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Fall 11-2-2018

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Recommended Citation

Pfaff, Kathy A. and Freeman, Laurie A.. (2018). A Cross-Sectional Study of Palliative Care Nurse Attitudes Toward Medical Assistance in Dying.
<https://scholar.uwindsor.ca/nursingpub/131>

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A Cross-Sectional Study of Palliative Care Nurse Attitudes
Toward Medical Assistance in Dying

Abstract

Background: In 2015, the Supreme Court of Canada decriminalized physician assisted dying for persons suffering grievous and irremediable medical conditions. In Canada, Medical Assistance in Dying (MAiD) is not provided by professional nurses; however, nurses are involved in providing physical care, education, and support for persons who are in various stages of the process. Its integration in palliative care settings has been controversial as MAiD is philosophically at odds with a palliative care approach that seeks to neither hasten nor prolong natural death. Therefore, it has potential to create moral and ethical distress among palliative care nurses who respect adherence to the tenets of palliative care.

Objectives: The objectives of this study were to explore the attitudes of palliative care nurses toward MAiD and to identify their professional support needs.

Methods: We conducted a cross-sectional survey of palliative care registered nurses and registered practical nurses in Ontario, Canada. Letters that provided a link to an online survey were sent to participants by standard mail. Participants completed a novel instrument, the Nurse Attitudes Toward MAiD Scale (NATMS) that included 24 items ranked on a 5-point Likert-type scale (1= 'strongly disagree' to 5= 'strongly agree'). Data analyses included univariate and bivariate statistics, and linear regression.

Results: The final sample (N=239) included 173 registered nurses and 66 registered practical nurses who had worked in nursing for >20 years, and in palliative care for >10 years. The overall score on the NATMS was 3.42 ± 0.62 . Perceived expertise in the social domain of palliative care

($\beta = 0.16$; $p=0.02$), personal importance of religion/faith ($\beta = -0.40$; $p=0.00$), professional importance of religion/faith ($\beta = -0.22$; $p=0.01$) and nursing designation ($\beta=-.18$; $p=0.03$) predicted the NATMS score. Ethics training and clear policies for MAiD integration were reported as required supports in palliative care work environments.

Conclusions: This is the first study to reveal the perceived importance of religion, versus religious affiliation alone, as significant in influencing provider attitudes toward assisted dying. Organizations are encouraged to address the professional needs of palliative care nurses. To support MAiD integration, further research is needed to understand differences in attitudes between registered nurses and registered practical nurses, and how the social domain of palliative care influences nurse attitudes toward MAiD.