Canadian nursing students' understanding, and comfort levels related to Medical Assistance in Dying

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The passage of Bill C-14 in 2016 marked a significant change in end-of-life (EOL) care in Canada (Parliament of Canada, 2016). This legislation was a response to the unanimous 2015 Supreme Court ruling in *Carter v. Canada (AG)*, which sought to balance competing values related to the patient's needs for autonomy and dignity against the need to protect vulnerable individuals and the sanctity of life (Chochinov & Frazee, 2016). The resultant legislation has allowed for the provision of medical assistance in dying (MAiD). Similar to legislation supporting assisted dying or euthanasia in some European countries, such as the Netherlands and Belgium, MAiD describes a new EOL care option for Canadians meeting specific criteria that include an evaluation of their capacity for decision-making and experience of grievous, irremediable medical conditions (Chochinov & Frazee, 2016). Canada's legislation is recognized as the first to permit both physicians and nurse practitioners to act as MAiD assessors and providers (Pesut et al., 2019). With the implementation of Bill C-14, Canadians faced with incurable illness, disease, or disability have had more options for EOL. In turn, health care providers, particularly nurses and physicians, have been faced with complex practice and ethical challenges as they integrate new guidelines, standards of practice, and understandings into their roles supporting EOL (Beuthin et al., 2018; Knoshnood et al., 2018).

The Canadian legislation designates nurse practitioners and physicians as the assessors and providers of MAiD. However, nursing's rich tradition in providing EOL and palliative care has also positioned regulated nurses across Canada in central roles caring for patients receiving MAiD and their families (Banner et al., 2019). Thus, since the introduction of the MAiD legislation, Canadian nurses have been highly engaged in supporting individuals and their families in learning more about MAiD or choosing to use MAiD to end their lives (Pesut et al., 2019). Currently, nurses assume a wide range of critical roles related to MAiD that include but are not limited to providing information and support to patients and families throughout the MAiD process, coordinating the MAiD process, initiating IV access, and providing after-death care and grief support (Fujioka et al., 2018; Pesut et al., 2019). However, in assuming these central roles, Canadian nurses face significant challenges reflecting the complexity of ethical, legal, regulatory, clinical, and individual issues that define MAiD (Beuthin et al., 2018).

Supporting MAiD practices requires nurses to develop new understandings of EOL care, moving from traditional palliative approaches that focus on support and symptom management to participating in practices that hasten and directly result in death (Beuthin et al., 2018; Pesut, Thorne, Schiller, et al., 2020). The tension between palliation and MAiD has been particularly difficult for palliative care nurses for whom participation in acts that cause death has been associated with moral and ethical distress (Freeman et al., 2020). Strong religious views have also been associated with nurses' experiences of moral and ethical distress related to MAiD (Elmore et al., 2018; Freeman et al., 2020). This is consistent with findings from European countries with longer histories of euthanasia, where nurses with strong religious views have been found to be less supportive of MAiD-related EOL practices (Francke et al., 2016; Inghelbrecht et al., 2009). The tension that some nurses may experience with respect to their religious faith has been recognized through regulatory guidelines that allow for conscientious objection.

While Canadian nursing practice related to MAiD is guided by federal legislation, each provincial and territorial regulatory nursing body creates unique regulatory documents (Banner et al., 2019). In a recent review of these regulatory nursing documents, Pesut and colleagues (2019) identified important differences across provinces and territories that highlight challenging practice issues. Their review points to similarities, overlaps, and differences in terms of how nurses' roles

and responsibilities related to MAiD are described across Canada. For example, some provincial documents emphasize the role of the nurse as *aiding* the nurse practitioner or physician while other documents emphasize the nurse's unique, relational role (Pesut et al., 2019). Language around conscientious objection also highlights subtle but significant differences, with some regulatory guidelines indicating that nurses can *choos*e to participate while other guidelines state nurses *must* participate unless they conscientiously object (Pesut et al., 2019). Thus, nursing practice across Canada reflects differences in understandings and experiences.

A recent scoping study found that nurses participating in MAiD face multiple challenges related to a lack of clear policies and guidelines, role ambiguity, lack of interprofessional collaboration, and conscientious objection (Fujioka et al., 2018). In addressing these challenges, nurses pointed to the need for specialty MAiD training (Fujioka et al., 2018). The small but growing scholarship related to MAiD highlights the need for ongoing education regarding nursing roles and responsibilities in relation to the regulatory environment (Beuthin et al., 2018; Pesut et al., 2019). There is also a call for more education to support moral and ethical decision-making (Freeman et al., 2020; Schiller et al., 2019). In a recent review of regulatory documents, Pesut and colleagues (2019) called attention to and specified the range of responsibilities related to MAiD that might fall to regulated nurses, such as knowledge of current standards, policies, and legislation; strong therapeutic skills to support communication and assess spiritual and cultural needs; self-reflection related to moral and ethical implications; and support for collaboration and coordination of care. Thus, the literature highlights the need for Canadian nurses to receive continuing education to support MAiD nursing practice. As Beuthin and colleagues (2018) observed, there is a need for MAiD education to catch up to practice.

We concur and further argue that undergraduate nursing education programs are well positioned to lay the foundation for nursing MAiD practice. However, this will require undergraduate curricula to evolve to better prepare nursing students for MAiD both during their clinical practicum experiences and in their future nursing careers. Currently, there is limited scholarship related to undergraduate MAiD education and clinical experiences (McMechan et al., 2019). Our study sought to address that gap by examining MAiD related curriculum and clinical experiences in a Canadian bachelor of science (BSN) nursing program. Specifically, the purpose of our study was to explore the understanding and comfort levels of undergraduate BSN nursing students related to MAiD through addressing the following research questions.

1. What are the current levels of knowledge and comfort among nursing students regarding MAiD before they receive related classroom theory and complete related clinical placements?
2. How do students' knowledge and comfort levels change after they receive related classroom theory and complete related clinical placements?

Methods and Procedures

This applied qualitative study drew on an interpretive description approach (Thorne, 2016). This approach supports the development of knowledge with a pragmatic real-world application such that our findings might support curriculum development in nursing programs designed to meet practice demands.

Our study involved a pre- and post-intervention design in which nursing student participants were surveyed both before and after completing the first semester in the third year of

their BSN nursing program. Additionally, participating students had the opportunity to volunteer for an individual interview following completion of the post survey. Thus, the data set included a pre-semester survey, a post-semester survey, and individual interviews.

The study was conducted at a Canadian university with a basic four-year BSN program that also includes a bridging opportunity for licensed practical nurses (LPNs). The LPN students join the basic BSN students in the second year of the BSN program to complete their BSN degrees in a total of three years; both basic and LPN students are enrolled in the same courses and clinical placements. Students were recruited as they entered the third year of the program. At that point, basic students have completed two years and LPNs have completed one year of the BSN program. During this semester, students complete a nursing theory course with a focus on acute medicine that includes EOL content. Students also complete a 12-week clinical practicum experience on an acute medical unit where their patient assignments include oncology patients and patients receiving palliative care. Thus, this is the point in the program at which students are introduced to theory related to EOL care and may have clinical experiences with patients requesting information about MAiD or to receive MAiD.

Participants

Purposive sampling was used to recruit participants. All basic BSN students entering their third year, along with the LPN students who had joined their cohort at the beginning of the second year, received an invitation to participate in the study at the beginning of the semester. In a cohort of 48 nursing students, 40 students volunteered to complete the pre-intervention survey (37 basic and 3 LPN students), and 32 of these 40 student participants (29 basic and 3 LPN students) also completed the post-intervention survey.

Data Gathering

Both the pre-semester and post-semester surveys consisted of six short-answer questions. The survey instructions encouraged participants to use examples or share stories as they saw fit in answering the questions; thus, the resultant data were in the form of narrative descriptions. The pre-semester survey questions were designed to explore participant knowledge and experiences related to EOL and MAiD; students completed the survey in the first week of the semester before receiving EOL course theory or beginning clinical experiences. For example, questions included "1. Explain what you know about the policy of medical assistance in dying (MAiD)? 2. Have you learned about MAiD prior to this semester? Where has your knowledge come from, for example, in-class discussions, media, clinical?" In contrast, the questions in the post-semester survey focused on what the students had learned and experienced related to EOL care and MAiD after receiving related class theory and participating in related clinical experiences. Sample post-semester survey questions included "1. Has your knowledge and/or comfort level changed during this semester? 2. What challenges did you observe either in clinical practice or during class discussions about MAiD policies?"

Finally, 6 of the 32 student participants (4 basic and 2 LPN students) completing the post-semester survey also volunteered to participate in individual semi-structured interviews. Audio-recorded interviews lasted about 30 minutes and provided opportunities for the students to elaborate on their survey responses.

Analysis

Survey data were organized into pre-semester and post-semester survey data sets. Interviews were audio-recorded and transcribed verbatim. Initial analysis considered each of the three data sets (i.e., pre-semester survey data, post-semester survey data, and interview data) separately. Data analysis was undertaken using an inductive approach in which data were organized into codes with descriptive labels as commonalities and patterns began to emerge (Ellingson, 2011). Codes identified words or phrases understood as capturing something that stood out as salient (Saldaña, 2016). Finally, the entire corpus of data was considered as sub-themes and themes emerged, creating a narrative understanding of the data in response to the research questions posed in the study.

Ethical Approval

This study received full approval from the Human Research Ethics Board at the University of the Fraser Valley, protocol # 1103N-18.

Results

The pre-semester and post-semester survey questions asked student participants to describe their knowledge and comfort levels regarding patients asking questions related to MAiD and patients choosing MAiD before and after students completed MAiD-related coursework and clinical experiences. Forty students completed the pre-semester survey before completing EOL course theory and clinical experiences, with 10% (n = 4) of student participants describing low comfort levels and a lack of confidence in anticipation of caring for patients choosing MAiD, 35% (n = 14) feeling unsure, and 55% (n = 22) feeling comfortable (see Table 1). There was a decrease in the total number of students completing the post-semester survey to 32. This decrease in the number of students volunteering to participate in the study may have been related to the additional stress students often experience at end of term. Sixty percent (n = 19) of the post-semester participants described feeling comfortable by the end of the semester. Additionally, the number of students feeling unsure with respect to MAiD decreased from 35% (14/40) to 15% (5/32) by the end of semester. However, the post-semester survey results showed that while the number of students describing themselves as feeling unsure had decreased, there was a greater increase in the number of students describing a low level of comfort than in those feeling increased comfort at the end of the semester. In contrast, the survey results with respect to participant knowledge levels regarding MAiD showed a strong increase after completing the semester coursework and clinical experiences (see Table 2). The pre-semester survey results showed 90% (36/40) of participants felt they had a lack of knowledge, while 88% (28/32) of post-semester participants described feeling knowledgeable regarding MAiD.

Table 1

Comfort Levels Regarding MAiD

Comfort level regarding MAiD	Comfortable	Uncomfortable	Unsure
Pre-semester survey (n = 40)	55% (n = 22)	10% (n = 4)	35% (n = 14)
Post-semester survey (n = 32)	60% (n = 19)	25% (n = 8)	15% (n = 5)

Table 2

Knowledge Levels Regarding MAiD

Knowledge level regarding MAiD	High	Low
Pre-semester survey (n = 40)	10% (n = 4)	90% (n = 36)
Post-semester survey (n = 32)	88% (n = 28)	12% (n = 4)

Three broad themes emerged from analysis of the survey and interview data: prior experiences and lack of experiences; personal beliefs and role challenges; and the need for knowledge.

Prior Experiences and Lack of Experiences

Previous experiences involving EOL care varied significantly among participants. Throughout the semester, all students received theory during classroom instruction related to EOL, including MAiD. Additional opportunities during their clinical placements varied based on the particular nursing unit and makeup of admitted patients during the students' shifts. Further, the LPN students identified previous opportunities to work with patients at EOL, as did some basic students with experiences volunteering in hospice settings; some of the experiences involved MAiD.

Our findings point to a link between student perceived comfort levels regarding MAiD and first-hand experience. Students associated low comfort levels related to MAiD with a lack of related experiences. As one student described in their pre-semester survey, "My comfort level is not very high because I really haven't experienced a [MAiD-related] situation or gone through it." Similarly, in the post-semester surveys, the relationship between first-hand clinical experiences related to MAiD and comfort levels was identified as important: "I am unsure about my comfort level as I feel I would need to have personal experience with it to determine that." Another participant noted in their post-semester survey that "my comfort level is still low, because never experiencing it or going through any real-life scenarios I am intimidated about the prospect of dealing with these types of requests."

First-hand experiences with patients receiving EOL care were described as important in preparing for MAiD-related experiences. This was highlighted in the data gathered from student participants educated as LPNs; these participants had significantly more clinical experience than the other students in their cohort. The LPN students described how their previous work experiences with patients receiving EOL care had prepared them for the eventuality of caring for a patient choosing MAiD. As one of the LPN participants noted, "seeing people suffer" had reinforced their support for and level of comfort in caring for MAiD patients.

Student comfort levels were also influenced by their *indirect* experiences related to MAiD. They described situations in which they observed and understood nurses and physicians demonstrating uncertainty and discomfort while caring for MAiD patients. One student identified how the nurses on their unit "did not seem as confident talking to a patient who was thinking about MAiD." Another student described how "the nurses on the unit as well as doctors avoid and hesitantly discuss [MAiD] with the patients." One student pointed to a lack of knowledge among

the nursing staff limiting discussion related to MAiD: "It makes [nurses] uncomfortable to discuss, even just with students." These perceptions of uncertainty and discomfort on the part of the unit staff added to the students' feelings of uncertainty and discomfort as they contemplated caring for MAiD patients in the future.

Personal Beliefs and Role Challenges

Pre-semester survey data pointed to students having limited knowledge and experiences to draw on as they contemplated their level of comfort regarding MAiD patients. In the absence of previous experiences, students identified how their religious beliefs were foundational in determining how comfortable they would be participating in MAiD care. Specifically, students cited religious beliefs as a source of conflict because they would be forced to choose between the sanctity of life and respect for patient choice and autonomy:

> I would be extremely uncomfortable and would want no part of it at all. As a Catholic this goes against what I believe in. I understand that as a nurse I need to respect my patients' autonomy and their wishes. However, I would want no part of it.

For another student there was no conflict; they stated simply, "I would not feel comfortable as I think this is equivalent to killing someone."

Other students drew attention to the ethical issues related to MAiD, highlighting the conflict between their understanding of the nurse's role in terms of healing versus hastening dying. For example, one student stated:

> I do not feel I should be involved in helping someone die. I am in nursing because I want to support and advocate for people and because I want to help with healing. MAiD feels like harm to me, and I feel it is an ethical violation.

Other students expressed positive feelings regarding palliative care in contrast with negative feelings regarding MAiD. For example, one student pointed to good palliative symptom management as an alternative to MAiD to relieve patient suffering: "I would not be comfortable. I believe there are other ways to manage pain and there is too much grey area." Additionally, several students were concerned that MAiD was being pushed onto palliative patients: "While volunteering in Hospice there was a lot of talk about MAiD. Most clients were opposed to it for various reasons, and many felt uncomfortable that the idea might be pushed on them." Another student warned that "people may be scared to go to the Hospice that don't want MAiD."

While some students identified ethical and religious conflicts, other students highlighted the need for advocacy in supporting the individual autonomy and agency of patients choosing MAiD. For these students, supporting patient choice was seen as their primary professional nursing responsibility, despite personal conflicts. As one student observed, there may be "conflicting values and beliefs between nurses and patients. It is ok to recognize these feelings but at the end of the day it is patient choice and what they choose to do. We have to fully support them." Another student agreed, recognizing that conflicts may also involve family and other care team members as well: "I understand that there are many ethical considerations to be addressed with MAiD and therefore this may also cause tension among the team and family."

The importance of experiential learning through clinical experiences was often associated with increased comfort levels with MAiD. The clinical experience involved 12 weeks on an acute medical unit that included oncology patients and a 10-bed palliative care unit. This provided students with an opportunity to engage with patients facing EOL and observe the nurse's role in

meeting their care needs. After completing their 12-week clinical experience, one student said, "I am more open to death. It is no longer scary. I understand everyone handles grief differently. Comfort is of utmost importance, [and] good symptom management." Another student spoke of their experiences with palliative patients, noting, "After my palliative observation experience, I have a much better understanding of the importance of MAiD to a patient's autonomy. I understand the criteria and related assessments much better now." Students also became more aware of the challenges nurses face related to EOL and MAiD care: "A patient was suffering and wanted MAiD but by the time he was finally assessed he was no longer able to meet the criteria due to cognitive decline. He suffered on the unit for many weeks." Students described a new awareness of the complexity and challenges of the nurse's role in providing EOL care including MAiD.

The Need for Knowledge

In the pre-semester survey data, gathered before completing EOL course theory and clinical experiences, 90% of student participants reported having low levels of knowledge related to MAiD. In contrast, 88% of students reported a high knowledge level regarding MAiD in the post-semester survey data. Students described important learning opportunities in both their theory courses and clinical experiences:

> Yes, my knowledge about MAiD has increased. Specifically, we had readings and notes on it from one of our classes. We had a palliative panel who talked about MAiD and my clinical group discussed it in post conference one day.

Again, clinical experiences were highlighted as providing important learning opportunities. For example, one student described how "my observation experience [on the palliative unit] helped me learn more about MAiD. I had one patient who expressed interest in MAiD and the nurse went over the policy with me." The importance of experiential learning opportunities was emphasized as another student observed, "It's hard to discuss or envision policy in which you have no concrete actual experience."

The need for more and better education regarding MAiD policies and processes was expressed often by participants. For example, students whose ethical and religious beliefs conflicted with the nurse's role in MAiD identified the importance of understanding the legalities, regulatory requirements, and guidance surrounding MAiD, including the process of conscientious objection. Having more guidance and support for navigating difficult EOL conversations with patients was also highlighted by student participants. As one student observed, "I did not know how to proceed from there. I did not know if this patient actually wanted to die and have MAiD or if they just wanted to go to palliative care." Another student stated, "I wish there was more clarification on how to bring this up or discuss this with the patient regarding legalities." Other students were unsure about whether they could engage in these conversations at all: "We have had conflicting information about whether or not we can discuss MAiD when a patient brings it up."

There was a strong sense among students that MAiD education needs to be included in a meaningful way in undergraduate nursing curricula. In the pre-semester survey data, students highlighted that more knowledge regarding MAiD would increase their comfort levels. As one student noted, "After receiving adequate information and knowledge re MAiD I believe I would feel comfortable." The benefits of receiving course theory and having clinical experiences were reflected in the post-semester survey data, highlighting that students had a better understanding of why patients and families might choose MAiD:

> I feel as though I have a different appreciation for why someone would choose MAiD as an option at EOL. I have learned so much more about focusing on what is important to patients and their families and how the option of MAiD may be within the option continuum.

Students clearly identified the need for more education and better education with respect to MAiD, with one student arguing that there is a "need for basic understanding at the undergrad level. Palliative specialty should receive further training [and] postgrad advanced practice should again receive further education."

Discussion

Our study explored the knowledge and comfort levels of undergraduate nursing students enrolled in a BSN program in a Canadian university. Students' knowledge and comfort levels related to MAiD were assessed both before and following completion of a theory course and a 12-week clinical practicum experience focusing on EOL and MAiD. Our findings highlight the central roles that personal experiences, personal belief systems, and a knowledge base regarding the MAiD process played in underpinning the nursing students' knowledge and comfort levels.

We found that both personal experiences and lack of first-hand experiences were highly impactful in determining the comfort levels and attitudes held by nursing students regarding MAiD. Their prior experiences created a lens that they employed as they were introduced to both the theoretical and clinical education components of the EOL and MAiD nursing program curriculum. These learning opportunities also played critical roles in positioning their attitudes and understandings; this was especially true for those students with only minimal or no previous experiences to draw on regarding MAiD. Students also described their clinical experiences as highly impactful in influencing the ways that they understood MAiD. These included experiences in which students were either engaged directly with patients and clinicians or were engaged in more observational or indirect experiences. Thus, the attitudes of and care provided by the practising nurses and physicians observed by the nursing students were significant factors underpinning their understandings. Our findings highlight how indirect, observational learning opportunities affected the students' perceptions regarding MAiD during their clinical placements.

This understanding aligns with the literature, which highlights the significant conflicts and challenges nurses experience in relation to MAiD. Specifically, nurses have been found to experience uncertainty regarding policies and procedures (Banner et al., 2019; Pesut et al., 2019), tension between the philosophical positions and goals underpinning palliative and MAiD practices (Freeman et al., 2020; Pesut, Thorne, Schiller, et al., 2020), and experiences of moral distress associated with conflicting religious beliefs (Elmore et al., 2018; Pesut, Thorne, Storch, et al., 2020). Our findings support this literature and point to the impact of this uncertain and complex clinical landscape on nursing students' understanding of and attitudes to MAiD.

Student observations of practising nurses and other clinicians create important learning opportunities during clinical practicums, with the actions and attitudes role-modelled by the unit clinicians and nursing instructors laying the foundation for unit culture and accepted practices (Brown et al., 2020). In recognizing the importance of the clinical setting in teaching EOL and MAiD content in undergraduate nursing curricula, our findings also point to the necessity for clinical instructors to demonstrate strong skills and deep knowledge regarding EOL and MAiD to successfully support students in navigating the complex culture of care on the unit. In saying this,

we recognize that the inclusion of MAiD as an EOL option remains relatively recent, and it will take some time for health care providers to gain the necessary skills and knowledge.

Students were impacted by their personal beliefs in addition to their previous experiences. Religious beliefs were particularly strong factors influencing students' overall attitudes regarding MAiD; students cited religious beliefs describing what they perceived as nursing's conflicting roles in both saving lives and assisting deaths. Students drew on understandings of palliative care, viewing palliation as a role they could assume as aligning with their personal beliefs while maintaining opposition to participating in MAiD in the post-semester survey. The literature also highlights the intense moral, ethical, and emotional work of nurses related to MAiD (Elmore et al., 2018). Practising nurses have been found to struggle with reconciling roles in EOL care with those in palliative care and MAiD (Freeman et al., 2020; Pesut, Thorne, Schiller, et al., 2020). There is broad agreement in the literature that caring for patients at EOL is challenging and requires nurses to have deep skill sets that include technical expertise, knowledge, reasoning, perception, and sensitivity (de Lima et al., 2017).

It follows that nursing student education must acknowledge and address these challenges in providing opportunities for broad discussions of EOL that include both palliative care and MAiD. As de Lima and colleagues (2017) outlined in their study exploring death education for nursing students, it is critical for students to have opportunities to learn not only the processes involved in EOL care but also how to debrief and talk about their feelings, the meaning of the death, and their personal belief systems. Our findings add to the literature highlighting the struggles practising nurses experience in navigating moral tensions (Elmore et al., 2018; Pesut, Thorne, Storch, et al., 2020). These studies call for a better understanding of the impact of nurses' moral experiences in identifying the need to provide support for ethical decision-making and conscientious objection (Elmore et al., 2018; Freeman et al., 2020). As might be expected, this relatively recent and significant change in EOL practices has seen strong calls in the literature for both more support and more education regarding the practices and policies related to the provision of MAiD.

The findings from our study add to what is currently known regarding the challenges and conflicts nurses experience in practice related to MAiD and EOL care by including the experiences of nursing students as they prepare for practice. The scholarship related to the experiences of nursing students is currently very small; our study supports the findings from previous studies.

These studies call attention to nursing students' experiences of role confusion with respect to EOL and MAiD (Brown et al., 2020; McMechan et al., 2019). Students fear saying the wrong thing, are unsure how to understand and honour patient autonomy, and struggle to reconcile personal and professional tensions. As McMechan and colleagues (2019) observed, these are the same conflicts that students will experience in practice, thus pointing to the need to clarify student's understandings of their role prior to clinical.

This small body of scholarship, including the findings from our study, highlights important considerations for undergraduate nursing curricula related to EOL and MAiD. Students in our study received targeted MAiD education during one semester of their third or fourth years of instruction. Following completion of both a theory course and a clinical practicum, students described a significant increase in their knowledge levels. Again, comfort levels were often associated with previous experiences and personal beliefs; therefore, some students maintain a discomfort with MAiD at the semester's end. The benefits of MAiD education as a dedicated

course and clinical versus being integrated throughout the program curriculum remains to be explored. Recently, Lippe and colleagues (2017) conducted a study examining the impact of EOL education that was integrated throughout a BSN program. Their findings demonstrated positive changes in student knowledge and attitudes associated with receiving EOL education integrated throughout the BSN curriculum. Adding to the question regarding dedicated versus integrated education models (Lippe et al., 2017), our findings identified that the most impactful learning opportunities had taken place during student clinical experiences.

Our findings support the literature identifying the need for more education regarding EOL care in nursing programs (de Lima et al., 2017; Lippe et al., 2017), including education related to MAiD (Brown et al., 2020; McMechan et al., 2019). Students in our study highlighted specific readings, class discussions, and discussions with an expert panel as important pedagogy strategies to support their experiential learning in clinical settings. Similarly, previous studies point to the need for targeted discussions regarding EOL with goals of better understanding of both the nursing student's and practising nurses' roles with respect to MAiD (McMechan et al., 2019). Additionally, students in previous studies also advocated for the need for faculty and clinical instructors to have strong experience and expertise to support their teaching (Brown et al., 2020; Lippe et al., 2017; McMechan et al., 2019). These findings were echoed in the findings in our study.

Currently, there is limited scholarship and understanding of the nursing student experience regarding EOL care and MAiD (Lippe et al., 2017; McMechan et al., 2019). Our study addresses this important gap in the EOL literature by adding to and extending current knowledge regarding the experiences of nursing students. Addressing this gap is increasingly important for undergraduate nursing education as new graduates are more frequently caring for individuals and families choosing MAiD. Thus, just as provincial and territorial regulatory bodies continue to develop, revise, and refine MAiD standards of practice (Banner et al., 2019; Pesut et al., 2019), our study findings call on undergraduate nursing programs to evaluate and revise curricula to better prepare graduates to successfully navigate nursing's central role regarding MAiD.

Limitations

We recognize that Canadian nursing programs are not homogenous and that our study reflects the findings within one undergraduate nursing program. There will be different contexts across Canadian nursing programs, just as there are differences among the provincial and territorial regulatory bodies preparing the guidelines and standards of practice related to MAiD. However, we believe there are enough similarities between EOL practices and nursing student experiences that our findings are transferrable to other Canadian nursing programs, irrespective of the differences within student cohorts and unique contexts of local health care settings. Conducting future studies examining the nursing student experience will help to refine our understanding of regional differences and provide important direction for curriculum development to better prepare nurses for practice. For example, additional research exploring the roles of religion, culture, age, and gender in influencing the student experience would provide important depth to current understandings.

Conclusions

Our findings highlight the important role that MAiD educational experiences, both theoretical and experiential, play and the need for the nursing curriculum to be designed that recognizes the unique needs and challenges of nursing students in anticipation of their future nursing practice. Previous EOL experiences, religious beliefs, ethical understandings, and

education were all identified as critical factors determining student attitudes and comfort levels as they anticipated caring for patients who choose MAiD**.** Our findings support recommendations for increasing and improving current undergraduate EOL nursing education to prepare students to navigate the complexities and challenges of EOL and MAiD care.

Declaration of Conflicting Interests

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