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The Perceptions and Experiences of Nursing Students on Medical Assistance in Dying (MAiD)

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Since, and before, the decriminalization of medical assistance in dying (MAiD) in Canada in June 2016, the discussion surrounding MAiD has prompted a plethora of research and discussion (Antonacci et al., 2021; Downar et al., 2020; Wales et al., 2018; Winters et al., 2021). Nursing students lack a familiarity with death and dying (Cavaye & Watts, 2014) as well as with patients who opt for medically assisted deaths, directly impacting the quality of patient care. Nurses and nursing students play a central role in caring for patients who choose a medically assisted death within Canada (Banner et al., 2019). Nursing students need education to cope with complex experiences such as death, dying, and MAiD, which should be a required element in nursing curricula and programs (Aradilla-Herrero et al., 2012; De Araujo et al., 2004; Ferrell & Coyle, 2008).

Providing care for a dying individual is one of the key responsibilities of a nurse (Degner & Gow, 1988, as cited in Cooper & Barnett, 2005). For nursing students, caring for the dying person may be one of their most stressful experiences during clinical practice (Edo-Gual et al., 2014). Of all medical professionals, nurses spend the most time at the point of care with their patients and will unavoidably encounter death during their careers (Huang et al., 2010). Some newly qualified registered nurses enter the profession with minimal formal education on end-of-life (EOL) care or little experience with death and dying (Anderson et al., 2015; Ek et al., 2014; Huang et al., 2010; Parry, 2011; Ranse et al., 2018; Van Rooyen et al., 2005).

The aim of this qualitative study was to gain a better understanding of the experiences and perceptions of nursing students about MAiD, their current understanding of MAiD, ways in which their current nursing program has helped them prepare to care for a patient requesting MAiD, and areas of improvement for MAiD education within nursing curricula. It is important to understand nursing students' current perceptions and experiences so that nurse educators and nursing programs can support and facilitate the skills required of nursing students when caring for these patients in the future (Canning & Drew, 2022; McMechan et al., 2019). Currently, registered nurses in Canada can play a direct role in the MAiD process by initiating intravenous access, providing MAiD education to patients, providing post-mortem care, and supporting families who are grieving (Pesut et al., 2019). Therefore, it is important that nursing students are adequately prepared to care for patients with both foreseeable and unforeseeable deaths in request of MAiD—where foreseeable means a person's death from a medical condition is imminent and predictable, and unforeseeable means a person's death from a medical condition is inevitable but not imminent or predictable.

Literature Review

The literature reviewed for this paper was gathered using the databases Cumulated Index to Nursing and Allied Health Literature (CINAHL) and Google Scholar. The articles included were required to focus on MAiD, EOL care, and nursing students' thoughts, feelings, and perceptions. Inclusion criteria also encompassed peer-reviewed, academic articles published between 2002 and 2022, written in English. Keywords and related terms used to search were the following: medical assistance in dying, euthanasia, nursing students, Canadian nursing students, attitudes, perceptions, experiences, beliefs, and education. Exclusion criteria or articles that were not reviewed included those published before 2002 and those with participants who were students of other professions, non–health care professionals, or new graduate nurses. International studies were included in the literature review if they met the inclusion criteria. The initial search for articles related to nursing students and MAiD, death, dying retrieved 204 titles; 12 studies focused on MAiD and nursing students. Only two peer-reviewed research articles addressing Canadian nursing students' experiences were found during the time of this study. Both were qualitative studies. One used a qualitative design with narrative inquiry and Braun and Clark's thematic analysis (McMechan et al., 2019), and the most recent used an interpretive descriptive approach focusing on comfort with MAiD (Canning & Drew, 2022).

Through semi-structured interviews, McMechan et al. (2019) explored themes related to the experiences of students and MAiD and highlighted the need for further research to understand the progression and evolution of Canadian nursing students and their experiences. Canning and Drew (2022) used individual surveys and semi-structured interviews to examine current scholarship and education provided to nursing students in their nursing program, exploring knowledge levels and comfort before and after completing theory courses and related clinical placements. Students filled out a survey before and after the semester that incorporated MAiD education and were encouraged to share their experiences in writing, providing the researchers with data in the form of narrative description.

Notably, ethical concerns and role confusion were prominent themes related to role uncertainty, stemming from lack of experience and education during the nursing program (McMechan et al., 2019). Canning and Drew (2022) also stated that nursing programs within Canada are in a prime position to provide students with a strong foundation for MAiD education and practice. McMechan et al. (2019) added that students appreciated being exposed to MAiD in their nursing curriculum, providing a safe space for students to share their feelings, helping to alleviate emotional distress, and exploring emotional complexities related to MAiD. From the findings of these two studies, it is clear that further research into nursing students in Canada and MAiD is required to continue to evaluate MAiD education and explore student comfort with and perceptions about caring for patients who chose MAiD.

International Nursing Students and Euthanasia

Several studies have been conducted on the attitudes of nursing students in other countries that have either legalized medically assisted death (Canning & Drew, 2022; Demedts et al., 2022; McMechan et al., 2019) or criminalized it (Hosseinzadeh & Rafiei, 2017; Margalith et al., 2003; Ozcelik et al., 2014). In the international studies included, the terms *euthanasia* and *physician-assisted death* are used instead of MAiD. In the Greek language, *euthanasia* simply translates to "good death" (Bishop, 2006, p. 220) and is defined as, at the request of a patient, a medical practitioner actively ending their suffering (Hoskins, 2005). In physician-assisted suicide, a physician knowingly provides a patient with the means to end their life, usually with a prescription for a lethal medication, but the patient acts alone in administering it (Shibata, 2017).

In a cross-sectional study involving Iranian nursing students, Hosseinzadeh and Rafiei (2017) used a Likert scale known as the Euthanasia Attitude Scale to determine students' level of agreement with euthanasia. Based on the ratings of negative, neutral, or positive, the majority of students felt neutral to euthanasia (42.6%) with 34.2% feeling negative towards it and 24% feeling positive. The authors found that the majority of students who had clinical experience as students were in favour of euthanasia, as were up to 38.5% of students without clinical experience. The authors recommended further studies to research other factors that might influence students to reject euthanasia, especially students in "Muslim-majority countries with different cultures and religious traditions" (p. 502).

Margalith et al. (2003) conducted a descriptive study with a focus on Israeli nursing students and their attitudes towards physician-assisted death (PAD) and its legalization. Students completed the Nurses' Attitudes Regarding Physician Assisted Dying questionnaire, which was composed of situational vignettes. Students read them and decided whether they agreed with the patients' decision to choose PAD. From Margalith et al.'s findings, students' religious beliefs appeared to be the most prominent factor that influenced attitudes towards PAD. Exposure to oncology care in which students had cared for a dying patient was also identified as a factor, although it was not as strong as student beliefs. Less than half of students supported PAD, with knowledge of PAD being the least influential factor.

Alternatively, Belgium, a country that has had legalized euthanasia for over 20 years, grants it not only to patients with unbearable physical suffering but also to those with mental suffering (Federal Public Service Public Health, Food Chain Safety and Environment, 2016). In a recent single-pilot study on the attitudes, future roles, and knowledge of Belgium nursing students regarding euthanasia for mental suffering, Demedts et al. (2022) found that students placed importance on the role of the nurse within the decision-making process. However, Demedts et al. (2022) reported a gap in knowledge and skills related to the euthanasia process, and they placed responsibility on nursing education to acknowledge this gap and provide nursing students with the opportunity to discuss and reflect on the concepts of EOL care, mental suffering, and cross-cultural perspectives. Belgium is currently the only country that allows patients to choose euthanasia for unbearable mental suffering, so students in the study may have grown up with legal euthanasia for physical and mental suffering, which may explain the mostly positive responses to euthanasia for mental suffering (Demedts et al., 2022).

In Turkey, a primarily Muslim country in which euthanasia is considered an act of murder, Ozcelik et al. (2014) analyzed the responses of 600 nursing students to a questionnaire designed to investigate attitudes towards euthanasia. Ozcelik et al. determined that "35.2% of the students found euthanasia unethical, and 53% of the students thought that euthanasia could be abused" (p. 100). From the demographic information collected, factors that influenced responses included religious beliefs, years in their nursing program, and experience working with patients who are dying. Ozcelik et al. recommended the usefulness of continuing conversation within nursing programs about euthanasia, death, and dying.

The articles gathered for the literature review showed that other factors that come from outside nursing education, such as religion, can heavily influence the opinions of nursing students on MAiD. In addition, nursing programs include education on not only death and dying but also on MAiD and euthanasia, even in countries where these are considered a criminal act. Many of the articles collected for the review agreed with and recommended continued and further education related to EOL care, euthanasia, and MAiD.

Purpose

The purpose of this study was to further explore the evolution and progression of perceptions and experiences of nursing students in Canada as they relate to MAiD, add to the current discourse on Canadian nursing students and MAiD using a different methodological approach, and gain a better understanding of their scope of practice as it relates to MAiD and current available education within a bachelor of nursing program at a Western Canadian university. The primary research questions were as follows: (1) what are the current perceptions, attitudes, and experiences of nursing students in Canada regarding MAiD, and (2) does their current nursing program support their experiences and learning with MAiD?

Methods

One of the most widely used methodologies in qualitative research, qualitative descriptive design is a method that combines "sampling, data collection, analysis, and re-presentation techniques" and is commonly used in qualitative research when the goal is to collect descriptions of events and phenomenon (Sandelowski, 2000, p. 337). Presenting the facts in easy-to-understand terms encompasses the description aspect of qualitative description (Sandelowski, 2000). Furthermore, the researcher is concerned with understanding the participants' human and individual experiences within an exclusive and unique context (Doyle et al., 2020).

A qualitative descriptive design was used to try to understand the participants' human and individual perceptions and experiences within the unique context of MAiD. This design was chosen to provide an uncomplicated description that focused on the details of what, where, when, and why of the participants' experiences.

Setting and Recruitment of Participants

This study occurred at a university in Western Canada within a 4-year bachelor of nursing program. Convenience sampling was used to recruit participants. Advantages of convenience sampling include cost effectiveness and easy access to participants (Lewis-Beck et al., 2004). The inclusion criteria comprised undergraduate nursing students in their second, third, or fourth year. The nursing program includes direct entry students from high school, previous degree holders, and transfer students from previous degree streams. Previous degree holders and transfer students have the option to begin in the third year of the program and complete a 2-year accelerated nursing education. Each year of the nursing program is divided into two terms. Participants were in their final year of the nursing program in term seven and had completed 3 months of their fourth-year nursing education before starting their final practicum. Participants had previously completed five clinical placements, including three in a hospital setting.

During the first half of their final year, along with their required general courses, students have the option to choose two of the following optional courses: promoting health in vulnerable populations, older adult nursing, philosophy and practice of palliative care, rural health, principles of teaching and learning for nursing practice, addictions and mental health care, perinatal nursing care, transition in child and youth health, experiencing cancer and the role of the nurse, and using research in nursing practice.

Participants were recruited through email after listening to an in-person and in-class presentation regarding the study. In total, five fourth-year students expressed interest in participating in the study via email. One student had taken the philosophy and practice of palliative care option course and was given education specific to MAiD within the course. The other four students had not received MAiD education outside a brief presentation made during a general nursing course. As there were only five participants in this study, participant characteristics are limited, and to maintain confidentiality, a sociodemographic questionnaire was not used.

Ethical Considerations

Written and informed consent was gathered from participants on the date of the focus group session in person. Participants were given information explaining the goal and purpose of the study and were aware that their responses were anonymous and confidential. Participants had the option of choosing a pseudonym before the commencement of the focus group to maintain confidentiality; however, as some participants were in the same class together, their identities may have been known to one another.

Participants were made aware that all discussions were kept confidential within the focus group and were not shared with anyone outside the study. Focus group discussions were audio recorded and then manually transcribed. The transcribed documents were kept in a secure file on a password-protected computer under a OneDrive for Business account accessible only to the researchers. All email addresses were blind copied when more than one participant was emailed at one time. Demographic information was not included in the study, audio recording, or data, and all names were transcribed into randomly assigned numbers during data transcription.

After the completion of the study, the audio recordings and transcriptions were encrypted and transferred to the secure computer data storage (SCDS) of the co-principal investigators. SCDS is a secure server recommended by the university for long-term data storage. No research-related digital files will remain on the OneDrive for Business account. Any hard copies of research data or consent forms will be stored, for 5 years, in a locked filing cabinet in an office. After the required 5 years, all data and files will be subject to confidential shredding. Digital files on SCDS will be deleted and the trash emptied.

As this topic is sensitive and may be triggering, students were given the option to remove themselves from the study at any time (Polit & Beck, 2021, Chapter 9). Participants were made aware that if they experienced difficulties in answering sensitive questions, they could choose to leave the focus group at any point and could be escorted to the student wellness centre. The Conjoint Health Research Ethics Board approved this study (REB22-0750) on September 14, 2022.

Data Collection

Data were collected on one day in December 2022. After participant consent, one focus group with five participants was conducted by one member of the research team, in person in a private meeting room on the university campus. The interviewer identified as female, worked as a registered nurse, and was in their final year of their graduate program within the faculty of nursing at the same university. Participants knew this information.

The individual interviewing approach can sometimes be inaccurate in gathering information as participants are more heavily influenced by an interviewer who has predetermined questionnaires and closed-ended questions (Krueger & Casey, 2015). Therefore, conducting focus groups may be the better choice when discussing sensitive topics, as the interviewer takes a more passive role, which allows participants to answer open-ended questions without boundaries while sharing these experiences with other similar participants in a group setting (Krueger & Casey, 2015). Furthermore, using a focus group may encourage participants to navigate and clarify their individual experiences as shared experiences (Morgan, 1988, as cited in Tong et al., 2007). Power over was not deemed a concern, as the interviewer was unknown to the students before the session. Additionally, the interviewer ensured the atmosphere of the focus group was welcoming and supportive. Students were encouraged to share their perceptions and experiences regarding MAiD through open-ended, guiding questions. The session lasted approximately 52 minutes and was audio recorded. Questions are listed below:

1. What term are you currently in?
2. What is your current understanding of medical assistance in dying (MAiD)?

3. What are your current thoughts and opinions on MAiD?
4. In your current role as a student nurse, please share any experiences you may have had taking care of a patient who opted for MAiD.
5. If you were asked to care for or participate in caring for a patient who chooses MAiD, would you be comfortable in assuming that role as a student nurse?
6. How do you feel your current nursing program has helped you prepare to care for a patient who chooses MAiD?
    a. What has been most helpful for you in your education?
    b. If you feel that there are gaps in your education, what do you feel would have been helpful?

Rigour

Before data collection, we collaborated to ensure optimization of the focus group session. Students were allowed to choose among four researchers the person they were the most comfortable contacting regarding participation in the study. The first author was unknown to the participants and held the focus group session to decrease possible coercion, as the other three of us may have been known to the participants. The first author transcribed the focus group session and generated the initial codes from the data. All four of us collectively contributed to constructing and refining themes and writing the analysis of the study. This contributed to the varied interpretations of the data from our different experiences and backgrounds.

The language of the subjects interviewed was used directly and reflects the statements made by the subjects. Additionally, the research study's findings are based on the participants' narratives and words rather than potential researcher bias. This was done by keeping an audit trail to detail the process of data collection, thoughts about coding, and rationales for why the codes merged, and what the themes meant. Furthermore, our possible internal bias and subjective point of views were addressed and discussed before and after the study to promote reflexivity throughout the study.

Analysis

After the audio recording of the focus group session was transcribed verbatim, Braun and Clarke's (2006) six-phase thematic analysis was used. Braun and Clarke defined a theme as a pattern within the data set that represents some meaning. Taking the data collected and using coding techniques and creating themes from the data is the essence of thematic analysis (Fugard & Potts, 2019).

The first phase includes becoming familiar with the data, which involves transcription, reading, and rereading (Braun & Clarke, 2006). This phase can occur when data are being gathered. The second phase is to develop and generate codes, allowing the researcher to become further immersed in the data (Braun & Clarke, 2006). In the third phase, the researcher begins to construct themes, reviewing all the generated codes (Braun & Clarke, 2006). The themes developed in this phase are draft versions and flexible and may change (Terry et al., 2017).

The fourth phase includes reviewing and refining potential themes and sub-themes, keeping, merging, and discarding as needed (Braun & Clarke, 2006). In phase five, the researcher names and defines themes, helping them to discover within each theme what is important and interesting (Braun & Clarke, 2006). The sixth and final phase, producing a report, encompasses the entire writeup of the analysis and allows the researcher to modify as needed (Braun & Clarke, 2006). During this phase, the researcher is attempting to “tell the complicated story of your data in a way which convinces the reader of the validity and merit of your analysis” (Braun & Clarke, 2006, p. 93). Following the six-phase approach, themes and subsequent sub-themes were constructed. Excerpts from the transcripts were used to support the generated themes to provide a clear and concise account of the gathered data.

Findings

The findings from the focus group session resulted in six main themes: inconsistency in education, current student knowledge of MAiD, moral complexity of MAiD experienced by nursing students, uncertainty, strategies on integrating MAiD education, and supporting patient and family autonomy. Sub-themes are described in accordance with each theme below and supported by participant quotations from the discussion.

Theme 1: Inconsistency in Education: Is MAiD Required or Optional Learning?

Three sub-themes were identified for this theme: *feeling unprepared*, *lack of support/how I care for this patient*, and *lack of education*.

Feeling Unprepared

Two participants stated the desire for the content to be taught earlier in the program and felt unprepared before their education, specifically related to goals of care and palliative care:

> I just remember, I think we talked about goals of care and palliative or whatever in one lab. But this would have been nice earlier. Or we talked about personal directives and EPOAs [enduring power of attorneys] and things like this. It’s such an important topic . . . And I feel like I should . . . we should be more prepared for palliative because they’re becoming more and more prevalent.

Lack of Support

Two students shared stories about their experiences interacting with palliative, EOL care, and specifically patients who requested MAiD. They also shared their experiences with staff nurses or clinical instructors being both unsupportive and supportive.

> My nurse didn’t really agree either [with MAiD]. So, it was kind of just me in there [with the patient]. But I was more so just kind of . . . I didn’t even really say much, I was just there to listen to her [the patient]. And then kind of listened to her make the decision on her own, kind of talk herself through it.

Lack of Education

Participants discussed the lack of education they received in their general nursing classes and the lack of importance they felt was placed on the topic of MAiD:

> I got the message to me that you don’t think [MAiD] is that important if you’re not going to do it in your own lecture. So, then it was kind of like, do we need to go through this 50-slide PowerPoint after? And then nothing happens with it after?

One participant who had received MAiD education in the elective palliative care class expressed their confusion as to why MAiD was not taught as a subject within the program outside the palliative care class. The participant uses "we" in their quotation to mean the nursing program they are enrolled in:

> Palliative is brand new every single week. Why, why aren't we teaching this instead? Or at least even just MAiD. It's such a big, big topic and it takes days and weeks. Just the process of dealing with a person's emotional health. It's something you have to learn because what do you say with anticipatory grief bereavement? What do you do as a student? We didn't learn about any of that stuff. That's why it's so complex in that way.

Theme 2: Current Student Knowledge of MAiD

This theme emerged in response to participants being asked about their current understanding of MAiD in Canada. Two subthemes were identified: (a) *unforeseeable and foreseeable death* and (b) *ability to give consent*. During the discussion, participants talked at length the concept of patients being "sound of mind," with most of the discussion centring on future eligibility criteria for patients suffering with mental health as their primary diagnosis for MAiD.

Unforeseeable and Foreseeable Death

All five participants expressed their understanding of MAiD to include patients whose deaths were both unforeseeable and foreseeable, having a terminal and irremediable medical condition. "It's for people with foreseeable and unforeseeable, upcoming death. It's for people with a terminal illness generally that won't get better." Another participant also provided an example from their personal life regarding their thoughts on MAiD and quality of life:

> I'm also for it [MAiD]. I have a family member with ALS. So, it's foreseeable and unforeseeable death because, I mean, you can live a long time on a ventilator, but they also can't speak, and you can't even . . . you wouldn't be able to tell when they're even in pain at the same time.

Ability to Give Consent

Participants voiced their understanding that the person requesting MAiD would need to be "sound of mind" to provide consent. No one, however, elaborated on their definition of being sound of mind, but students had an understanding this would be determined by the most responsible health care professional: "I'm pretty sure they have to be deemed of sound mind. I'm not sure if that has to be done by two doctors, same thing with the consent." A participant also described MAiD as going to the "right people" regarding those with a mental health diagnosis:

> I still don't know what the guidelines are going to be or like, how they're going to make it [referring to mental health]. Like, so that it goes to the right people, you know? I don't know, it's kind of interesting.

Theme 3: Moral Complexities of MAiD Experienced by Nursing Students

Participants discussed issues related to tensions between their personal beliefs and being supportive of their patients wishes. Three sub-themes were identified: *preventive care*, *moral burden*, and *personal beliefs versus professional relationships*.

Preventive Care

One participant discussed the complexity and distress they felt over supporting their patient with MAiD when they did not necessarily agree with the patient's reasoning for it. There was also an interesting discussion point brought up about the government and health care system providing resources to individuals to meet their basic needs of housing and comfort:

> In the story that happened out of Ontario recently, where a man was going for MAiD because he wasn't going to be able to pay rent and wasn't going to have housing and was going to become homeless. He had really chronic back pain and he was like, I would rather die than be homeless and be experiencing this chronic back pain. Then there was kind of some uproar over it. He got housing, and he said okay, yeah, I have housing, I don't want to die anymore, I'm not going to be in constant pain.

Personal Beliefs Versus Professional Relationships

One participant spoke about their experience during their clinical placement on a medical/surgical unit and being around staff on the unit who did not necessarily agree with the act of MAiD. They spoke about "shielding" other patients who may decide to choose MAiD in the future from the opinions of other nurses to preserve autonomous patient decision-making:

> As a nursing student, I'm trying to in a way I guess shield my patients from all the opinions of other nurses because I guess you can hear them talk outside in the nursing station. I don't want my 90-something-year-old patient who might want MAiD one day to hear these opinions and feel bad.

The same participant expressed anxiety around caring for a patient who requested MAiD if they, the participant, did not agree with the patient's reasoning for MAiD:

> That would be hard [not agreeing with MAiD] because trying to educate a patient on what MAiD is, if you don't agree with what their choice was, is really disheartening, especially if you're a student, and you're like watching this happen. You're like, what if I don't agree with this, but I'm committed to this person for today because I was assigned to this person for the day.

Moral Burden

One participant spoke extensively on the possibility of compassion fatigue and building up "moral residue" if the nurse is continually required to care for patients who request MAiD and the burden this could put on the nurse if they do not necessarily support the act of MAiD:

> If you have to keep going through the same moral distress, you know, your moral residue builds up, and then you ask for compassion fatigue break, because you just stopped caring. I guess at that point, nothing matters that gets in your head and you're so fatigued from all the distressing things you have to do.

This same participant also touched on dealing with similar anxiety but from the perspective of supporting MAiD. They highlight the impact the provision of MAiD can have, and they question how one would "deal with grief" and "bereavement":

> How do you deal with the grief [of MAiD]? How do you deal with bereavement? How do you appropriately get over the MAiD because even if you do, support MAiD, and still go through the provision, seeing someone pass away, is still something that can be impactful for anybody.

Theme 4: Uncertainty: To What Degree Do Students Participate in MAiD?

Participants were asked during the focus group about their current thoughts on MAiD, which developed into a discussion around uncertainty. From this, three sub-themes were identified: *role uncertainty*, *the process of MAiD*, and *suggesting MAiD*. Uncertainty predominantly came from not knowing their specific role and the specific role of the nurse during MAiD, the intricacies and ethics of educating and suggesting MAiD to a patient, and the specific guidelines pertaining to MAiD.

Role Uncertainty

The participants expressed uncertainty related to their role as students and nurses with starting IVs and medications, managing difficult and uncomfortable conversations with patients related to MAiD, knowing how to react emotionally if they are a part of the MAiD process, experiencing professional and personal uncertainty, using screening criteria, and understanding the process from start to finish:

> We really [did not learn] how to talk to even just palliative patients or MAiD patients. What if they say something that is, you know, you're like, shocked. You're like, oh, how do I react to what they say? What do I say? Do I say something? Do I say nothing? Do I sit in silence? Do I cry when they get their provision? If you've kind of built this relationship with this patient, you've had them for weeks and then now they offer provision [MAiD]. Can you cry in the room? Can you even join them in the room? How's that done?

The Process of MAiD

When asked what participants would like more education on, three discussed their uncertainty regarding the step-by-step process, beginning with how patients are able to request MAiD, how they are screened, and the timeline. Additionally, knowing and understanding the step-by-step process from beginning to end was identified as an education need: "What happens in the middle? No idea. What happens on the day of? What . . . I don't even know what medication they use. I think they use fentanyl, but I don't know."

Suggesting MAiD

Two participants questioned whether they were allowed to "suggest" MAiD and questioned whether this was ethical and whether this bordered on taking away a patient's autonomy:

> Something I'm unclear on still is, if your patient's expressing their wish to not be there anymore, chronic pain, just really poor quality of life. Are you allowed to suggest it? Or? I'm not sure if you have to wait for the patient to say that, but also, what if the patient has no idea about MAiD? That's something that I waited for the patient to say, because as a nursing student, I still don't even know enough about this. I don't even know where my primary [nurse] is so I'm not going to say anything.

Theme 5: Strategies on Integrating MAiD Education

Three sub-themes were identified related to strategies for integrating MAiD education: *early exposure*, *clinical and lab education versus in class education*, and *experiential learning and communication*. This theme was curated in response to participants being asked what in their current nursing program helped them to prepare to care for a patient who might request MAiD.

Early Exposure

There was mutual agreement within the group about integrating MAiD into the curriculum earlier, during the initial 2 years of the program. One participant suggested having a class that had a strong focus on both palliative care and MAiD, stating, "I think it would be good to have like palliative content and MAiD content. Or like combined, but not just like focus solely on MAiD, have a palliative aspect and then also MAiD."

Clinical/Lab Education Versus in Class

Participants discussed the responsibilities of educating students about MAiD and whether learning in lectures, in clinical training, or in lab would be appropriate. One participant described their positive experience of narrative teaching, sharing personal experiences with their clinical group and instructor, and the way their instructor facilitated the discussion. Consequently, another participant felt that leaving MAiD content to be taught by the university would be more effective as "the university does not train its instructors enough."

> So, [my clinical group] talked about personal experience with some death that she [the instructor] had in her practice. We had a really good open discussion where everyone sort of talked. And I feel like that was just . . . and it wasn't even in the curriculum, it was just something she did herself. It was so helpful and impactful to me because I think we had a goals of care discussion in the next term, term five, but my instructor wasn't as good that year and didn't really know how to get students to talk over Zoom and didn't know how to really lead a discussion where you kind of let everyone talk because sometimes people don't want to talk.

Experiential Learning and Communication

One participant shared their positive experience with simulation learning, including a goals of care discussion they had with the patient and the patient's family members, who were actors in the simulation:

> In oncology our sim [simulation] is a difficult conversation, end of life care. So, it's not MAiD, it's like a . . . the patients . . . Well, it's a conversation with the mannequin and the family members are there. So, end of life care for the patients, and then talking with the families about what that looks like. So that was super helpful. But just maybe having more of that.

Theme 6: Supporting Patient and Family Autonomy

Overall, two sub-themes were identified: *quality of life* and *self-determination*. This theme was mainly in response to participants' current thoughts and perceptions on MAiD.

Quality of Life

Two participants spoke about their personal experiences of MAiD and highlighted dignity with death and quality of life. One participant shared their personal experience with a family member, living on an invasive machine such as a ventilator but being unable to communicate their needs:

> I feel like a lot of the knowledge I have on MAiD is from personal experience, more of a family friend who went through it at home, and kind of got to choose when she was ready.

> Oh, like, my pain has gotten to be unmanageable and not really doing the things I enjoy anymore.

Self-Determination

The discussion earlier in the focus group session was revisited on the mental health criteria and allowing patients with a mental health diagnosis the ability to request and access MAiD. This participant noted that they were in support of self-determination for patients requesting MAiD with a primary mental health diagnosis:

> I think it can be used for mental health if somebody has chronic depression or severe depression that is refractory to treatment, we are not getting better trying everything, and they want MAiD and they set the criteria then.

Another participant also highlighted their agreement with MAiD in giving patients access to deaths that are dignified and the ability to plan their care in the future in the event their pain is unbearable. Additionally, they talked about allowing family to be a part of their MAiD if they choose to:

> I think I'm also generally, for MAiD, and I think it's a really good thing, that, like, allows people to have dignified deaths where they can, I mean, for the unforeseeable death, where they have a longer period of time, they can kind of choose when their pain gets too much when they're not enjoying life anymore. And can . . . they can choose to also die with family and everyone in the family can choose what they want to be doing, like, at that period of time.

Discussion

The findings in this study highlight the complex feelings and uncertainty nursing students continue to experience in relation to education, support in the student role, and morality related to MAiD. From the focus group discussion, it is evident that consistent education was not being provided related to MAiD. This is affecting the ability of undergraduate nursing students to understand their current and future roles in MAiD and how they are expected to support their patients who choose MAiD. The inconsistency in support and direction from their lecturers and clinical instructors was a dominant finding that affected their emotions and ability to practise competently. It is evident from the participants that not enough importance is placed on providing consistent education and a space for students to explore and navigate their personal feelings related to MAiD. As the eligibility criteria for patients continues to change and rapidly evolve, so should the education nursing students receive on MAiD.

Education and Understanding of MAiD

The most recent amendments to MAiD were announced by the Government of Canada on March 17, 2021, which would change Canada's MAiD law to include "changes to eligibility, procedural safeguards, and [the] framework for the federal government's data collection and reporting regime" (Health Canada, 2022, p. 45). These procedural safeguards include the person requesting MAiD is 18 years of age or older and is able to make decisions related to their health (*Criminal Code*, section 241.2(2)(b)); the person has a "grievous and irremediable medical condition" (section 241.1(1)(c)); the request for MAiD has been done voluntarily and the person has not been coerced into that decision (section 241.2(1)(d)); the person has provided informed consent to proceed with MAiD after they have been given pertinent information on ways to mitigate suffering (section 241.2(1)(e)); when death is not foreseeable, a second nurse practitioner or physician will provide their professional opinion whether the person meets the criteria for MAiD; there will be a period of at least 90 consecutive days between the initial assessment of for MAiD and the day that MAiD will be given. Currently, the *Criminal Code* restricts MAiD to mature minors, advance requests, and a person whose primary underlying condition is mental illness (Parliament of Canada, 2020).

As determined in the first study of Canadian nursing students and MAiD by McMechan et al. (2019), nursing students expressed the need for further education regarding MAiD. Participants in the current study also noted that there were inconsistencies in learning about MAiD from both lecturers and clinical instructors. In some instances, the participants who interacted with patients requesting MAiD received varying degrees of support and education from their educators, specifically during their clinical experiences. Canning and Drew (2022) found within their applied qualitative study that students' comfort levels were also heavily impacted by knowledge levels on MAiD as well as personal experiences.

Participants expressed their uncertainty about their feelings of MAiD as they related to the beliefs of the other medical staff (nursing) and how they treated patients requesting MAiD. This affirms the findings from Canning and Drew's study that found the attitudes of the physicians and nurses had an impact on the ways nursing students understood MAiD. Although participants in the current study had a general understanding of eligibility requirements of MAiD in Canada, there were several uncertainties related to supporting patients with differing degrees of diagnosis and treatment, such as a patient with a primary diagnosis related to mental health requesting MAiD and determining soundness of mind. When students receive MAiD education and clinical experiences, they feel more prepared to care for patients who request MAiD and can prepare for challenges they may face in the future as the frequency of patients requesting MAiD continues to increase (Canning & Drew, 2022).

As MAiD is being considered for additional patient populations and is often seen as an extension of palliative care, Canadian nursing programs should continue to integrate MAiD education in general theoretical nursing classes and clinical practice (Canning & Drew, 2022).

Comfort Levels and Experience

Discomfort and uncertainty were common themes discussed during the focus group. Nursing students felt their comfort levels when caring for a patient requesting MAiD would benefit from more in-depth education related to assisted death. Collectively, all participants agreed MAiD should be included as a component of a course earlier in their nursing curriculum. The one participant who took a palliative course as an optional learning class expressed the positive learning experience they received and questioned why the palliative course was not integrated into general nursing courses.

Although this study focused on Canadian nursing students, results from this study are also supported by international studies. The unpreparedness and uncertainty expressed by participants in this study was echoed by Spanish nursing students involved in a descriptive qualitative study, who perceived that because of their lack of training and education related to MAiD, they were not capable of managing a patient requesting a medically assisted death **(**Ortega-Galan et al., 2022**).** Likewise, Poreddi et al. (2022) suggested within the Indian context that education on assisted death and ethics could be included in their nursing curricula. Additionally, continuing the exploration of nursing students' thoughts and attitudes on assisted death would facilitate developing education on MAiD so students can make informed decisions in practice as needed (Poreddi et al., 2022).

Overall, there is a general consensus from nursing students in this study, as well as in other peer-reviewed studies outside Canada, that the topic of medically assisted death should be included in nursing education and comprise both theory and practice (Canning & Drew, 2022; Demedts et al., 2022; Green et al., 2022; Inghelbrecht et al., 2009; Lippe et al., 2017; McMechan et al., 2019; Ortega-Galan et al., 2022; Yildirim, 2020).

The Conflation of MAiD and Palliative Care

At many points during the focus group, both MAiD and palliative care were used interchangeably by one student and separated into two different areas of learning by another student. The student who identified MAiD and palliative care synonymously had taken a palliative class as an optional course and received MAiD education. The other four participants had not. Perhaps because MAiD was discussed only within their palliative care elective class, this led students to equate MAiD and palliative care synonymously. Although there was no specific discussion of merging the terms *MAiD* and *palliative care*, perhaps participants see MAiD as an extension of palliative care, as experiencing death and dying lends itself to both palliative care and assisted death; however, this would require additional research.

This conflation between MAiD and palliative care was reflected in a recent review of regulatory nursing documents. Pesut et al. (2019) discussed the relationship of MAiD to palliative care and the difference across the nursing regulatory bodies in Canada. Provinces such as Manitoba and Nova Scotia align the role of the nurses closely in both palliative care and MAiD. Conversely, British Columbia notably provides distinction in the role of the nurse in palliative care versus MAiD (Pesut et al., 2019).

Morality

All participants in this study agreed with MAiD, based largely on the ethical principle of honouring patient autonomy. At the same time, however, students were aware of the limitations they faced as novice providers and expressed concern with how their beliefs could possibly alienate them from other seasoned nursing staff. McMechan et al. (2019) stated that students will face moral complexities as they come to terms with their inexperience and the differences between the values of nursing care and the realities of practising in the real world—including the world of MAiD. One participant who had indirectly cared for a patient requesting MAiD voiced assumptions of how nurses may be impacted by MAiD, such as compassion fatigue and the build up of “moral residue” stemming from this. In a study conducted by Beuthin et al. (2018) during the initial six months of the legalization of MAiD, nurses who had participated in MAiD and nurses who had opted out of participating were interviewed. Although the study identified strong themes of support for MAiD, there were experiences of *moral distress*, as some nurses believed the act of MAiD was morally wrong and were being encouraged to follow a law they deemed as wrong (p. 518). Additionally, other nurses have voiced their concerns of becoming desensitized to MAiD over time, as the act may become too routinized (Bruce & Beuthin, 2020). These findings also align with both recent studies of nursing students and MAiD and the complexities of morality that students continue to face (Canning & Drew, 2022; McMechan et al., 2019).

Scope of the Nurse and Nursing Student

Although documents exist that may help to supplement student education related to MAiD and the role of the nurse, there remains a lack of clarity on the role of the nursing students, which policymakers and educators need to acknowledge in order to provide students with more specific direction. According to the *Criminal Code*, currently the practice of directly administering or prescribing a person a substance that will cause that person's death is restricted to nurse practitioners and physicians (section 241.1 (1)(a)). It is also the role of the nurse practitioner or the physician to assess whether the person requesting MAiD meets the criteria that has been set out by the *Criminal Code* in section 241.2(1). Additionally, the *National Nursing Framework on Medical Assistance in Dying in Canada* was developed and published by Canadian Nurses Association (CNA) in 2017 to outline the role of the nurse, licensed practical nurse, and registered psychiatric nurses and support nursing practice and caring for patients who consider MAiD. However, as with previous studies, nursing students in Canada continue to experience uncertainty related to their professional scope as students and as future registered nurses (Canning & Drew, 2022; McMechan et al., 2019).

In the Alberta Health Services (2018) policy on *Palliative and End-of-Life Care Programs and Services*, students are noted as health care providers and can provide services alongside a professional nurse, such as pain and symptom management, psychosocial care, emotional support, respect for patient diversity and culture, and maintenance of patient dignity with spiritually sensitive care (p. 3). However, it is emphasized that MAiD is not included within the scope of this policy. Currently, in Alberta, according to the *Medical Assistance in Dying Policy* within Alberta Health Services (AHS, 2021), nursing students are not specifically mentioned regarding their role or scope within the process of MAiD. According to the *Criminal Code*, safeguards are in place specifically for physicians, nurse practitioners, and pharmacists in their roles in actively assisting in MAiD; however, there is no mention specifically of students or nurses (section 241.1).

The CNA provides guidance for Canadian nurses and states that nurses can document EOL care wishes for a person to make those intentions and wishes clear to the health care team. The code directly acknowledges MAiD and states nurses must understand the law associated with MAiD in order to decide how they will respond, considering personal beliefs and values (CNA, 2017). Nurses can object to being involved in the act of MAiD and would discuss this with their superior or manager before the occurrence of the intervention (CNA, 2017).

Discomfort related to uncertainty, role confusion, and knowing where students fit within the context of MAiD has been identified as a common issue in other studies on this topic (Canning & Drew, 2022; McMechan et al., 2019). Nursing students rely on their clinical instructors and other nurses in their clinical practice to guide and educate them. Perhaps nursing students are not being provided with adequate and consistent guidance from their clinical educators as the terms *palliative care*, *EOL care*, and *MAiD* are often used interchangeably. As a result, the role of nurses in caring for a patient requesting MAID within some Canadian provinces is ill-defined. The capacity to which a nursing students can assist in the process of MAiD is also unclear in many provinces across Canada. Ultimately, this lack of clarity may create a barrier to providing holistic and patient-centred care in their clinical areas of practice.

Limitations

The results of this small study may not be an accurate representation of the current perceptions and experiences of most nursing students related to MAiD in Canada and offer limited transferability because of the small sample size. Additionally, all participants who volunteered were enrolled at the same university and in the same year of their nursing program. Reliability is difficult to assess in this study as the studies by McMechan et al. (2019) and Canning and Drew

(2022) used different means of data collection. We acknowledge that factors not mentioned in this study such as personal, experiential, and cultural influences related to the participants were not discussed, which may limit the findings and results related to the perceptions and attitudes on nursing students towards MAiD.

Conclusion

Nurses and nursing students often care for individuals who are actively dying, which can be one of the most stressful experiences in nursing training and practice (Edo-Gual et al., 2014). Nursing students require better representation in understanding and recording their perceptions and experiences related to MAiD to address their educational needs, to develop best practice guidelines, and ultimately to best support patients who request MAID. Improved representation in the research discourse will help nurse educators and educational institutions to prepare nursing students to care for a patient requesting MAiD, understand their scope, decrease death anxiety, and understand the evolution of these experiences and perceptions in Canada.

By understanding the effect death and dying have on nursing students through their experiences and perceptions, the impact of these experiences can be decreased (Edo-Gual et al., 2014). Specific education related to MAiD could be increased within Canadian nursing institutions, and as MAiD becomes more prevalent in Canada, the need for this may increase as more research is done on this topic.

Continuing to research and explore the perceptions and experiences of nursing students related to MAiD will help in following the evolution of nursing students in Canada and their understanding of their experiences and scope of practice. Although this is a small-scale study, there is the potential for findings to be further explored by other researchers to enhance MAiD education in nursing institutions in Canada. Based on the data collected from these articles and this study, there is an obvious need for more prominent MAiD education in nursing institutions and the standards set out by the Canadian Association of Schools of Nursing.

References

Alberta Health Services. (2018). *Palliative and end-of-life care programs and services* (HCS-224).

Alberta Health Services. (2021). *Medical assistance in dying* (HCS-165-01).

Anderson, N., Kent, B., & Owens, G. (2015). Experiencing patient death in clinical practice: nurses recollections of their earliest memorable patient death. *International Journal of Nursing Studies*, *52*, 695–704.

Antonacci, R., Baxter, S., Henderson, J. D., Mirza, R. M., & Klinger, C. A. (2021). Hospice palliative care and medical assistance in dying (MAiD): Results from a Canada-wide survey. *Journal of Palliative Care*, *36*(3), 151–156. https://doi.org/10.1177/0825859719865548

Aradilla-Herrero, A., Tomás-Sábado, J., & Gómez-Benito, J. (2012). Death attitudes and emotional intelligence in nursing students. *Omega: Journal of Death & Dying*, *66*(1), 39–55. https://doi.org/10.2190/OM.66.1.c

Banner, D., Schiller, C. J., & Freeman, S. (2019). Medical assistance in dying: A political issue for nurses and nursing in Canada. *Nursing Philosophy*, *20*(4), Article e12281. https://doi.org/10.1111/nup.12281

Beuthin, R., Bruce, A., & Scaia, M. (2018). Medical assistance in dying (MAiD): Canadian nurses' experiences. *Nursing Forum*, *53*(4), 511–520. https://doi.org/10.1111/nuf.12280

Bishop, J. P. (2006). Euthanasia, efficiency, and the historical distinction between killing a patient and allowing a patient to die. *Journal of Medical Ethics*, *32*(4), 220–224.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Bruce, A., & Beuthin, R. (2020). Medically assisted dying in Canada: "Beautiful death" is transforming nurses' experiences of suffering. *Canadian Journal of Nursing Research*, *52*(4), 268–277. https://doi.org/10.1177/0844562119856234

Canadian Nurses Association. (2017). *National nursing framework on medical assistance in dying in Canada*.

Canning, S. E., & Drew, C. (2022). Canadian nursing students' understanding, and comfort levels related to medical assistance in dying. *Quality Advancement in Nursing Education - Avancées en formation infirmière*, *8*(2), Article 9. https://doi.org/10.17483/2368-6669.1326

Cavaye, J., & Watts, J. H. (2014). Student nurses learning about death, dying, and loss: Too little, too late? *Illness, Crisis & Loss*, *22*(4), 293–310. https://doi.org/10.2190/IL.22.4.c

Cooper, J., & Barnett, M. (2005). Aspects of caring for dying patients which cause anxiety to first year student nurses. *International Journal of Palliative Nursing*, *11*(8), 423–430. https://doi.org/10.12968/ijpn.2005.11.8.19611

Criminal Code, R.S.C. 1985, c. C-46.

De Araujo, M. M. T., Da Silva, M. J. P., & Francisco, M. C. P. (2004). Nursing the dying: Essential elements in the care of terminally ill patients. *International Nursing Review*, *51*(3), 149–158. https://doi.org/10.1111/j.1466-7657.2004.00225.x

Demedts, D., Tricas-Sauras, S., & Bilsen, J. (2022). Nursing students’ attitudes, future role, and knowledge regarding euthanasia due to unbearable mental suffering: A single-site pilot study. *Creative Nursing*, *28*(1), 61–68. https://doi.org/10.1891/CN-2021-0030

Downar, J., Fowler, R. A., Halko, R., Huyer, L. D., Hill, A. D., Gibson, J. L., & Davenport Huyer, L. (2020). Early experience with medical assistance in dying in Ontario, Canada: A cohort study. *Canadian Medical Association Journal*, *192*(8), 173–181. https://doi.org/10.1503/cmaj.200016

Doyle, L., McCabe, C., Keogh, B., Brady, A., & McCann, M. (2020). An overview of the qualitative descriptive design within nursing research. *Journal of Research in Nursing*, *25*(5), 443–455. https://doi.org/10.1177/1744987119880234

Edo-Gual, M., Tomás-Sábado, J., Bardallo-Porras, D., & Monforte-Royo, C. (2014). The impact of death and dying on nursing students: An explanatory model. *Journal of Clinical Nursing*, *23*(23–24), 3501–3512. https://doi.org/10.1111/jocn.12602

Ek, K., Westin, L., Prahl, C., Österlind, J., Strang, S., Bergh, I., Henoch, I., & Hammarlund, K. (2014). Death and caring for dying patients: Exploring first-year nursing students’ descriptive experiences. *International Journal of Palliative Nursing*, *20*(10), 509–515.

Federal Public Service Public Health, Food Chain Safety and Environment. (2016). *Euthanasia*. Federal Government of Belgium. https://www.health.belgium.be/en/health/taking-care-yourself/patient-related-themes/cross-border-health-care/euthanasia

Ferrell, B. R., & Coyle, N. (2008). The nature of suffering and the goals of nursing. *Oncology Nursing Forum*, *35*(2), 241–247. https://doi.org/10.1188/08.ONF.241-247

Fugard, A., & Potts, H. W. (2019). Thematic analysis. In P. Atkinson, S. Delamont, A. Cernat, J. W. Sakshaug, & R. A. Williams (Eds.), *SAGE Research Methods Foundations.* SAGE Publications. https://doi.org/10.4135/9781526421036858333

Green, G., Reicher, S., Herman, M., Raspaolo, A., Spero, T., & Blau, A. (2022). Attitudes towards euthanasia—Dual review: Nursing students and nurses. *Death Studies*, *46*(1), 124–131. https://doi.org/10.1080/07481187.2020.1716887

Health Canada. (2022). *Third annual report on medical assistance in dying in Canada 2021*. Government of Canada. https://www.canada.ca/en/health-canada/services/publications/health-system-services/annual-report-medical-assistance-dying-2021.html

Hoskins, S. A. (2005). Nurses and national socialism a moral dilemma: One historical example of a route to euthanasia. *Nursing Ethics*, *12*(1), 79–91. https://doi.org/10.1191/0969733005ne759oa

Hosseinzadeh, K., & Rafiei, H. (2017). Nursing student attitudes toward euthanasia: A cross sectional study. *Nursing Ethics*, *26*(2). https://doi.org/10.1177/0969733017718393

Huang, X., Chang, J., Sun, F., & Ma, W. (2010). Nursing students’ experiences of their first encounter with death during clinical practice in Taiwan. *Journal of Clinical Nursing*, *19*(15–16), 2280–2290. https://doi.org/10.1111/j.1365-2702.2009.03090.x

Inghelbrecht, E., Bilsen, J., Mortier, F., & Deliens, L. (2009). Attitudes of nurses towards euthanasia and towards their role in euthanasia: A nationwide study in Flanders, Belgium. *International Journal of Nursing Studies*, *46*(9), 1209–1218. https://doi.org/10.1016/j.ijnurstu.2009.02.009

Krueger, R., & Casey, M. (2015). *Focus groups: A practical guide for applied research* (5th Edition.). Sage Publications.

Lewis-Beck, M. S., Bryman, A., & Futing Liao, T. (2004). Focus group. In M. S. Lewis-Beck, A. Bryman, & T. Futing Liao (Eds.), *The SAGE Encyclopedia of Social Science Research Methods* (Vol. 0, pp. 392–395). Sage Publications. https://doi.org/10.4135/9781412950589

Lippe, M., Jones, T., Becker, H., & Carter, P. (2017). Student preparation to care for dying patients: Assessing outcomes across a curriculum. *Journal of Nursing Education*, *56*(10), 633–637. https://doi.org/10.3928/01484834-20170918-10

Margalith, I., Musgrave, C. F., & Goldschmidt, L. (2003). Physician-assisted dying: Are education and religious beliefs related to nursing students' attitudes? *The Journal of Nursing Education*, *42*(2), 91–96. https://doi.org/10.3928/0148-4834-20030201-10

McMechan, C., Bruce, A., & Beuthin, R. (2019). Canadian nursing students' experiences with medical assistance in dying. *Quality Advancement in Nursing Education - Avancées en formation infirmière*, *5*(1), Article 2. https://doi.org/10.17483/2368-6669.1179

Ortega-Galan, A., Ruiz-Fernández, M. D., Alcaraz-Córdoba, A., Gómez-Beltrán, P. A., Díaz-Morales, D., & Ortiz-Amo, R. (2022). Nursing students' perceptions of euthanasia legislation: A qualitative study. *Nurse Education Today*, *116*, 1–6. https://doi.org/10.1016/j.nedt.2022.105466

Ozcelik, H., Tekir, O., Samancioglu, S., Fadiloglu, C., & Ozkara, E. (2014). Nursing students' approaches toward euthanasia. *Omega: Journal of Death & Dying*, *69*(1), 93–103. https://doi.org/10.2190/OM.69.1.f

Parliament of Canada. (2020). *Legislative summary of Bill C-7: An act to amend the Criminal Code (medical assistance in dying).* First Session, Forty-third Parliament. https://lop.parl.ca/sites/PublicWebsite/default/en_CA/ResearchPublications/LegislativeSummaries/432C7E

Parry, M. (2011). Student nurses' experience of their first death in clinical practice. *International Journal of Palliative Nursing*, *17*(9), 448–453.

Pesut, B., Thorne, S., Stager, M. L., Schiller, C. J., Penney, C., Hoffman, C., Greig, M., & Roussel, J. (2019). Medical assistance in dying: A review of Canadian nursing regulatory documents. *Policy, Politics & Nursing Practice*, *20*(3), 113–130. https://doi.org/10.1177/1527154419845407

Polit, D. F., & Beck, C. T. (2020). *Nursing research: Generating and assessing evidence for nursing practice* (11th ed.). Wolters Kluwer.

Poreddi, V., Reddy, N., & Pashapu, D. R. (2022). Attitudes of Indian medical and nursing students towards euthanasia: A cross-sectional survey. *Omega: Journal of Death & Dying*, *86*(1), 187–202. https://doi.org/10.1177/0030222820965311

Ranse, K., Ranse, J., & Pelkowitz, M. (2018). Third-year nursing students' lived experience of caring for the dying: A hermeneutic phenomenological approach. *Contemporary Nurse*, *54*(2), 160–170. https://doi.org/10.1080/10376178.2018.1461572

Sandelowski, M. (2000). Whatever happened to qualitative description? *Research in Nursing & Health*, *23*(4), 334–340.

Shibata, B. (2017). An ethical analysis of euthanasia and physician-assisted suicide: Rejecting euthanasia and accepting physician assisted suicide with palliative care. *Journal of Legal Medicine*, *37*(1–2), 155–166. https://doi.org/10.1080/01947648.2017.1303354

Terry, G., Hayfield, N., Clarke, V., & Braun, V. (2017). Thematic analysis. *The SAGE handbook of qualitative research in psychology* (pp. 17–36). https://doi.org/10.4135/9781526405555

Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups. *International Journal for Quality and Health Care*, *19*(6), 349–357. https://doi.org/10.1093/intqhc/mzm042

Van Rooyen, D., Laing, R., & Kotze, W. (2005). Accompaniment needs of nursing students related to the dying patient. *Curationis*, *28*(4), 31–39.

Wales, J., Isenberg, S. R., Wegier, P., Shapiro, J., Cellarius, V., Buchman, S., Husain, A., & Khoshnood, N. (2018). Providing medical assistance in dying within a home palliative care program in Toronto, Canada: An observational study of the first year of experience. *Journal of Palliative Medicine*, *21*(11), 1573–1579. https://doi.org/10.1089/jpm.2018.0175

Winters, J. P., Pickering, N., & Jaye, C. (2021). Because it was new: Unexpected experiences of physician providers during Canada's early years of legal medical assistance in dying. *Health Policy*, *125*(11), 1489–1497. https://doi.org/10.1016/j.healthpol.2021.09.012

Yildirim, J. G. (2020). Knowledge, opinions and behaviors of senior nursing students in Turkey regarding euthanasia and factors in Islam affecting these. *Journal of Religious Health*, *59*, 399–415. https://doi.org/10.1007/s10943-019-00954-z