“My patient is asking about assisted dying…what do I do?” Practical tips for tough conversations

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Objectives

- Understanding what a request might look like.
- Understand the eligibility criteria and legal requirements for Medical Assistance in Dying (MAID) under Bill C-14
- Feel prepared to respond to patient requests with compassion and integrity
- Identify resources to support management of requests

Understanding What A Request Might Look Like

"I want you to help me die."

"Is there a way to speed this up?"

"I'm done"

"Can't this be over?"

What might the patient be expressing?

- Pain/Symptoms
- Existential suffering
- Loneliness
- Fears about the dying process
- Medical Assistance in Dying

This is a legacy conversation.

Legacy Conversation

- disclosure associated with risk and vulnerability and a heightened emotional state
- can be associated with significant consequences, positive or negative (for patient and clinician) depending on how it is managed
  - opportunity to create a real connection, to provide a safe and trusting relationship
  - risk of harm: fear, shame or rejection, isolation, loss of trust
- we already do this in many other contexts…

Creating a Positive Legacy for Assisted Dying Requests

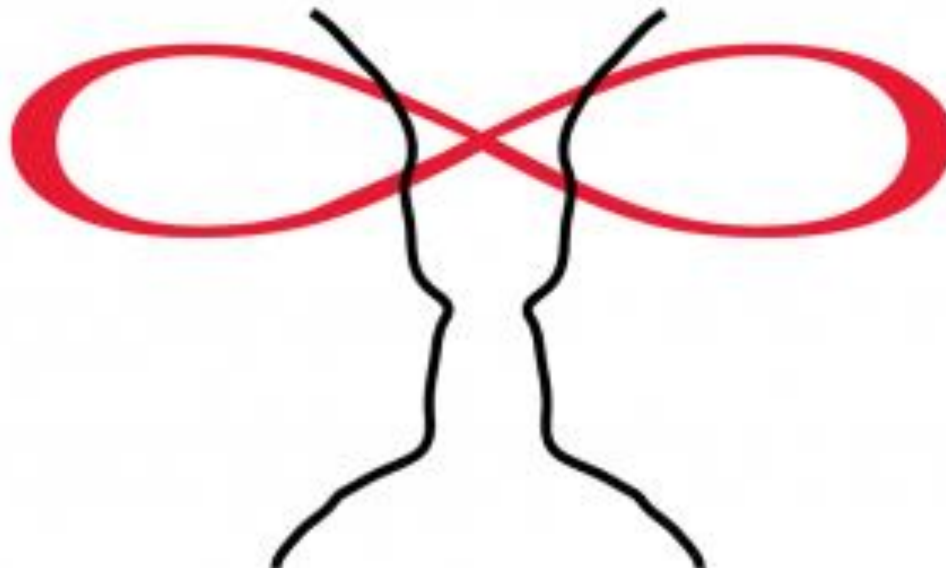
- Understand
  - Yourself
  - The facts about MAID
- Connect to
  - The patient story
  - Your resources
- Act with
  - Integrity
  - Compassion

What makes the difference between a + and - legacy?

Reflective practice (know yourself)

Know the facts

"Warm connected presence"



Understand yourself*

- What do I feel about assisted dying? Where do my feelings come from?

- What are my fears and hopes?

- How might my feelings/beliefs about MAiD influence my conversations with patients?

**VALUES CLARIFICATION GUIDE on Medical Assistance in Dying intranet*

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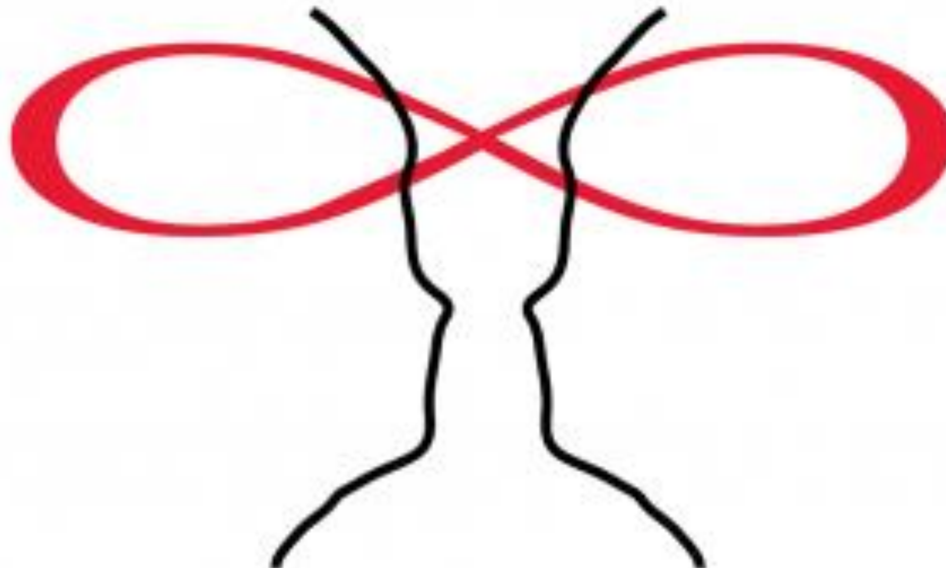

Understand the Facts of Bill C-14: Medical Assistance in Dying (MAID)

Who is eligible?

- mentally competent adults (18yo)
- eligible for health services funding in Canada
- grievous and irremediable medial condition
- be capable to make informed decision considering all options, including palliative care
- provide voluntary consent (through written request and at administration)
- NOT included: non-terminal conditions, mature minors, substitute decision-making and advance directives

What is a "grievous and irremediable medical condition"?

- serious and incurable illness, disease or disability
- an advanced state of irreversible decline in capability
- that illness, disease, disability or state of decline causes patient enduring physical or psychological suffering that is ***intolerable*** to them and cannot be relieved under conditions that they consider acceptable and
- natural death is reasonably foreseeable; does not require a prognosis of a specific length of time

Intolerable Suffering

medical

psycho-emotional

physical symptoms, decline

loss of enjoymenl, Loss of autonomy

Hopelessness loss of self

being a Burden, isolation

existential

social

Bill C-14

Who can administer Assisted Dying?

- MD, NP, Patient (self-administration)
- Permits conscientious objection, emphasizes obligation for effective referral

HHS protocol allows MD/NP to assess; only physicians can administer.

Process Overview

1. Patient makes verbal request, options explored
2. Patient makes written request
3. Primary assessment re: patient eligibility
4. Independent consultation re: patient eligibility
5. 10 day waiting period between written request and administration (unless patient at risk of dying or losing capacity imminently)
6. Patient gives final consent; administration of assisted dying; Coroner notified

To date:

- ~350 Canadians have received MAID
- In Ontario:
  - 114 received MAID as of Oct 31, 2016
  - 112 physician-administered (2 patient-administered)
  - Home: 55; Hospital: 59*
  - Underlying conditions: Cancer, ALS, Neurological, CV/Resp

How has HHS prepared for assisted dying?

Patient-centered, Values-based, Evidence-informed

HHS Assisted Dying Resource and Assessment Service (ADRAS)

Specialized, interprofessional team to:

a) Provide guidance, coaching and education to clinical teams responding to patient inquiries
b) Support/provide formal assessments
c) Facilitate AD for eligible patients (with appropriate consultation and in collaboration with the patient's healthcare team, including family physician)

NOTE: ADRAS can only provide one assessment; the other should come from patient's circle of care.

Who Can Make a Request for Assisted Dying at HHS?

- HHS inpatients
- HHS outpatients
  - Will work to coordinate assessment/provision of assisted dying in the patient's location of choice (home or hospital)
- *Patients in the community, who have no affiliation with HHS will be addressed on case by case basis*

Contact ADRAS team*: adras@hhsc.ca*

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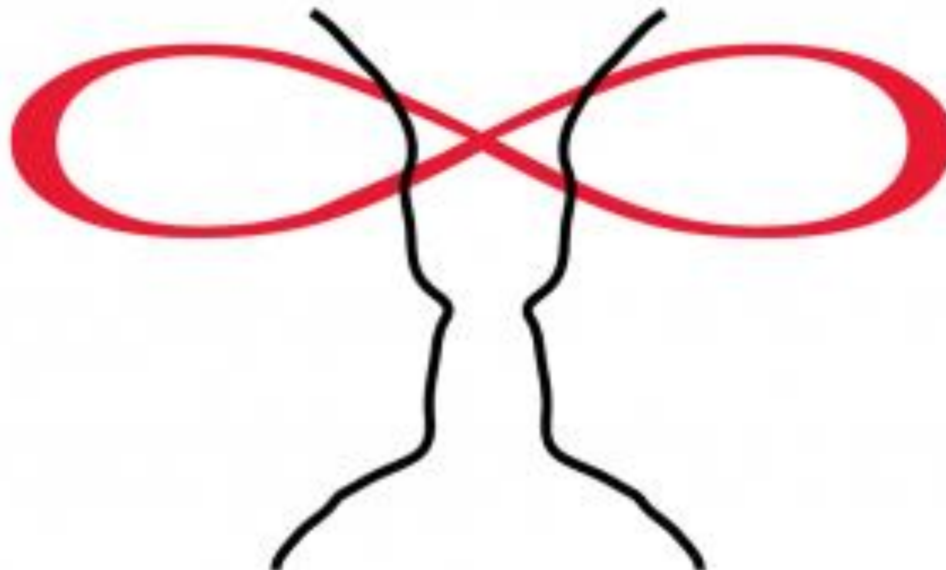


Connect

Your Role: Connecting to the Patient Story

- A request for assisted dying is an invitation into the patient's story
- Requires curiosity, openness and *narrative competence*

Pause and Clarify

- Make space
- Clarify the patient's goals…why do you want assisted dying? What are you hoping for?
- Clarify the patient's options…what is the journey ahead? Which options align with your goals?
- Builds therapeutic relationship and supports informed choice: benefit to healthcare professional and patient

Conversation Guide

- **Explore reasons for request:** *"Tell me why you feel this way now?"*
- **Discuss diagnosis, prognosis and natural history of illness, and dying process :** *"Let's review where you are at and where this may be going"*
- **Explore suffering :** *"What are your biggest concerns, given your situation?"*
- **Identify social context:** *"What does your family say? Are you worried about them?"*
- **Explain options for care and what death will look like:** *"I'm wondering if we could consider a new care plan to address your suffering."* (treatments, care settings, supports, etc.)

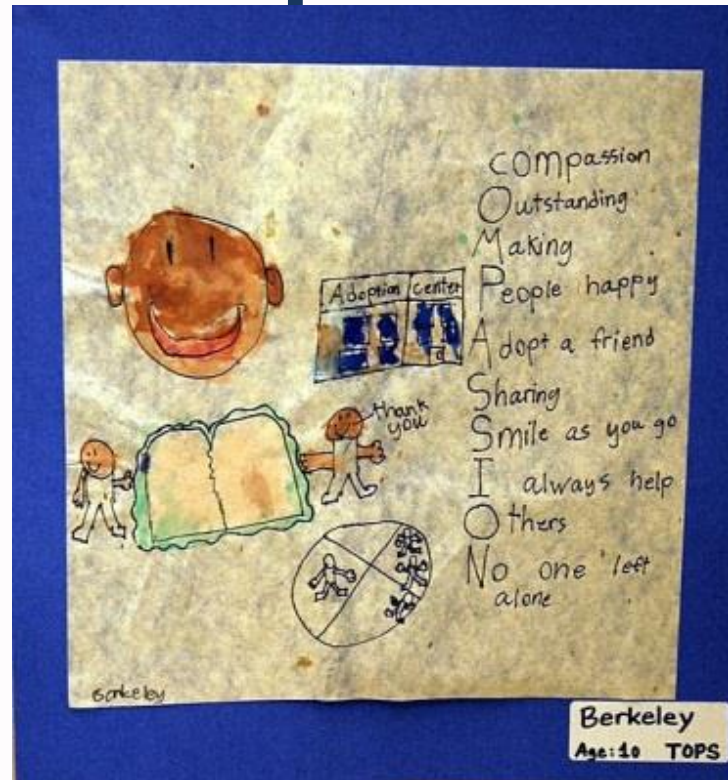
Your role: college guidelines

- The responsibilities all HCP's have in common:
  - Hearing the request
  - Exploring options
  - Empowering the patient with information
  - Making effective referral to a willing provider, if appropriate

Your Role on the Team Caring for the Patient

- Meet suffering with compassion: patient's suffering, family's suffering, colleagues' suffering, your suffering
- Support MRP in exploration of options and clinical care management
- Work with resources/consultants/ADRAS
- Consider how you will participate (or not) in assisted dying, given your role/scope:
  - ? Making an effective referral to willing provider
  - ? Accompany the patient

Act with Integrity and Compassion



Author: Wonderlane http://www.flickr.com/photos/wonderlane/4463698051/in/photostream

HHS Experience

- 1 request/weeks since June (~18)
- 6 completed cases: inpatient and at home
- ~14 days from first request to provision
- Patients ineligible due to progression of illness and loss of capacity; HCPs waiting too long to respond to initial inquiries
- Strong collaboration with inpatient teams and Family Medicine/CCAC in community

Right of Conscience Statement

- HHS recognizes Right of Conscience of both participants and non-participants in MAID
- Staff/MDs may only make conscientious objection to *direct participation in assisted dying*, not usual care of patients requesting MAID
- May voluntarily disclose a conscientious objection to their manager/chief
- Must make an effective referral to another willing provider and not abandon the patient; discretion and compassion; follow college guidelines

Contact ADRAS

- Email adras@hhsc.ca; response in 1 business day
- Any member of the clinical team may contact ADRAS for general information/support/coaching
- MRP is responsible for making referrals; accepted after intake process (to ascertain patient eligibility and appropriate supports)
- All formal assessments/provisions of MAiD must be reported to ADRAS

Hamilton Health Sciences
Algorithm for Responding to Requests for Medical Assistance in Dying (MAID)
(September 2016)

Physicians should review the following references:

CPSO Policy Medical Assistance in Dying (June 2016) www.cpso.on.ca

HHS *Responding To Requests For Medical Assistance in Dying (MAID) Protocol*

All steps should be documented in the patient's health record.

Requests for information and support for assisted dying will be accepted from HHS inpatients and outpatients. External requests (i.e. from external agencies, LTC, hospitals) will be evaluated on a case by case basis.

1. Patient makes request for Medical Assistance in Dying to Healthcare Professional. NOTE: requests cannot be made by SDM or advance directive.

↓

2. MRP discusses request with patient, exploring patient's symptoms, concerns and needs; discusses all reasonable treatment options; determines urgency of request.

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3. Physician offers appropriate consultation/supports to alleviate suffering if needed: subspecialist support in disease states, palliative care consultation, social work, spiritual care, etc.

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4. If alternative options are inadequate to meet patient needs (or unacceptable to the patient) inform patient a formal assessment for MAID is required. Reassure patient they will continue to be cared for, regardless of outcome of request.

↓

5a. Is MRP willing to complete assessment of patient re: eligibility for MAID?

- NO → 5b. MRP informs patient (sensitively and without judgment) that he/she is unwilling to provide formal assessment. MRP has obligation to attempt to refer to a willing provider, and to not impede access to MAID.
  - ↓ 5c. Contact other physicians/NPs in the patient's circle of care (including family physician). Is another physician/NP in the circle of care willing to complete assessment of patient?
    - YES → Physician providing assessment to contact CMPA and follow all steps in CPSO Policy Medical Assistance in Dying and HHS *Responding to Requests for Medical Assistance in Dying Protocol*
    - NO → 6.
- YES → Physician providing assessment to contact CMPA and follow all steps in CPSO Policy Medical Assistance in Dying and HHS *Responding to Requests for Medical Assistance in Dying Protocol*
  - YES ↓

6. Assistance will be required to navigate this process and related policies. Please email all requests for coaching, education and help with assessments and/ or effective referrals to the Assisted Dying Resource and Assessment Service (ADRAS) at adras@hhsc.ca. All formal assessments for MAID must be reported to ADRAS.

For Updates, Information and Links:

Corpweb: The HHS Intranet

Safeguarding Personal Health Information

What's Happening, Our Stories & Survey Updates

Do you have a story to share?

#HHSshare

Medical Assistance in Dying

Resources & Updates

Our Team

- Andrea Frolic and Paul Miller, ADRAS co-chairs
- Brad Elms, ADRAS clinical manager
- Marta Simpson-Tirone, ADRAS educator

Contact through: adras@hhsc.ca

Final Thoughts

- Medical Assistance in Dying is an option for HHS patients
- Take inquiries as an opportunity to explore the patient story and options
- Resources available to support healthcare providers, patients and families throughout the process

Any questions?