

# Dying patients

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## Rationale

Physicians frequently care for patients dying from incurable or untreatable diseases, many of which cause significant physical and psychological pain. The physician's role is to address and treat symptoms as well as provide support to patients and their families.

## Key Objectives

Given a dying patient, the candidate will develop an appropriate palliative care plan that optimally controls pain and other symptoms, maintains human dignity, and recognizes the importance of family and social supports and the health care team's different roles. The candidate must know the provisions in Canada's law on medical assistance in dying (MAID), be prepared to discuss these provisions with patients, and act on such a request as appropriate.

## Enabling Objectives

Given a patient who is approaching the end of life, the candidate will

- determine patient mental capacity to discuss and provide informed consent regarding end-of-life care. If the patient does not have the capacity to make such decisions, the candidate will determine whether the patient has made provisions for their goals of care, including designating a substitute decision-maker; and
- develop an appropriate management plan, including
  - a. discussing with the patient or substitute decision-maker the patient's wishes for their care (e.g., resuscitation) at the appropriate time;
  - b. using pharmacologic and nonpharmacologic measures for symptom control (e.g., pain, respiratory distress, delirium, or agitation) while recognizing appropriate indications, adverse effects, and possible complications;

- c. providing a compassionate response to any potential request for MAID and taking appropriate next steps without discrimination (referring the patient or ensuring their access to this intervention, provided that they meet the eligibility criteria);
- d. ensuring a culturally sensitive approach to emotional, physical, and spiritual support for the patient and their family;
- e. treating the patient, their family, and significant others with dignity and respect throughout end-of-life care; and
- f. referring the patient to other professionals as needed.