



The Hidden Professions of Conscientious Objection

Federal legislation permitting the killing of people who meet the criteria for Medical assistance in dying (MAiD) has challenged most healthcare professionals to carefully consider where they morally stand on causing someone's death. While many healthcare providers may feel it is against their values to participate in euthanasia, we have all been asked or will be asked at some point about euthanasia by a patient or their family.

With the passing of legislation allowing euthanasia, physicians, nurses, pharmacists, social workers and other healthcare providers who provide direct care have generally been protected if they have stated their opposition to causing death. They have been protected in law and in the policies of their organizations. **It is important to note that euthanasia is occurring within institutions as well as in community.**

In general, frontline conscientious objectors have been respected and accommodated. **But, what about those behind the scenes?** For example, for healthcare in a multicultural and multi-linguistic setting to work we must rely on quality interpreters to ensure that effective communication has

taken place. As a principle of good practice when we are working with a person who does not speak English we must ensure that we use proper interpretation. Consequently when interpretation services are formally requested to process a euthanasia request, we must ensure that the interpreter knows why they are being asked so they can have the opportunity to exercise their conscience and object to participating. Like frontline staff they too may feel morally compromised if their services contribute to a death.

Another behind the scenes group who are integral to modern healthcare are staff involved in clinical informatics. These are professionals who design, implement and oversee our electronic health records and our organization's websites. This is the case with documentation for MAiD especially as the coroner reviews all cases to ensure participants receive the exception from criminal law. Within this group of healthcare professionals, they too have had conscientious objection to MAiD and did not want to participate. Fortunately those who opposed euthanasia had their conscientious objection respected.



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While interpreters and clinical informatics team members may be asked to participate in euthanasia their right to conscientious objection is not recognized as it is for doctors, nurses, pharmacists and other frontline staff. As such, they need to be considered and supported in organizational policies addressing MAiD.

I further want to encourage us to consider who and where are the other hidden professions of conscientious objection who need our support.