



# Medicine & Morals

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## Medical Assisted Dying and Its Impact on the Family

The topic of MAiD, the acronym for medical assistance in dying, is often a polarizing issue raising fundamental moral, philosophical and religious questions but those questions are not the focus of this article. The impetus for this article comes from witnessing firsthand the challenges and experiences family members face when their loved one is contemplating, or has chosen, a medically assisted death.

The Church's teaching is clear that medically assisted death is morally wrong. However, MAiD is legal in Canada and many of us will in one way or another, be connected either professionally or personally, to someone who has chosen it as part of their journey.

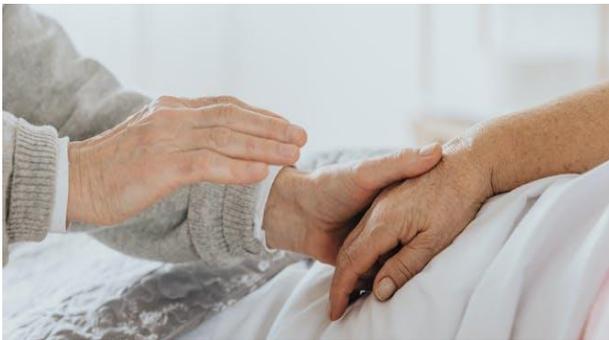
Family and caregivers have always been an important support to the healthcare team, often providing much of the informal care to terminally ill patients all the while trying to cope with their own distress and anticipatory grief, which is the grief we feel before the loss happens. Imagine now added to this, their loved one is choosing a medically assisted death. The impact on the family's psychosocial well-being can be overwhelming. Since its legalization in 2016,

much of literature surrounding MAiD has focused on patient centred care and individual autonomy but little is known about the impact of this choice on the caregivers. (Goldberg et al 2019) It is important to examine the experiences of those most intimately affected by this choice in order to better assist them through the process and in the days following.

Carolyn Gibson Smith has authored an excellent article entitled "When Your Loved One Chooses MAiD," in it she highlights some considerations families need to think about when navigating an incredibly stressful time. Her work is informed by her own personal experience as a therapist, as well as research from Ontario, British Columbia, Switzerland, and Oregon.

According to Gibson Smith, once the patient has been assessed, deemed eligible and a date set, a countdown clock begins. This observation is supported by research conducted by Beuthin et al (2021) where study participants referred to this period of time as kicking off a 'parade of lasts' and a 'countdown to death'.

For loved ones, there is a heightened level of anticipatory grief. Some family members may become overwhelmed and go into 'robot-mode,' unable to manage the grief at this time (Beuthin et al). Others are able to manage their grief by putting their energy into creating meaningful moments, rituals, and ceremonies which bring loved ones together. Self-care is crucial at this phase and setting aside time to deal with the anticipatory grief will allow families to find balance in this process.



Gibson Smith also notes that in certain instances the MAiD process is really a race against the clock in order to avoid the possibility of the patient losing capacity to consent to the intervention. This limited period can rob families of those natural bedside vigil moments. She recommends slowing the process down as much as possible within the legal constraints in order to create ceremonial replacements that are often lost in the swiftness of MAiD deaths. Creating meaningful opportunities is critical to healthy grieving; sharing stories, asking for and receiving forgiveness, or communicating our love help integrate the enormity of the loss that is coming.

Compared to a traditional death, the most unusual aspect of a medically assisted death is that it “presses ‘play’ on your grief process.”(Gibson Smith). It “brings the reality of pending death to life.” (Beuthin et al 2021) .

Unlike in the Netherlands, where family opinion is considered in the decision to initiate medically assisted death (Goldberg et al. 2019) the person choosing MAiD in Canada, does not need permission or acceptance from family and friends. In fact, a person may choose not to tell their family at all. Currently there are no guidelines in place on how and when to inform friends and family of an assisted death. (Gibson Smith)

Once initiated the person determines who will be their support through the process. Family members may be involved and often someone is chosen to help facilitate the process. In other instances, the person’s privacy is guarded, particularly if they feel their choice will create conflict with family members who may not agree.

Since there is no guarantee all family members will agree with the choice of a MAiD death, Gibson Smith recommends a period of family mediation or reconciliation in order to avoid long lasting animosity between family members either before or after the death. Engaging a neutral person or outside professional such as a spiritual care practitioner, social worker, or clergy

member to facilitate the conversation can be helpful.

Studies by Srinivasan (2018) and others have found that “disagreement with a loved one’s decision for an assisted death may bring about more distress in the grieving process, compared to agreement with a loved one’s decision”. In addition to disagreeing with the decision, a delay in informing friends and family of an impending MAiD death can also result in caregivers feeling angry and resentful, in addition to coping with their grief. In such instances the grieving person may particularly benefit from bereavement therapy. (Gibson Smith)



Because MAiD is a recently legalized process, there are no longitudinal studies available to shed light on whether grief experienced by families is better or worse with a MAiD death. However, Gibson Smith does observe “that those who felt shame about or betrayal around the choice of a MAiD death struggle more than those who felt supportive and aligned.” For families who are uncomfortable with sharing how their loved one died, grief can become an isolating experience, depriving them of the community of support and leaving

them feeling as though they cannot share the experience for fear of being judged.

Although there is considerable literature on grief and bereavement in general, there is little exploring the grief families experience with a medically assisted death. Without a place to voice their grief many are left alone and without community support.

It can be challenging to find support, and many are unsure how to connect with others who have lived the same experience. When choosing a bereavement counsellor, families should ask about the counsellor’s comfort with supporting loved ones who have navigated this experience. Similarly, if joining a group explore how the facilitator manages the question of assisted death before deciding to join.



An excellent resource is a non-profit group called BridgeC-14. This organization recognizes the lack of community and social support is a growing concern. Their mission is to provide a network of peer-to-peer connections and community supports through all stages of MAiD, for individuals choosing MAiD and for

those supporting them through the journey.



Bridge C-14 is creating a community where no one touched by MAiD will feel alone or unsupported. They provide a compassionate and safe place for individuals to share their lived experience and to build meaningful connections with others who have navigated the MAiD experience. They offer grief support in a number of ways – online, by phone, through grief groups, Facebook groups, and one-to-one support, just to name but a few. For those interested you can find more information about Bridge C-14 at :

<https://www.bridgec14.org/>

## References and Resources

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When Your Loved One Chooses MAiD: Considerations for you, your family and friends by Carolyn Gibson Smith is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License. Based on a work at:

<https://www.carolyngibsonsmith.com/writing-and-resources/2021/9/18/vlymj01yqgvz4iuf0hxxpgiyue8r1>.

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# Food for Thought: Making Exceptions

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A diocesan leader told me recently, “Well there’s canon law and then there’s pastoral ministry.” Well, she is right in this, though wrong in its application on this occasion.

Moral theology embraces all aspects of human activity. This refers to divine revelation, natural law, canon law and pastoral ministry.

Sometimes priests with a sympathetic heart are inclined to make exceptions to any of the above. They bless gay unions, tell people not to heed Church teaching on contraception, tell persons to pay no heed to teaching on second marriage after divorce.

Sometimes rigorous thinking is required. A loving and faith-filled married couple face a dilemma. After having come through three progressively dangerous pregnancies, they are told by three unrelated medical experts that another pregnancy will most probably – even certainly – be fatal to mother and child. This mother is not sterile, but neither is she fertile. If every woman were so, the human

race would quickly die out. This couple’s use of contraception is not immoral. “Birth control” is the popular term. This use of contraception is not controlling birth – nature is.

This is not contravening Church teaching on intrinsically evil actions. But should there not be a further examination of what is meant by “intrinsically evil actions” and what actions might merit such a designation? Proportionalism began such an examination but was quashed by Pope John Paul II. Might it not be time to reopen the question? Might the diocese provide teaching on pastoral ministry and making exceptions? Just some food for thought.

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*We would love to hear from you! Please direct any feedback or comments to our staff:*

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