



## **British Columbia College of Social Workers (BCCSW)**

### **Practice Guidance: Medical Assistance in Dying**

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#### **1. Land Acknowledgment and Declaration of Commitment**

British Columbia College of Social Workers (BCCSW) is located on the traditional, ancestral, and unceded territory of the xʷməθkʷəy̓əm (Musqueam people). Gratitude and respect extend to all Indigenous communities on whose traditional territories BCCSW builds relationships and conducts business.

BCCSW acknowledges the social work profession and social workers have caused harm to individuals, families, and cultures through its participation in colonization. The College recognizes the need to embed the knowledge of this history deeply into the social work profession, so it never plays such a role again.

#### **2. Statutory Duties**

Under the [Social Workers Act](#), BCCSW's statutory duties are to serve and protect the public; and to act in the public interest when exercising its powers, functions and responsibilities. The objects of the College include superintending the profession of social work.

#### **3. Introduction**

Social workers are trained in assessing bio-psycho-social-spiritual elements of client care; the application of relevant legislation; the application of a strengths-based, systems perspective when working with complex micro and mezzo relationships; and brokering practical solutions such as access to resources. Client exploration and response to suffering and social determinants of health are facilitated by social work expertise. Within this professional context, social workers support clients' self-determination regarding options to address suffering.

It is incumbent upon social workers to have the necessary knowledge regarding medical assistance in dying including (MAiD). This knowledge includes the required knowledge, skills, and abilities to manage issues related to supporting clients considering, requesting, and receiving MAiD. This knowledge also includes but is not limited to relevant legislation, employer policies and required training, best evidence-based practices and the [BCCSW Code of Ethics and Standards of Practice](#). Social workers must exercise professional judgment when applying this knowledge.

As with all guidance, this document contains key considerations and does not address all situations in which issues related to MAiD might arise.

#### 4. Purpose

This document updates the 2017 BCCSW practice guidance to reflect current social work practice considerations in MAiD. It is informed by the following core social work values:

- respect for the inherent dignity and worth of persons;
- cultural safety and humility;
- pursuit of social justice;
- service to humanity;
- integrity in professional practice;
- confidentiality in professional practice;
- competence in professional practice.

#### 5. Definitions

*Care coordination services* means a [health authority end-of-life service](#) that offers support to patients, families, and health care providers in the coordination of care and services related to MAiD, and provides connection to education, information, and resource materials.

*Client* means a person receiving social work services and or healthcare.

*Conscientious objection* means the expression of a health care professional who chooses not to provide medical assistance in dying as a matter of conscience, religion, values, and/or beliefs.

*Cultural humility* means a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility is humbly acknowledging oneself as a learner when it comes to understanding another's experience.

*Cultural safety* means an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.

*Family* means any person(s) the client identifies as having a significant role in their life.

*Medical assistance in dying*, or MAiD, means (a) the administering by a medical practitioner or nurse practitioner of a substance to a person, at their request, that causes their death; or (b) the prescribing or providing by a medical practitioner or nurse practitioner of a substance to a person, at their request, so they may self-administer the substance and in doing so cause their own death.

*Social work* means the assessment, diagnosis, treatment, and evaluation of individual, interpersonal, and societal issues using social work knowledge, skills, interventions, and strategies, to assist individuals, couples, families, groups, organizations, and communities to achieve optimum psychological and social functioning.

*Social worker* means a person who practices social work. “Social worker”, “registered social worker”, and “registered clinical social worker” are protected titles in British Columbia.

*Suffering* means the meaning a person gives to their experience when they interpret their experience as a threat to their dignity. Suffering is not a symptom like pain or fear. Suffering consists of a person’s interpretation of their many dimensions including but not limited to values, roles, relationships, and life course.

*Trauma-informed* means to recognize and acknowledge the impact of trauma and the need for awareness and sensitivity to its dynamics in all aspects of care and practice. It is taking an approach to care that strives to avoid re-traumatization; empower the person receiving care and their loved ones; work across the care team to recognize the signs, symptoms, and cycles of trauma and intergenerational trauma; and respond by prioritizing the person’s safety through listening to the person on their care and treatment choices, and increase their feeling of control over their own treatment.

## **6. Professional Practice**

### 6.1 Relationship with Clients

6.1.1. Although social workers strive for empowerment and justice for clients, social workers recognize they hold a position of power in relationship with their clients. Social workers provide information and may engage in discussion about MAiD when they clinically assess it is appropriate to do so in response to their understanding of client wishes and/or willingness to explore all options to address suffering. Under these situations, a social worker may undertake a conversation about MAiD. However, social workers must not recommend, encourage, or incite someone to pursue MAiD, as doing so could constitute an offence under the [Criminal Code of Canada](#).

6.1.2. Social workers have a professional obligation to uphold the client’s right to information and to formally request MAiD even if believed the client may not be eligible. Social workers approach such discussions with empathy and nonjudgment. Please also see 6.2.1. below.

6.1.3. Social workers approach clients with a trauma-informed lens when discussing MAiD. Previous experiences with social workers and institutions may influence the clients’ level of trust. This may include historical relationships within client communities. Social workers embrace and demonstrate cultural humility and provide interventions informed by any trauma their clients or communities have experienced. Clients do not all experience their previous history of trauma and culture in the same way. Approaching clients with humble curiosity may develop trust over several sessions.

## 6.2 Competence and Integrity

6.2.1. Social workers critically reflect on their practice limitations including their own conscientious objection. Social workers consult with their practice leader and/or employer when they are unable to provide competent care and will ensure timely transfer of care when appropriate.

6.2.2. As appropriate, social workers consult with their health authority MAiD care coordination services, professional practice, ethics services, or risk management to ensure they maintain current knowledge, skills, and abilities related to MAiD including matters of cultural safety and humility. Social workers actively pursue their own education through resources such as, but not limited to, the [Ministry of Health website](#) and employer training.

## 6.3 Confidentiality

6.3.1. Social workers respect clients' right to self-determination should clients request privacy from family and friends regarding options to address suffering, including MAiD.

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