




Engaging Children in Conversations About Loss With the Help of a Canadian Activity Book

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Abstract

In Canada, the practice of medically assisting patients in dying has been legal since 2016. Patients who have been diagnosed with serious diseases or disabilities—including mental illnesses, starting in March 2024—may meet the requirements to seek medically assisted suicide. As a result of this legalization, medical and ethical communities have expressed concerns regarding those who assist their loved ones in the process of dying. To date, little has been written about how children react when someone close to them decides to end their life due to unbearable suffering. In July 2022, the Canadian Virtual Hospice group published the Medical Assistance in Dying (MAiD) Activity Book as a tool to help children navigate the traumatic experience of loss. This article inquires as to whether this activity book can provide a new and helpful approach to supporting children through the process of understanding death. It considers whether offering them answers and clear explanations, instead of regarding death as taboo, can mitigate the psychological impacts of losing someone.

Keywords: *ethics education; medical assistance in dying; ethical dilemmas in pediatrics; pediatric disclosure*

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Introduction

“Children are not supposed to die and they are not supposed to be exposed to death. Why? Death is taboo. But death is universal and important” (Lanzel & Brock, 2020, p. 101). People do die, and children do experience losses. For decades, though, engaging children in conversations about death was deemed inappropriate. It was commonly believed that by avoiding such conversations, adults would protect children from the emotional distress of facing the finite nature of human life. More recent studies have challenged the paternalistic assumption that information about death should be withheld from children (Lanzel & Brock, 2020; Warnick, n.d.). Warnick, for example, has argued that “preparing children for a death ... helps children make sense of what is unfolding around them, ... [and] equip[s] children with the emotional tools they need to withstand life’s inevitable windstorms” (2023, p. 3). The number of jurisdictions legally regulating physician-assisted

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suicide is on the rise, which suggests that children and their families may be at greater risk of facing the death of someone who requests Medical Assistance in Dying (MAiD). Little research, however, has been conducted on the long-term consequences for families and friends grieving the loss of someone who exercised their right to die (Beuthin et al., 2022).

In July 2022, the Canadian Virtual Hospice group published an activity book whose purpose is to educate children and adolescents about the medical procedure of MAiD. Although this booklet is not intended for children who seek MAiD for themselves—euthanasia for minors has not been legalized in Canada—it has been proposed as a tool to help young people navigate the traumatic experience of facing death. Clear and easily understandable text passages, followed by simple and colorful drawings, introduce them to the topic of MAiD. Interactive activities have been designed to drive them through critical thinking about how MAiD works, why people may ask for this service, and who can request it. Great consideration has been paid to children’s feelings and opinions about what it means for someone to seek death and how they might like to support such a decision.

In this article, I consider whether this activity book can provide a new and helpful approach to helping children understand death. I briefly summarize the history of MAiD in Canada and address several possible emotional responses of both adults and children to an individual making such a decision. Ultimately, I investigate whether educating children and adolescents on the subject of death helps them cope with someone’s decision to request MAiD.

Medical Assistance in Dying in Canada

In the field of bioethics, euthanasia is at the center of never-ending debates. Regardless of its Greek etymology meaning “good death,” tensions between the patient’s autonomy to decide about their own death and the doctor’s duty to provide care have prevented medical and ethical communities from reaching a consensus on whether euthanasia should be ethically permitted. Discourse on euthanasia increased in the late 1960s, when physicians and lawyers started questioning whether doctors asked to forgo life-saving interventions—such as artificial hydration and nutrition—would be committing the crime of killing their patients by honoring such requests (Jonsen, 1998). The debate has evolved over the years. Legal and ethical recognition of the individual’s right to autonomy stressed the moral justification of refusing and forgoing life-saving treatments. A moral distinction between actions of active and passive euthanasia was drawn, wherein passive euthanasia includes the concept of “letting die” by discontinuing treatments, while active euthanasia encompasses the administration or the prescription of drugs that directly cause an individual’s death (Brassolotto et al., 2023). Nevertheless, this distinction has not solved the controversies around the topic of euthanasia and assisted suicide, as both practices are actions targeted at ending a human life (Broeckaert, 2009).

Globally, euthanasia has been legalized in twelve jurisdictions—the Netherlands, Belgium, Luxemburg, Colombia, Canada, New Zealand, five Australian states, and Spain. Physician-assisted suicide is legal in Switzerland, Austria, and eleven U.S. states. The Italian and German Courts have addressed the issue and recommended that the legislatures implement laws (Mroz et al., 2022). Given the increasing number of countries around the world allowing access to MAiD, some scholars have emphasized the urgency of studying the long-term consequences for loved ones of the death of an individual who makes such a choice. In particular, in 2022, Yan et al. pointed out that research has focused primarily on the patient’s right to die, but only a few studies have investigated family’s and friends’ responses to such a decision (2022).

In Canada, the practice of medically assisting patients in dying has been legal since 2016. It is commonly referred to by the term MAiD, Medical Assistance in Dying, to include both procedures of active euthanasia and assisted suicide. In February 2015, as a resolution to the *Carter v. Canada* case, the Supreme Court decriminalized physician-assisted suicide. It was unanimously recognized that denying access to assisted

suicide went against the *Canadian Charter of Rights and Freedom*, which safeguards the right to life, liberty, and security (Patton & Dobson, 2021). This court decision led to the implementation of Bill C-14, which allows nurse practitioners and physicians to administer or prescribe the medication to cause a patient's death (Brassolotto et al., 2023; Patton & Dobson, 2021).

Over the past few years, the eligibility criteria have been extended. The 2016 Bill C-14 granted access only to terminally ill patients. As a result of the 2019 *Truchon v. Canada* case, the 2021 Bill C-7 expanded access to those whose death is not foreseeable (Brassolotto et al., 2023). Moreover, despite the controversial ethical issues regarding the inclusion of mental disorders as eligibility criteria, as of March 2024, mentally ill patients can also request MAiD (Duong & Vogel, 2023).

Although the current law requires eligible patients to be at least 18 years old, in February 2023, a Special Joint Committee on MAiD recommended discussing the extension of access to mature minors (Davies, 2018; Duong & Vogel, 2023). The justification for such an implementation comes from the emphasis that, according to Canadian law, mature minors are already legally capable of making decisions concerning their health. If this right is granted, Canada will have the most expansive, permissive, and liberal assisted dying program in the world (Patton & Dobson, 2021). While legal and ethical considerations about extending eligibility criteria are beyond the purpose of this article, it is worth noting that little research has been conducted regarding the grief and bereavement experienced by those who support a loved one who decides to exercise the right to die (Beuthin et al., 2022). This lack of research is even more evident when considering children's emotional responses to death. In this article, I will investigate whether children should be informed and educated about MAiD to be prepared for the death of someone they love.

Grief and Bereavement in Adults

According to a 2023 article, 1 in 14 children live through the death of someone they love before their 18th birthday. The authors estimate that the number of minors who deal with the loss of someone they love is somewhere between 5 and 15 percent (Edwards et al., 2023). Despite this, children's reactions to the death of a parent or a sibling have been little examined, compared to the number of studies that have investigated how parents cope with losing a child (Sood et al., 2006).

A study on children diagnosed with cancer revealed that parents underestimate their children's perceptions of impending death. Despite the study being on sick children, its emphasis on how they perceive death can help illuminate children's views of death in general. The authors defined children as "savvy detectives" regarding adults' conversations, especially when those conversations are suspicious (Lanzel & Brock, 2020, p. 104). Children may eavesdrop on their parents talking about the illness or approaching death of someone close to them and misinterpret what they overhear. If they cannot rely on adults to clarify their perceptions, their lack of understanding may result in increased fear and anxiety (Raveis et al., 1999). Children's fears will likely be "intensified by the absence of the intellectual equipment and by the absence of necessary defense mechanisms essential for comprehending the experience of loss" (Lanzel & Brock, 2020, p. 103). In the long term, children's social and emotional development may be impacted by the deep psychological consequences resulting from the death of a loved one (Raveis et al., 1999). Hence, it is of utmost importance to consider children's feelings when someone they love decides to request MAiD. Since little research has been conducted on both children and adults coping with such a decision, (Beuthin et al., 2022) an analysis of studies conducted on grief and bereavement after a loss is needed.

The discourse on allowing access to MAiD usually focuses on an individual's right to the autonomy to decide how and when to end their suffering. It is important to note, though, that their decision to pursue MAiD has short- and long-term impacts on many people (Yan et al., 2022), perhaps especially so since dying through assisted suicide may be perceived differently from a more natural death. In this context, a lack of clear

communication can contribute to negative repercussions. Conversely, encouraging moments of open conversation is of utmost importance to developing healthy mechanisms for coping with grief. Building a healthy environment that promotes sharing emotions may be therapeutic for families and friends coping with the process of MAiD (Raveis et al., 1999; Stein et al., 2019; Warnick, n.d.; Yan et al., 2022).

Families and friends may not only experience anticipatory grief in advance of their loved one's death but may also approach this choice with a sense of personal failure (Yan et al., 2022). Societal expectations may still lead people to the belief that medicine should treat disease, instead of provoking death. Family members and friends who support the decision to die may nevertheless feel guilty, wondering whether they should help their loved one cope with their illness rather than embrace their death (Yan et al., 2022). At the same time, family members may hide their emotions, so as not to discourage or involuntarily suggest a lack of support to the person making the decision (Yan et al., 2022). In this challenging context, ongoing and open conversations can foster a joint decision, wherein all the stakeholders can share their concerns. In this way, the likelihood of negative emotional and psychological consequences is lessened, which ultimately improves the quality of grief and bereavement (Yan et al., 2022).

Family members who participated in a Canadian study on grief and bereavement after a request for MAiD showed that the process of grief begins immediately after starting a conversation about the possibility of taking this path. Having clear and open discussions about the reasons for such a request, the medications doctors or nurses will provide, and when and where the death will occur are likely to trigger anticipatory grief in families and friends (Beuthin et al., 2022). The decision is usually followed by a “parade of lasts,” as a “countdown to death” (Beuthin et al., 2022, p. 1984). Despite emotional reactions to someone's imminent death, acknowledging the reality of the decision enables families and friends to have time to prepare for death and for goodbyes, which helps in adjusting to the new situation (Beuthin et al., 2022).

Grief and Bereavement in Children

Although the majority of studies have focused on adults, children are also susceptible to experiencing anticipatory grief. However, parents and other family members may be too emotionally involved in their loved one's death to be able to discern their children's needs for further conversation and comfort. In that event, children may lack the emotional support they likely need to cope with their emotions (Lanzel & Brock, 2020; Raveis et al., 1999; Sood et al., 2006). Their familial context significantly influences how children react and what coping mechanisms they establish while confronting death (Edwards et al., 2023; Lanzel & Brock, 2020; Rask et al., 2002; Raveis et al., 1999; Sood et al., 2006).

In contrast to adults, children may find it more complicated to express their feelings. Studies have demonstrated that, compared to adults, children are less able to endure acute emotional responses for a long period (Sood et al., 2006). Depending on their age and maturity, they can have limited abilities to communicate their emotions. As a result, they may avoid conversations regarding their emotional discomfort and may engage in avoidance mechanisms and withdrawal behaviors while struggling to control their emotions (Raveis et al., 1999; Sood et al., 2006).

Additionally, children may articulate their responses to death differently than parents expect. As a result, adults may fail to notice what makes coping with emotions difficult for children (Lanzel & Brock, 2020; Sood et al., 2006; Stein et al., 2019). When it comes to MAiD, children may struggle with the voluntary nature of this decision, blaming their loved one for giving up on life. If adults they trust avoid providing clear explanations or deliver incomplete information, children and adolescents can feel less supported or, in worse scenarios, can feel abandoned when facing the dying process (Raveis et al., 1999; Sood et al., 2006). Misunderstandings and miscommunications can lead them to generate their own creative—and potentially

groundless—explanations for why people die (Edwards et al., 2023; Lanzel & Brock, 2020; Raveis et al., 1999; Sood et al., 2006; Stein et al., 2019; Warnick, n.d.).

If open conversations are not encouraged, feelings such as depression, anxiety, sadness, guilt, shame, loneliness, confusion, denial, and anger may arise (Lanzel & Brock, 2020; Rask et al., 2002). These adverse outcomes can be prevented if anticipatory grief symptoms are promptly noticed and if adults engage in conversations to help children better express their emotions (Lanzel & Brock, 2020; Raveis et al., 1999). Indeed, although there are no correct approaches to talking about death (Edwards et al., 2023), supportive conversations “can provide a means to promote familial healing, including healing for well [children] who are often overlooked during [someone’s death]” (Lanzel & Brock, 2020, p. 105).

Children’s grief and bereavement are not only influenced by their social and familial context, but also by their age, their maturity, and their understanding of death (Edwards et al., 2023; Lanzel & Brock, 2020; Rask et al., 2002; Raveis et al., 1999; Sood et al., 2006). The concept of death can be internalized if children’s cognitive abilities allow for comprehension of the concepts of irreversibility, finality, causality, and inevitability (Edwards et al., 2023; Lanzel & Brock, 2020; Sood et al., 2006). These concepts, however, develop in a child’s brain over time, and creating a rigid framework to categorize children’s capabilities based on their biological age is pointless, because brain development is unique to each child (Sood et al., 2006; Stein et al., 2019).

Generally, though, studies have shown that children younger than 5 may not differentiate the concept of death from the concept of absence (Lanzel & Brock, 2020; Sood et al., 2006; Stein et al., 2019). In this stage, children may engage in what has been called magical thinking. They may associate their thoughts, feelings, or wishes with the death or disappearance of someone they love. If they are not appropriately guided through a close individual’s dying process, they may develop a sense of guilt, thinking that their actions or beliefs may have resulted in that person’s disappearance (Sood et al., 2006; Stein et al., 2019). The concept of death’s irreversibility and finality is usually better grasped by children between 5 and 7 years old (Sood et al., 2006; Stein et al., 2019), and a major shift happens between the ages of 7 and 11 when children acquire an understanding of bodily functions and disease (Stein et al., 2019).

Such generalizations, however, are not absolute. Children younger than 5 may be able to understand death differently from an average child, for instance, based on their personal history with diseases and death (Lanzel & Brock, 2020; Sood et al., 2006; Stein et al., 2019). Sood (2006) affirmed this, noting that younger children’s “difficulty of understanding death is clearly developmental, but some of the difficulty can be emotional. The child’s reaction to death ... is influenced more by his or her emotional struggles than by cognitive capacity” (p. 115). Engaging in open conversations appears to be the best way to mitigate guilty feelings and misunderstandings of the concept of death (Edwards et al., 2023; Sood et al., 2006; Stein et al., 2019). Clear disclosure helps children and adolescents, regardless of their age, feel more supported by parents, family members, and friends (Stein et al., 2019).

Although studies have shown the importance of discussing death with children, the topic is still perceived as taboo by many families and friends, which jeopardizes direct and straightforward conversations (Lanzel & Brock, 2020). In many families, sharing emotions and feelings is discouraged, leading children to develop coping mechanisms to avoid talking about their emotional struggles (Sood et al., 2006). Moreover, parents may feel they are not prepared to answer difficult questions, such as, “Why do people die?” (Lanzel & Brock, 2020; Stein et al., 2019).

Nevertheless, parents should engage in such conversations with their children, targeting their discussions to the child’s level of maturity. In order to be clear and truthful, misleading terms should be avoided (Lanzel & Brock, 2020). As Lanzel and Brock emphasized in the *Journal of Pediatric Ethics*, “a gentle, caring, and responsive manner is better received than a cold, unsympathetic, or unresponsive one” (2020, p. 105). Because a decision to request MAiD affects many people, having conversations with children may be

complicated by the fact that parents are dealing with their own grief and suffering. Parental responses to the death of a loved one influence how their children cope with the situation.

Parents and adult friends who undergo an emotionally disruptive event due to the loss of someone they love may develop a sense of protection toward children. They may feel responsible for protecting their children against the same feelings they are experiencing (Stein et al., 2019; Warnick, n.d.). Protecting the children by not telling them the truth, however, has been demonstrated to be detrimental (Lanzel & Brock, 2020). A lack of emotional disclosure may result in negative emotional repercussions, such as when children hide their emotions to avoid reality. A lack of communication may exacerbate their perception of being left alone in the process of understanding frightening situations (Stein et al., 2019).

It seems clear that children should be encouraged to share their thoughts. Adults should hear their perspectives, “acknowledging that [children] can make judgments and engage in reasoning more than adults think they can” (Singh et al., 2020, p. 400). To achieve this goal, adults need to learn how to pay attention to their children’s responses, taking into utmost consideration that children may communicate differently from adults. For instance, they may convey their sense of disruption through silence. Parents should promptly identify the reasons behind the silence and address the situation with the child. Because only the child can explain their suffering, they need to be encouraged to talk and share their thoughts (Singh et al., 2020). By asking questions, listening, and engaging in conversations, parents will truly support and help their children when they are exposed to death at an early age.

A Canadian Activity Book on MAiD

The growing number of patients requesting MAiD increases the likelihood of a child having a loved one undergo this experience. In Canada, MAiD has been accessible to patients since 2016. Given that 31,000 people have died as a result of its legalization and the accessibility criteria have been expanded (Duong & Vogel, 2023), the risk that a child will indirectly be affected by MAiD is likely to grow higher. Although studies investigating the long-term consequences of MAiD on family members are scant, in July 2022, the Canadian Virtual Hospice published the *MAiD Activity Book* to help young children navigate the traumatic experience of facing such a loss.

Through the book, children are introduced to the topic of MAiD. They are guided into the world of emotions by engaging in interactive activities that have been designed to drive them through critical thinking about how MAiD works, why people may ask for this service, and who can request it. Since studies have shown that open conversations reduce the likelihood of depression and anxiety, this book may help parents navigate their children’s suffering when someone close to them decides to request MAiD. Involving children in the decision and educating them about the dying process in an appropriate manner may avoid adverse emotional outcomes.

The Canadian Virtual Hospice provides online resources for those who are coping with a loss. It offers support, tools, and information about caring for children and adults who are severely ill and also helps in caring for them. Since MAiD was first legalized, the Canadian Virtual Hospice has offered guidance for those seeking, those supporting, and those providing this medical option. The purpose of the *MAiD Activity Book* is to guide parents and family members through the process of talking about death with children. The authors acted from a recognition that avoiding discussions about death often leads not only to isolation, anxiety, and fears in children but also to feelings of discomfort in adults who are unprepared to face these conversations (Canadian Virtual Hospice, 2023).

To help families in these difficult circumstances, the Canadian Virtual Hospice provides several online resources, such as *My Life, Their Illness*, to assist parents when helping their children think about and

understand how an illness may affect someone's life. The *MAiD Activity Book* is another of these resources, functioning as a more interactive tool that “will also give [parents] a chance to hear what the child knows, and what they might wonder or worry about, so that [they] can build on that when [parents and children] talk about MAiD together” (Canadian Virtual Hospice, 2022, p. 24).

Children experience and develop conflicting feelings when they perceive that something unusual is happening. Although adults may think children are too young to understand, (Stein et al., 2019) kids are very good at paying attention to conversations that are kept secret from them (Lanzel & Brock, 2020). Problematically, when they overhear conversations that they do not understand, they may come up with their own explanations, based in their imagination. To circumvent this risk, the authors of the *MAiD Activity Book* strongly believe in the beneficial result of clear and open conversations with children (Canadian Virtual Hospice, 2023), wherein providing age-appropriate and child-appropriate information may lessen the risk of developing adverse coping mechanisms as a consequence of someone's decision to die.

Children of different ages have different perceptions of the concept of death. Their disparate level of discernment influences their coping mechanisms. Some of them may develop feelings of shame, guilt, and blame if not correctly guided through their emotions (Edwards et al., 2023; Lanzel & Brock, 2020; Sood et al., 2006; Stein et al., 2019). Literature on grief and bereavement supports the idea of having discussions and making a joint decision when honoring the dying person's values and choices. Having such conversations offers a chance to prepare and adjust to the new situation and mitigates the risk of post-loss anxiety, depression, and complicated grief.

Studies reveal that to feel prepared to face a potentially disruptive event such as death, an individual needs to identify and express their emotions toward the possibility of losing someone, internalize that death is approaching, and plan how to spend time with the person who is dying. When a person decides to request MAiD, their family is usually aware of the day on which death will occur. Comprehending the implications and the procedures that will cause the death mitigates anxious feelings when the time comes (Beuthin et al., 2022). Children, in their own way, may need to undergo the same phases when facing someone's impending death. This activity book may be a helpful tool to guide them through this process.

The activity book was designed for children between 6 and 12 years old, but it can also be used with older or younger children (Canadian Virtual Hospice, 2022). The authors recognize that every child reacts differently to impending death. They emphasize how important it is for them to live in a safe environment that allows for open and sincere discussions regarding their fears, doubts, and worries. Because every child is unique, this book invites adults to shape their support according to the unique needs of the child. Some children may express a desire to read the book by themselves, while some may want an adult they trust to go through the pages and activities with them, and still others may prefer the adult to be there in silence, ready to answer their questions, while they do the activities by themselves. All these options are valid since the purpose of the book is to help adults create a space wherein children can ask questions and share their emotions, especially at times when they cannot control or understand them (Canadian Virtual Hospice, 2022). It is designed to be a tool that allows parents, family members, and friends to “give children as much control, privacy, and independence as they want (or as much as possible) while letting them know that they are welcome to talk about any of the content with [them]” (Canadian Virtual Hospice, 2022, p. 25).

Overall, the activity book depicts death as a natural event. The inevitability of death is seen as part of human life and, therefore, a natural topic of conversation. The normalization of the concept of death helps children accept the universality and inevitability of the dying process. These concepts may at times be difficult to grasp for children who still perceive death as disappearance, such as those under 5 years old (Lanzel & Brock, 2020; Sood et al., 2006; Stein et al., 2019). The book emphasizes how important it is to allow them time to feel what they are experiencing, while also stressing that they may not want to share their emotions.

At the same time, the book assures children that feelings such as anger and sadness are normal, as is being upset and disagreeing with their loved one's decision to die. To help them navigate such emotions, the authors believe that explaining the nature of a decision to request MAiD may help children understand the rationale behind it, which of course lies in the fact that, at times, medicine and doctors cannot alleviate a patient's unbearable physical and psychological suffering. The book clearly explains that those choosing MAiD "are not choosing to die instead of living. They are choosing what will make their body die, when and where it will happen, and who they spend time with" (Canadian Virtual Hospice, 2022, p. 5).

The first part of the *MAiD Activity Book* focuses on the decision and the dying process. It defines MAiD and who can have access to this medical procedure, as well as the concept of informed consent and the voluntary nature of this choice. It also illustrates the three medications that will be provided and how they work until they cause the person's heart to stop. It then moves to the reasons behind the choice and answers potential questions children may have as they begin to understand what will soon happen. Doubts may arise, such as, "Is it because of me? Do they want to leave me? Could they change their mind?" The book attempts to address and solve them. The authors normalize children's feelings of disagreement with this decision but provide a clear explanation as to why supporting personal choices is important. As a conclusion to the first part, the book invites the child to write or draw their ideas and emotions about MAiD.

The second part of the book focuses on making plans with the person who is going to die, in order to enjoy the time left together. It addresses who decides when and where the person will die, and it offers the child the chance to start thinking about how they would want to live through the day set for death. Multiple choice questions ask the child whether they want to spend time with the dying person before death, whether they would like to be present when death happens, and whether they want to bring something to the dying person that will help them remember the child, such as a drawing or toy. It also allows them to feel comfortable with deciding not to be there. In this regard, the book encourages children to think about whether they would like to be present in other ways, such as through a video call, whether they would like to deliver something to the dying person, and how they would like to be informed that death has happened. All this information is provided through drawings and easily understandable texts to facilitate the child's process of understanding and internalizing the impending death.

The third part of the *MAiD Activity Book* focuses only on emotions, through activities. It values every emotion, including feeling embarrassed, scared, and angry, but also being proud and grateful. Children are guided through their emotions with the use of colorful emoticons. They are also assured that it is okay for their feelings to change over time, underlining that "the most important thing is to do what feels the most comfortable, safe, and 'right', for [them]" (Canadian Virtual Hospice, 2022, p. 11). Adults who help the child complete these activities will have a better understanding of the child's emotions and their coping process with the impending death. Adults will have the opportunity to expand the conversations, asking more questions, or making sure that the child has understood correctly what is about to happen. Overall, this activity book has been designed "to help start, or guide a conversation ... not be used *instead of* a conversation" (Canadian Virtual Hospice, 2022, p. 24).

Conclusion

In this article, I aimed to investigate whether it is ethical to encourage conversations about death with children who are facing the death of someone they love. Specifically, I sought to delve into the ethicality of supplying children with an activity book to educate them on MAiD. Contrary to literature that has supported hiding death from children, this pamphlet helps them navigate the emotional dimension of facing the impending death of someone they love. It functions as a tool to help adults understand children's responses and to help children think about death and how they would like to support a loved one throughout the dying

process. As an increasing number of countries legalize physician-assisted suicide, a higher number of children are at risk of encountering death as a result of MAiD. Leaving children alone to cope with their emotions may lead to adverse psychological outcomes, such as depression, guilty feelings, and anxiety. This article demonstrates that building a safe space wherein children can openly share their emotions and feelings is ethically indicated.

Final Recommendations

1. Children are clever detectives regarding conversations that are kept secret from them. Nevertheless, when they feel they cannot share their worries and emotions, they may come up with creative but groundless explanations for that which they do not understand. To avoid the development of adverse feelings or negative coping mechanisms, adults should engage in conversations that are age-appropriate and appropriate to the individual child.
2. Children who feel they cannot share their emotions may engage in behaviors that are detrimental to them. Adults should pay close attention to children's indirect and nonverbal communication styles. A child who engages in withdrawal behaviors, for example, is a child who is hiding their emotions and who may develop feelings of depression, anxiety, sadness, guilt, shame, loneliness, confusion, denial, and/or anger. These adverse outcomes are preventable if children feel they can openly share their emotions.
3. Each child reacts differently to emotionally disruptive events; hence, generalizations are not reliable. Adults should respect and honor the individual child's needs. Children should be allowed to engage in multiple conversations that allow them time to process; their preference not to talk and their right to change their minds should be respected. Adults should be attentive to the child's needs, and being flexible creates a safe healthy space for children to share their discomfort.
4. When going through difficult times, adults may struggle with their own emotions, which may result in their overlooking their children's emotions. Awareness is the first step toward creating a space to share emotions as a family.
5. Normalizing the natural aspect of death and the importance of expressing at times contradictory emotions, such as sadness and anger, will help children go through emotionally disruptive events. This can be achieved by engaging them in activities such as those suggested by the Canadian activity book described above.

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