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The Experience of Nurses with Medical Assistance in Dying in Canada

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ABSTRACT

This qualitative phenomenological study explored the lived experiences of nine Canadian and Filipino nurses involved in Medical Assistance in Dying (MAID) in Canada. Data were collected through validated structured written interviews and analyzed thematically. Three themes emerged: (1) MAID was emotionally intense yet professionally meaningful; (2) ethical and clinical practice required balancing patient autonomy, legal safeguards, family perspectives, and professional responsibilities; and (3) nurses experienced moral distress but strengthened resilience through reflection, peer support, debriefing, spirituality, and organizational support. The findings highlight the need for education, clear protocols, ethics consultation, counseling, and workplace support to enhance nurses' moral resilience and quality end-of-life care.

Keywords: *medical assistance in dying, nurses' experiences, phenomenology, patient autonomy, moral resilience, end-of-life care.*

INTRODUCTION

Medical Assistance in Dying (MAID) has become an established component of end-of-life care in Canada, placing nurses at the center of emotionally and ethically complex situations. While nurses must uphold patient autonomy and compassionate care, they may also encounter moral conflict, grief, and uncertainty. Limited research has examined these lived experiences, particularly among Canadian and Filipino nurses. This study explored nurses' experiences, the factors influencing ethical and clinical decision-making, and the support mechanisms needed to strengthen moral resilience and workplace support.

Statement of the Problem

This study aimed to explore the lived experiences of nurses involved in MAID and to determine how these experiences informed the development of support mechanisms to strengthen their moral resilience and workplace support.

Specifically, it sought to answer the following questions.

Central Question:

What are the lived experiences of nurses involved in Medical Assistance in Dying (MAID), and how do these experiences inform the development of support mechanisms to strengthen their moral resilience and workplace support?

Scope and Delimitations

The study focused on Canadian and Filipino registered nurses working in Canadian hospitals and long-term care facilities who had direct or indirect experience with MAID. Using

a qualitative phenomenological design and purposive sampling, nine participants completed validated structured written interviews. Responses were analyzed using thematic analysis to identify common experiences, ethical challenges, coping strategies, and recommendations. Findings are not intended to be generalized beyond similar contexts.

Review of Related Literature

Previous studies show that nurses' involvement in MAID extends beyond clinical tasks to include ethical reflection, emotional labor, communication, and support for patients and families. Participation is shaped by patient autonomy, legal frameworks, institutional policies, and personal beliefs.

Evidence also highlights the importance of education, ethical guidance, debriefing, peer support, and organizational policies in reducing moral distress and strengthening nurses' resilience when providing MAID care.

Theoretical Framework

Jean Watson's Theory of Human Caring emphasizes compassionate, dignified care; Madeleine Leininger's Transcultural Nursing Theory explains the influence of culture and beliefs on MAID experiences; and Martha Rogers' Science of Unitary Human Beings highlights the interaction between nurses and their care environments, supporting the need for workplace interventions.

Madeleine Leininger's Transcultural Nursing Theory emphasizes that culture, religion, beliefs, traditions, and values shape how patients and nurses understand health, illness, suffering, death, and care. The theory supports culturally congruent nursing care that respects diverse backgrounds. In this study, it explains how Filipino and Canadian nurses' experiences with MAID were shaped by cultural, religious, legal, and professional contexts, especially in ethical decision-making and patient autonomy.

Martha Rogers' Science of Unitary Human Beings views people as whole, dynamic beings who continuously interact with their environment. It emphasizes balance, harmony, and the connection between individuals and their surroundings. In this study, the theory explains how nurses' MAID experiences were influenced by patients, families, colleagues, policies, ethical concerns, and workplace culture. It supports the need for interventions that strengthen moral resilience and emotional well-being.

METHODOLOGY

These methods describe how the study was carried out to explore the lived experiences of nurses involved in MAID and how the findings served as basis for proposed support mechanisms to strengthen moral resilience and workplace support.

Research Design

A qualitative phenomenological approach was used to understand nurses' lived experiences with MAID, including ethical decision-making, emotional responses, and professional practice.

Research Steps

The study began with a review of relevant literature, followed by development and validation of a structured interview guide, participant recruitment, data collection through Google Forms, thematic analysis, and interpretation of findings.

Data Collection and Sample Selection

Nine registered nurses with MAID-related experience participated through purposive sampling. Data were collected using validated open-ended written interviews and analyzed using Braun and Clarke's six-step thematic analysis.

Data were gathered through a validated, structured written interview guide containing open-ended questions. The instrument covered three areas: lived experiences with MAID, factors influencing ethical and clinical navigation, and professional and emotional challenges and coping. Three nursing and end-of-life care experts reviewed the guide for clarity, relevance, appropriateness, and alignment. The guide was distributed through Google Forms for private and convenient completion. Responses were checked, organized, coded, and analyzed thematically.

Data Analysis Methods

The data gathered from the structured written interview guide were analyzed using Braun and Clarke's six-step thematic analysis. This method was used to identify, organize, analyze, and interpret patterns and themes in participants' responses.

The study assumed participants would provide authentic accounts of their experiences. Ethical standards included informed consent, confidentiality, anonymity, and voluntary participation.

This study assumed that nurses involved in MAID had meaningful lived experiences that could provide deep insights into the ethical, clinical, professional, and emotional dimensions of their participation. It was assumed that their experiences were shaped by their personal values, institutional policies, professional responsibilities, interactions with patients and families, and collaboration with other members of the healthcare team. The study also assumed that nurses encountered various challenges while participating in MAID, including moral tension, emotional strain, role-related concerns, and workplace pressures. Furthermore, it was assumed that nurses developed coping strategies to manage these experiences and that their narratives served as a basis for proposing support mechanisms and intervention strategies aimed at strengthening moral resilience and workplace support in the context of MAID.

Study Limitations and Ethical Considerations

The study adhered to ethical protocols by obtaining informed consent from all participants, ensuring anonymity and confidentiality, and allowing participants to withdraw at any time. Furthermore, ethical issues encompassed the imperative to ensure the respectful portrayal of participants' views in the final analysis and reporting.

RESULTS AND DISCUSSION

The results are organized into three major thematic areas: the lived experiences of nurses involved in MAID, the factors influencing their ethical and clinical navigation, and the

professional and emotional challenges they encounter, including the coping strategies and support systems they use.

SUMMARY

The findings revealed that nurses experienced Medical Assistance in Dying as a complex clinical, ethical, emotional, and relational practice. Their involvement ranged from referral, assessment support, documentation, care coordination, symptom management, and family assistance to presence during the procedure. Initial encounters were often marked by nervousness, emotional heaviness, and uncertainty, yet education and direct patient interaction helped nurses understand MAID as an expression of autonomy, dignity, and relief from suffering. Ethical and clinical navigation required balancing informed and voluntary patient choice with competence, eligibility, prognosis, legal safeguards, family perspectives, and professional accountability. Institutional policies provided structure and role clarity, although restrictive communication, delayed referrals, and limited provider availability could create barriers and moral distress. Nurses also reconciled personal, religious, and cultural beliefs with professional duties through self-awareness, nonjudgmental care, appropriate boundaries, and interdisciplinary collaboration. MAID affected relationships by strengthening trust, communication, teamwork, and emotional connection with patients and families, while also creating risks of belief-based conflict, privacy concerns, and emotional spillover into personal life. Participants managed these challenges through reflection, prayer, meditation, physical activity, journaling, family conversations, professional boundaries, collegial debriefing, and healthy grief expression. Overall, the findings indicate that nurses' resilience develops through both personal coping and workplace support. Clear protocols, ethical consultation, education, counseling, peer support, structured debriefing, and psychologically safe leadership are therefore essential to help nurses provide compassionate, legally compliant, and patient-centered MAID care while protecting their professional integrity and emotional well-being.

CONCLUSIONS

- Nurses experienced MAID as emotionally complex, personally meaningful, and professionally transformative, requiring compassionate presence, patient advocacy, legal safeguards, interdisciplinary collaboration, and respect for dignified, informed end-of-life choices.
- Ethical navigation required balancing patient autonomy, informed consent, competence, legal safeguards, institutional policies, professional boundaries, family perspectives, personal beliefs, reflective judgment, and interdisciplinary collaboration to protect patient and nurse integrity.
- Nurses faced moral conflict, sadness, emotional burden, relationship changes, and organizational barriers, while building resilience through reflection, boundaries, spirituality, debriefing, peer support, counseling, and psychologically safe workplaces.

RECOMMENDATIONS

Based on the findings and conclusions of the study, the following recommendations are suggested:

1. Patients, families, and caregivers should receive clear MAID information, emotional and spiritual support, and family conferences that clarify wishes, reduce conflict, address misconceptions, and preserve competent patient autonomy throughout care.
2. Healthcare institutions should maintain clear MAID protocols, structured briefings and debriefings, confidential counseling, ethics consultation, spiritual care, peer support, conscientious objection procedures, and continuity-of-care safeguards for staff and patients consistently.
3. Nursing administrators should create psychologically safe workplaces, establish debriefing, mentoring, peer support, counseling, and spiritual care, while monitor nurses for moral distress, burnout, emotional exhaustion, and unresolved moral residue regularly.
4. Nurses should pursue continuing MAID education, strengthen communication and ethical decision-making, practice self-awareness, and reflect on how personal, religious, and cultural beliefs influence patient and family interactions during professional care.
5. Nursing schools should integrate MAID into ethics and end-of-life education through simulations, case analyses, reflection, values clarification, and role-playing to prepare students for disagreement, uncertainty, objection, and family conflict effectively.
6. Policy makers should strengthen MAID regulations protecting autonomy, consent, competence, voluntariness, accessibility, and freedom from coercion, while clearly defining nurses' information, referral, participation, conscientious objection, and continuity-of-care responsibilities and safeguards.
7. Future researchers should use larger, diverse samples, compare direct, indirect, and objecting nurses, and conduct longitudinal studies examining changes in attitudes, moral resilience, coping, emotional responses, and professional experiences over time.

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AI DECLARATION STATEMENT

AI-supported tools helped with grammar and structure in creating this article. No AI tools were used to collect, analyze, or interpret data; all authors are credited for their academic contributions.

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