

The ethics of MAID under Loi 2 in Québec :
the role played by the Groupe Interdisciplinaire de Soutien (GIS)

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I. What is the GIS?

Definition and legal context



Loi 2 – Loi concernant les soins de fin de vie



- Came into force December 10, 2015 and legalized MAID (without decriminalization)
- First province in Canada to introduce legislation
- NOT a response to the Carter decision



MSSS - Groupe interdisciplinaire de soutien (GIS)

The Ministry of Health requires that all institutions create a GIS:

- as a new committee OR
- integrated within an existing clinical ethics service OR
- implemented in any other manner suitable for the institution.

MSSS, 2015; Assemblée nationale, 2015  

Ministry requirements regarding the mandate and composition of the GIS

Mandate :

- To provide support (clinical, administrative and **ethical**) and assistance to all clinicians involved in clinical cases
- To become involved in cases at any time as needed from the beginning and throughout the process.
- To participate in the preparation of the institution's annual report regarding MAID (CFSV)

However, its role in ethics is only mentioned once in the official document outlining the specific tasks of the GIS:

To participate in «training health professionals about the Act and ethical issues related to end of life».

Composition :

- CEO of the hospital or his/her representative + a coordinator
- Physician + Pharmacist + Nurse + Social worker
- Any other healthcare practitioner deemed relevant by the institution



Robert and Roy, MSSS, 2015

GIS at the CHUM

Composition :

- Coordinator (1)
- Physician (1), Nurses (2), pharmacist (2), Social worker (1)
- **Ethics advisor** (1), expert patients (2), Psychiatrists (2), psychologists (2), spiritual care worker (1)

Frequency of the meetings: every two weeks or more if needed

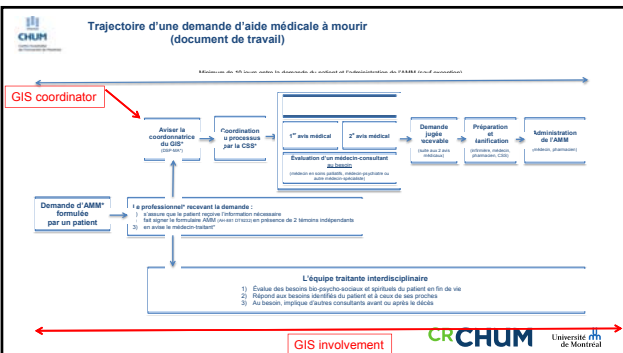
Not all cases are reported: as needed basis

Some issues discussed :

- Delay between request and administration,
- Clinicians' educational and support needs
- Practical and technical pitfalls, etc.



Trajectoire d'une demande d'aide médicale à mourir (document de travail)



The GIS community of practice (CP-GIS)



<http://liferay6.cess-labs.com/web/cp-gis1/accueil>

- CP – GIS
 - Web site hosted by Sherbrooke University
 - Multiple activities such as webinars, chats, etc.
 - Accessible since last April to all health care practitioners on a GIS





II. The role of the GIS in the ethics of MAID



Ethical issues can be raised at meetings by members or guests

Main theme to date:
Divergent values or preferences between clinicians and patients

- Examples (emerging in case discussions)**
- Who can be at bedside during the procedure ?
 - How to handle situations in which the patient does not want to reveal her request for MAID to her family?



Process to date

- Inclusive, unstructured discussion
- Ventilation
- Placing issues in perspective
- Patients' preferences tend to take precedence

- BUT missed opportunity for formal identification and analysis of ethical issues which could potentially improve care and institutional policy



The GIS model

Advantages

- Interdisciplinarity
- Group process
- Shared responsibility for ethics
- Resolution of practical problems
- Comprehensive, province-wide

Disadvantages

- ++ other responsibilities
- No requirement for leadership in ethics
- No requirement for feedback to teams



Most pressing ethical issues involving MAID in Québec extend beyond the purview of the GIS

- Conflicts with C-14
e.g. 10 clear days: ambivalence versus urgency
e.g. assisted suicide

- Resource allocation: macro- and meso-



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