who are working within these contexts. These clinical guidelines have been designed with the understanding that as legislation has changed and will likely continue to change, the CAMT and affiliated stakeholders will continue to be vigilant and aware of changing parameters, and adapt these guidelines (within best practices and evidence-based methodologies).

Definition of Medical Assistance in Dying

In accordance with federal legislation, Medical Assistance in Dying (MAiD) includes circumstances where a medical practitioner or nurse practitioner, at an individual’s

¹ <https://www.justice.gc.ca/eng/cj-jp/ad-am/index.html>

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 I.2 of the Code of Ethics (please see Appendix A), 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 clients'/patients' 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 values, beliefs, assumptions, 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. This protocol is aligned with many other medical and allied health care professionals' mandates around how to address issues of conscientious objection, such as nurses, physicians, and allied health providers (CPSO, 2020).

In following the Code of Ethics' mandate for Responsible Practice (CAMT, 2002), section II.10 (please see Appendix B) 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, regardless of whether they are in support of or conscientiously object to the intervention. Music therapists must also be mindful of their own biases and assumptions, and consistently provide the utmost ethical, responsible and professional care in all aspects of their practice. 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 ways, including but not limited to the following interventions listed below. 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, along with the therapist's training.

If the music therapist is asked to engage, and conscientiously objects, the music therapist should, to the best of their abilities, offer the involvement of another music therapist if possible (e.g. make a referral and provide adequate clinical information), 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 their comfort level and their institutional policies regarding transmission of MAiD information, however, is not legally required to do so, and has the option to redirect and defer to another health care professional as appropriate (e.g. social worker, registered nurse, psychiatrist, psychologist, spiritual care provider, etc.). Some 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 CAMT Ethics Chair, and is encouraged to seek clinical supervision.

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 in days/weeks leading up to MAiD (e.g. receptive, active, psychodynamic if the therapist is appropriately trained, song-writing, playlist creation, etc.).
- In terms of clinical goals, music therapists may provide care depending on their scope of practice and training, and may provide support in the following ways:

- empowering choices and control for the patient in the midst of terminal illness
 - supporting the creation of a safe therapeutic space in order to allow for vulnerability
 - validating, normalizing, and/or potentially decreasing anxiety
 - providing music as a respite from challenging circumstances
 - engaging in patient advocacy (e.g. bringing patient concerns forward to clinical team as appropriate)
 - providing education about the MAiD process as appropriate
- In situations wherein the music therapist has been following the client/patient for music therapy support in days/weeks before the client/patient requests a MAiD assessment, the music therapist may engage in a supportive role for the client/patient in order to provide an opportunity to process emotions before the assessment, or during the reflection period between assessments.
 - The music therapist may engage the client/patient and/or family in the following interventions, including but not limited to:
 - Legacy work (e.g. validation of legacy or creation of musical/artistic expression of legacy) through song-writing or other means
 - Life review through song, lyrics, or other means
 - Reminiscence (e.g. creation of a playlist or active listening to specifically curated music)
 - Music listening to explore identity
 - Music and mindfulness/imagery
 - Lyric analysis for emotional processing
 - Musical keepsakes such as heartbeat recordings
 - Engagement in the iso-principle for symptom management
 - Active playing or singing for creative self-expression
 - Clinical improvisation for creative self-expression

Music therapy during MAiD intervention

- The music therapist may provide music (live or recorded) at bedside before and/or during, and/or after MAiD. This may involve being present during the administration of the MAiD medication, alongside the client/patient and interventionist, and other requested individuals. Of note, as with any music therapy practice, the music therapist should exercise self-awareness with regards to their own personal reactions to this experience, particularly if it is a new experience, and should seek out appropriate support (e.g. supervision).
- 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 MAiD intervention.
- Should the MT not be present during the administration of the MAiD intervention, every reasonable effort to empower and teach family members to implement the

patient's selected music during the administration process should be made beforehand.

Music therapy for family support

- Music therapy support for the client/patient's family may be requested by healthcare providers and/or the client/patient themselves; therefore the music therapist may be asked to provide care for the family, which may include psychosocial support, musical support (e.g. playlists for use at the bedside) to use based on the client's/patient's request (e.g. before intervention, during or after intervention, or within a funeral/memorial context, and/or as a legacy piece).
- Family may not request specific support and the music therapist should be mindful of providing time for the family to be alone or exclusively with their loved one, as appropriate.

Music therapy for staff support

- The clinical team may require support before, during and/or after the MAiD intervention takes place, with regards to processing their own possible grief or emotional reactions to the death.
 - The music therapist may be asked to engage the staff in a ritual at bedside after MAiD (e.g. chiming a singing bowl to honour the patient; playing a song with the team present, having conversations with team members in a supportive/debriefing context), or at a separate group debriefing session, or in extended staff support through emotional support or processing (e.g. group improvisation or song-writing).

Additional 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, 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 physician assisted dying (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 can and should be considered alongside all other health professionals who may reasonably take part in MAiD.

Considerations for self-care

The CAMT stresses the need for professional self-care for all therapists practicing within any context; within this context as with all clinical work, the CAMT 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 Chair and/or Provincial/Regional Ethics Chairs for additional support. If music therapists find themselves dealing with symptoms of compassion fatigue/burnout or issues of transference/counter-transference related to MAiD, the CAMT strongly encourages its members to notice and be aware of these feelings. Such feelings may manifest themselves as not wanting to be at work, not wanting to engage with clients/patients, feeling angry, tired, resistant, etc. If you require support in these areas, please seek supervision from a qualified professional.

Because of the relatively new 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. (December 2018). Medical Assistance in Dying. Retrieved from <https://www.cpso.on.ca/Physicians/Policies-Guidance/Policies/Medical-Assistance-in-Dying>.

Canadian Association of Music Therapists. (2002). Code of Ethics. Retrieved from <http://www.musictherapy.ca/documents/official/codeofethics99.pdf>.

Canadian Association of Social Workers. (April 2016). Physician-Assisted Death: Discussion Paper. Retrieved from https://www.caswacts.ca/sites/default/files/attachements/physician-assisted_death_casw_discussion_paper_final.pdf

Additional Resources

www.ontario.ca/page/medical-assistance-dying-and-end-life-decisions

www.cpso.on.ca/Policies-Publications/Policy/Medical-Assistance-in-Dying

www.cno.org/en/trending-topics/medical-assistance-in-dying/

www.cno.org/globalassets/docs/prac/41056-guidances-on-nurses-roles-in-maid-july-4-vfinal.pdf

Appendices

Appendix A

Canadian Association of Music Therapists' (CAMT) Code of Ethics, 2002.
Section 1.2

Retrieved from: <https://www.musictherapy.ca/wp-content/uploads/2016/07/camtcodeofethics.pdf>

Canadian Association for Music Therapy

CODE OF ETHICS

PRINCIPLE I: Respect for the Dignity and Rights of Persons

In adhering to the principle of Respect for the Dignity and Rights of Persons music therapists would:

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| <i>General Respect</i> | I.1 | Demonstrate respect for the dignity, worth, experience, and knowledge of all people. |
| | I.2 | Acknowledge clients' rights to self-determination and autonomy, and the right to participate in decisions that affects them. |
| | I.3 | Use language that conveys respect for the dignity of others (e.g., gender-neutral terms) in all written or verbal communication. |
| | I.4 | Not practice, condone, facilitate, or collaborate with any form of unjust discrimination. |
| | I.5 | Not engage publicly (e.g., in public statements, presentations, research reports, or with clients) in demeaning descriptions of others, including jokes based on culture, nationality, ethnicity, colour, race, religion, gender, sexual orientation, health status, |

Appendix B

Canadian Association of Music Therapists' (CAMT) Code of Ethics, 2002.

Section 11.10

Retrieved from: <https://www.musictherapy.ca/wp-content/uploads/2016/07/camtcodeofethics.pdf>

Self Knowledge

- II.10 Evaluate how their experiences, attitudes, culture, beliefs, values, and Care social context, individual differences, and stresses influence their interactions with others, and integrate this awareness into all efforts to benefit and not harm others.