

Responding to Hospital Staff's Paranormal Experiences Related to a Medical Assistance in Dying Room

Olivia Schuman, Paula Chidwick, Angel Petropanagos, Jill Oliver, Marina Salis, Gurwinder Gill, Sula Kosacky and Michelle Miller Burnett

Volume 3, Number 1, 2020

URI: <https://id.erudit.org/iderudit/1070290ar>

DOI: <https://doi.org/10.7202/1070290ar>

[See table of contents](#)

Publisher(s)

Programmes de bioéthique, École de santé publique de l'Université de Montréal

ISSN

2561-4665 (digital)

[Explore this journal](#)

Cite this document

Schuman, O., Chidwick, P., Petropanagos, A., Oliver, J., Salis, M., Gill, G., Kosacky, S. & Miller Burnett, M. (2020). Responding to Hospital Staff's Paranormal Experiences Related to a Medical Assistance in Dying Room. *Canadian Journal of Bioethics / Revue canadienne de bioéthique*, 3(1), 172–174. <https://doi.org/10.7202/1070290ar>

Article abstract

Staff reported paranormal experiences in connection with the outpatient Medical Assistance in Dying (MAiD) room at the hospital. This case study reports on staff experiences and illustrates how the Ethics team's role expanded to deal with this novel situation by facilitating an interdisciplinary response.

Copyright © Olivia Schuman, Paula Chidwick, Angel Petropanagos, Jill Oliver, Marina Salis, Gurwinder Gill, Sula Kosacky and Michelle Miller Burnett, 2020



This document is protected by copyright law. Use of the services of Érudit (including reproduction) is subject to its terms and conditions, which can be viewed online.

<https://apropos.erudit.org/en/users/policy-on-use/>

ÉTUDE DE CAS / CASE STUDY

Responding to Hospital Staff's Paranormal Experiences Related to a Medical Assistance in Dying Room

Olivia Schuman^{1,2}, Paula Chidwick¹, Angel Petropanagos¹, Jill Oliver¹, Marina Salis^{1,3}, Gurwinder Gill⁴, Sula Kosacky⁵, Michelle Miller Burnett⁶

Résumé

Le personnel a rendu compte d'expériences paranormales dans le cadre de l'aide médicale à mourir (AMM) à l'hôpital. Cette étude de cas rend compte de l'expérience du personnel et illustre comment le rôle de l'équipe d'Éthique s'est élargi pour faire face à cette nouvelle situation en facilitant une réponse interdisciplinaire.

Mots-clés

aide médicale à mourir (AMM), éthique, détresse, interdisciplinaire, paranormal, surnaturel, diversité, professionnels de santé

Abstract

Staff reported paranormal experiences in connection with the outpatient Medical Assistance in Dying (MAiD) room at the hospital. This case study reports on staff experiences and illustrates how the Ethics team's role expanded to deal with this novel situation by facilitating an interdisciplinary response.

Keywords

Medical Assistance in Dying (MAiD), ethics, distress, interdisciplinary, paranormal, supernatural, diversity, healthcare providers

The Medical Assistance in Dying Room

A community hospital system located in Ontario within one of Canada's most culturally-diverse regions opened a Medical Assistance in Dying (MAiD) room for outpatients in 2017. Shortly after opening the MAiD room, nursing and allied health staff on an adjacent unit reported 'paranormal' experiences. Their experiences included unexplained sounds, temperature and lighting changes, feeling a breeze, and feeling a sense of unease and dread when near the MAiD room.

Reports of paranormal experiences related to the MAiD room were brought to Ethics by the unit manager, likely because Ethics has been involved with the development and planning of MAiD services at the hospital. The unit manager was concerned that these experiences were affecting workflow, job satisfaction, and staff well-being. Some staff refused to enter the room, while others avoided walking near it or the nearby storage and meeting rooms, especially when alone or at night. Many staff requested that the room be moved. In addition, the Ethics team recognized that continued reports of paranormal activity could lead to difficulties maintaining the room as a space for outpatient MAiD assessments and procedures. Such difficulties could reduce outpatient access to MAiD.

Given that some of these issues raised by staff extend beyond the domain of Ethics, the departments of Spiritual Health Therapy, and Health Equity & Inclusion were invited to collaborate on this case. The three departments jointly created an Interdepartmental Team headed by Ethics.

The Interdepartmental Team was faced with the following questions: respect for diverse cultural and spiritual beliefs of patients is a core commitment of healthcare (1) – but should this commitment extend to beliefs held by staff? And if it ought to extend, how can an organization respond to experiences staff are having in a way that demonstrates such respect?

In order to demonstrate respect for staff's beliefs and experiences while *also* knowing that it would be difficult or impossible to find other space, we were committed to engaging directly with staff and being transparent about our decision-making process. As we explain in this case study, our aim was not to discern the truth of staff reports, but to understand the problem and reduce staff discomfort by co-creating solutions with them. This approach was guided by health care Quality Improvement principles, which emphasize prevention and improvement strategies through consistent data collection (2). Achieving these aims required the interdisciplinary response of the Interdepartmental Team to address different aspects of the problem.

An Interdisciplinary Approach

After discussions with the unit manager, the Interdepartmental Team (Ethics, Spiritual Health Therapy, and Health Equity & Inclusion) initiated and facilitated a series of weekly 10-30 minutes 'huddles' for a month with nursing and allied health staff on the unit adjacent to the MAiD room. The Interdepartmental Team started the huddles by explaining that their purpose was to provide a safe and respectful environment for staff to share their experiences, if they chose to do so. The aim was to learn about the nursing and allied health staff's experiences, and to co-create solutions with them.

Spiritual Health Therapy offered spiritual support for staff's experience of the paranormal and confirmed that similar experiences are reported in the literature (3-6). Health Equity & Inclusion reaffirmed the hospital's commitment to the diverse religious and cultural belief systems that exist amongst staff. Ethics addressed staff questions related to the eligibility criteria, processes, and current context for MAiD in Canada.

The huddles provided opportunities to listen to staff, learn about their experiences, and understand how these affected their well-being and job satisfaction. Staff were also invited to recommend solutions that would address their concerns. In total, about 35 staff members, excluding the Interdepartmental Team, participated in the various huddles.

Staff Experiences

During the huddles, staff openly shared their experiences. Some staff reported auditory and sensory experiences inside or near the MAiD room, including feeling a breeze, hearing loud noises (including knocks and thuds that sounded like an individual falling out of their bed), hearing whispering, and feeling someone touch their arm. Others felt an unexplained “heavy energy.” One staff member expressed that although she did not believe in the paranormal, her arm had been moved involuntarily when she was in the room, while another reported that mechanical equipment started working on its own. Some staff were apprehensive or fearful to come near the room during night shifts.

Staff Thoughts about MAiD

Although the staff who participated in the huddles were not directly involved with the assessments or procedures in the out-patient MAiD room, some expressed strong feelings and values surrounding MAiD itself. Some said that they were “there to save lives” and “it does not seem natural to let people die.” Others described MAiD as inherently different from other kinds of deaths that happen all the time in the hospital, because such a death is intentional. Others shared that it was unnerving to see people walking and talking, going into the MAiD room, and then later coming out dead. This did not seem to meet their version of ‘normal’ because “God had not been calling them [MAiD patients] and they themselves chose to die.” Others expressed that although MAiD was not against their personal beliefs, it elicited a spiritual response such as saying a blessing or prayer for those who had elected to receive MAiD.

When asked for recommendations, staff requested that they be alerted whenever the room was to be used for an assessment or procedure, and that Spiritual Health Therapy regularly visit the unit. Many also asked that the room be moved away from the unit to another location in the hospital.

Response

Co-designed interventions included Spiritual Health Therapy providing daily room blessings, reading scripture aloud in the room, performing blessings for staff members, and providing a night light for continuous lighting. Smudging and meditation were also provided. Spiritual Health Therapists supported staff by frequently visiting the unit and engaging in one-on-one conversations.

The unit staff will also receive pre-briefs and de-briefs from Ethics whenever the MAiD room is booked for a procedure, in order to review the legal and ethical aspects of MAiD, as well as to enable staff to discuss their feelings. Spiritual Health Therapists are present after MAiD procedures to support individual staff members as needed.

Ethics also affirmed for staff that the hospital is committed to facilitating the provision of MAiD for eligible patients, and is also committed to providing a safe workplace for staff.

The room was not moved as a different space was not available and the issues were likely to persist in a different location.

Outcomes

In this case, the collaborative interdisciplinary approach has encouraged staff engagement and resulted in positive feedback from staff. There have been several MAiD procedures in the room since the interdisciplinary response. Staff have reported feeling more at ease and less distressed and no new paranormal experiences have been reported. We found transparency, engagement, and interdisciplinary collaboration valuable in addressing staff concerns of paranormal experiences related to the MAiD room. The case study raises further questions to consider: Death occurs regularly in the hospital – was MAiD a catalyst for these experiences? Are there strategies, such as increased education or awareness that could prevent similar staff discomfort when MAiD provision occurs?

Conflits d'intérêts

Aucun à déclarer

Conflicts of Interest

None to declare

Édition/Editors: Marleen Eijkholt, Jasmine Foulem & Charles Marsan

Affiliations

¹ Ethics Quality Improvement Lab, William Osler Health System, Toronto

² Department of Philosophy, York University, Toronto, Canada

³ Department of Philosophy, University of Toronto, Toronto, Canada

⁴ Health Equity and Inclusion, William Osler Health System, Toronto, Canada

⁵ Spiritual Health Therapy, William Osler Health System, Toronto, Canada

⁶ Surgical Services, William Osler Health System, Toronto, Canada

Correspondance / Correspondence: Olivia Schuman, okomoro@yorku.ca

Reçu/Received: 30 Apr 2019 **Publié/Published:** 20 Jul 2020

Les éditeurs suivent les recommandations et les procédures décrites dans le [Code of Conduct and Best Practice Guidelines for Journal Editors](#) de COPE. Plus précisément, ils travaillent pour s'assurer des plus hautes normes éthiques de la publication, y compris l'identification et la gestion des conflits d'intérêts (pour les éditeurs et pour les auteurs), la juste évaluation des manuscrits et la publication de manuscrits qui répondent aux normes d'excellence de la revue.

The editors follow the recommendations and procedures outlined in the COPE [Code of Conduct and Best Practice Guidelines for Journal Editors](#). Specifically, the editors will work to ensure the highest ethical standards of publication, including: the identification and management of conflicts of interest (for editors and for authors), the fair evaluation of manuscripts, and the publication of manuscripts that meet the journal's standards of excellence.

References

1. Hajibabae F, Joolae S, Charaghi MA, Salari P, Rodney P. [Hospital/clinical ethics committees' notion: an overview](#). Journal of Medical Ethics and History of Medicine. 2016;9(17).
2. Health Quality Ontario. [Quality Improvement Guide](#). Queens Printer for Ontario, 2012.
3. Parra A, Gimenez Amarilla P. [Anomalous/paranormal experiences reported by nurses in relation to their patients in hospitals](#). Journal of Scientific Exploration. 2017;31(1):11-28.
4. Dos Santos CS, Sakamoto Ribeiro Paiva B, Lamas Granero Luchetti A, Eduardo Paiva C, Lucchetti G. [End-of-life experiences and deathbed phenomena as reported by Brazilian healthcare professionals in different healthcare settings](#). Palliative and Supportive Care. 2017;15:425-433.
5. Fenwick P, Lovelace H, Brayne S. [Comfort for the dying: five year retrospective and one year prospective studies of end of life experiences](#). Archives of Gerontology and Geriatrics. 2010;51:173-179.
6. Barbato M, Blunden C, Reid K, Irwin H, Rodriguez P. [Parapsychological phenomena near the time of death](#). Journal for Palliative Care. 1999;15(2):30-37.