Conscientious Objection

The College of Registered Nurses of Manitoba, the College of Licensed Practical Nurses of Manitoba and the College of Registered Psychiatric Nurses of Manitoba are working together to develop materials on medical assistance in dying and the impact it could have on RNs, RN(NP)s, LPNs and RPNs. The following is a joint statement from the three nursing regulators.

The purpose of this document is for nurses to reflect on their values with regards to medical assistance in dying and to be prepared for how this might affect their practice. Reflection on values with regards to medical assistance in dying can help nurses to understand why they consciously choose to participate in or object to this type of service.

Conscientious Objection: What does it mean?

In health care, conscientious objection is generally understood as a health-care professional’s refusal to provide a service that is within their competence. Conscientious objection raises many complex issues such as conflict of interest and how to balance these between ethical practice and access to service without delay or judgment. Conscientious objection is driven by moral concerns and informed by reflective choice; not based on fear, prejudice or convenience. You must reflect on medical assistance in dying and determine whether it is compatible with your personal, ethical and/or religious beliefs. If it isn’t, you might choose not to participate on the basis of conscientious objection.

A common understanding of conscience is that it encompasses one’s moral beliefs about right and wrong. These beliefs can be worldly or religious. Most people hold a wide variety of moral beliefs and values. Our beliefs vary with how convinced we are of their truth and their importance to us. For example, an individual may value the opportunity to choose their own destiny that medical assistance in dying presents, but that may cause conflict with family members who are not ready for the individual’s death or supportive of medical assistance in dying. Each person in this example presents a conscious choice reflecting their values.

All nurses should be prepared to have knowledgable conversations with colleagues, clients or members of the public. The general expectation is that you will exhibit the professionalism the public expects from nurses. Being prepared will also help you to articulate and resolve internal moral conflict.

Working through Values

It is important to take the time to reflect on your decision(s) regarding medical assistance in dying. If you are uncomfortable in any way, there is a risk you may experience moral distress or anxiety regarding these decisions.

You may also want to think about the many ways you might be asked to be involved. Some examples are listed below:

- providing information to patients/clients or family members
- starting an IV that would lead to death
- preparing the medication that would lead to death
- care and comfort for a client and family members who have chosen medical assistance in dying
- care of family members after the death of a loved one
- supporting a colleague who participates in medical assistance in dying
- helping a team manage moral/ethical differences

The Rokeach Value Survey may assist you in understanding your values. When you have ranked both sets of values, the result should represent an accurate picture of how you really feel about what’s important in your life. Then, think about your most important values and how they apply to physician-assisted death.
Below are also some questions to think about:

1. How do I feel about participating in ending the life of another human being?
2. Under what circumstances, if any, do I think medical assistance in dying is acceptable?
3. If I started the IV that was used for the end of life, could I live with my decision?
4. Do I know where to get help if I experience moral distress?
5. Could I help end the life of another human being whose suffering was unbearable?
6. If I conscientiously object to participating, can I still offer support to colleagues who chose to participate?
7. Do I believe people have a right to access medical assistance in dying?
8. Am I prepared to provide care that will lead to an individual's death?
9. Am I prepared to leave my position or health-care facility if I have a moral objection to medical assistance in dying?

Closing

Medical assistance in dying will impact the culture of Canadian health care and will create ethical challenges in a variety of practice areas and for many nurses. Your regulatory body is available to help support you through this thought-provoking time.

Resources

Codes of Ethics

- CLPNM Code of Ethics
- Registered Psychiatric Nurses of Canada: Code of Ethics & Standards of Psychiatric Nursing Practice

Canadian Nurses Protective Society

- www.cnps.ca
- Physician-Assisted Death: What Does this Mean for Nurses?

CRNM

- Practice and Standards Consultants: practice@crnm.mb.ca or 204-774-3477 ext. 301

CLPNM

- Tracy Olson, Practice Consultant: tolson@clpnm.ca or 204-663-1212

CRPNM

- Ryan Shymko, Practice Consultant: rshymko@crpnm.mb.ca or 204-888-4041

Sources