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**CONFERENCE ABSTRACT****Exploring key stakeholders' attitudes and perspectives on the integration of medical assistance in dying and palliative care services in Canada**

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***Introduction***

Medical assistance in dying (MAiD) was legalized in Canada in 2016 for individuals with a grievous and irremediable medical condition. Upon legalization, MAiD was implemented at the provincial, territorial, and healthcare institution levels and varied across contexts. Substantial overlap exists in individuals requesting MAiD and those who are eligible and seeking palliative care (PC) services, yet policies and recommended practices to ensure optimal delivery and coordination of these services are not well-developed. Multiple models of delivery and coordination of MAiD and PC are possible, but it is unclear which model is most feasible or acceptable across Canadian health settings.

***Aims Objectives Theory or Methods***

The aim of this qualitative study is to understand the perspectives of key MAiD and PC stakeholders across Canada regarding these services and the optimal relationship between them. Key stakeholders were purposively sampled to seek representation from diverse regions and those with leadership expertise and experience with MAiD and/or PC. Virtual semi-structured interviews were conducted with 22 stakeholders between April and June 2021. Interview transcripts were coded independently by two researchers and reconciled to identify key themes using conventional content analysis.

***Highlights or Results or Key Findings***

Preliminary results indicated a range of participant perspectives regarding the need for integration of MAiD and PC services. Key stakeholders emphasized the centrality of patient-centered care and patient autonomy to both services. Elements perceived to improve the relationship between MAiD and PC across settings included the use of multidisciplinary teams, clear system-wide governance and leadership, enhanced training, a collegial culture of respect, and shared values and vision focused on patient-centred care. Challenges to coordinating MAiD and PC included the "competition" for mutual resources and differential access of PC and MAiD services.

### ***Conclusions***

This qualitative study examined the attitudes and perspectives of key stakeholders regarding the optimal relationship between MAiD and PC services. Irrespective of the level of service integration, an emphasis on the need for education and relationship-building was highlighted for improved coordination of services.

### ***Implications for applicability/transferability sustainability and limitations***

This is the first national study of the perspectives of key stakeholders of government, health system leaders, and academia regarding the delivery and integration of MAiD and PC services in Canada. Our findings will improve MAiD policy in Canada and inform MAiD policy in other jurisdictions.