

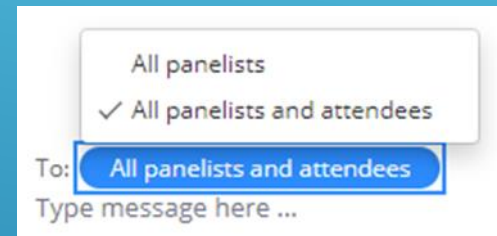
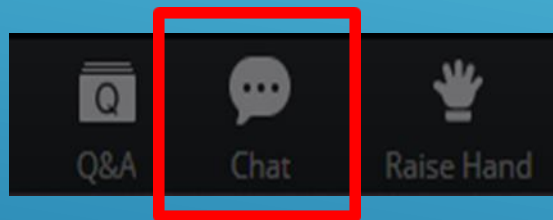
MEDICAL ASSISTANCE IN DYING (MAID)

An overview of MAiD today and a look at the implications and responsibilities for health care providers

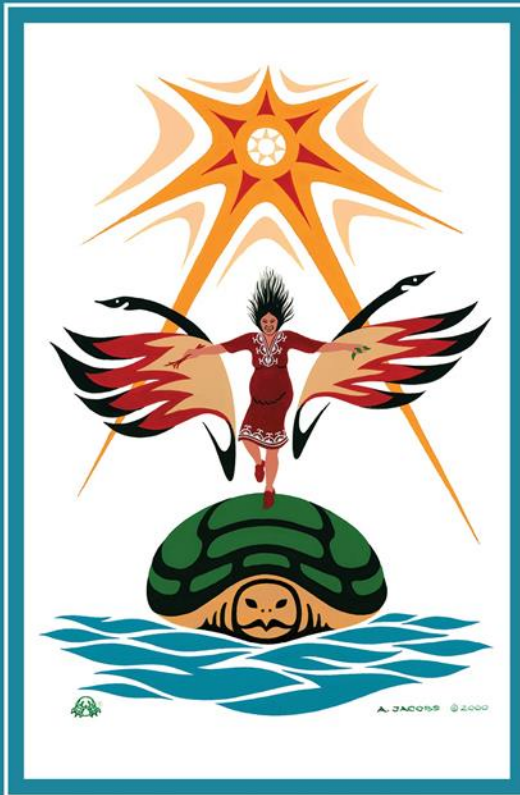
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Webinar Housekeeping

- ▶ Everyone will be muted except the host and moderator
- ▶ Ask questions through the Zoom chat box



- ▶ This webinar will be recorded and posted on the Regional Ethics Network website (regionalethicsnetwork.com)



We are privileged to provide care on lands that Indigenous peoples have called home for thousands of years.



OBJECTIVES

- ▶ Understand the eligibility criteria and legal safeguards for Medical Assistance in Dying (MAiD) in Canada's Criminal Code
- ▶ Reflect on implications for health care providers: values, teamwork, referral processes and talking to patients about MAiD
- ▶ Review aspects of MAiD care through a case sample

WHAT ARE YOUR PERSONAL VALUES?

- ❖ What do I feel about the option of assisted dying?
- ❖ Where do my feelings come from?
- ❖ What are my fears and hopes re: MAiD?
- ❖ How might my feelings/beliefs about MAiD influence my interactions with patients?



WHO IS ELIGIBLE FOR MAID?

- ▶ mentally competent adults (18yo)
- ▶ eligible for health services funding in Canada
- ▶ grievous and irremediable medical condition
- ▶ be capable to make informed decision considering all options, including palliative care
- ▶ provide voluntary consent; may withdraw request at any time

NOT included: mature minors, substitute decision-making and advance directives

WHAT IS A “GRIEVOUS AND IRREMEDEABLE 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

WHO CAN ADMINISTER ASSISTED DYING?

- ▶ MD, NP: intravenous medication
- ▶ Patient: oral self-administration
- ▶ No MD/NP is compelled to provide MAiD; conscientious objection permitted; obligation for effective referral
- ▶ Every MAiD procedure is reported to the Office of the Chief Coroner of Ontario for quality review.

STATUS UPDATE AS OF MARCH 2023

Changes to the Criminal Code opened eligibility for persons whose death is *not* reasonably foreseeable:

- ▶ Track 1: Natural death is reasonably foreseeable (RFND)
- ▶ Track 2: Natural death is *not* reasonably foreseeable (NRFND); persons with mental illness as sole underlying condition will become eligible in March 2024

REASONABLY FORESEEABLE NATURAL DEATH (RFND): TRACK 1

- ▶ No 10 day reflection period
- ▶ Addition of the Waiver of Final Consent (WFC) as an option
 - ▶ Patients found eligible may receive MAiD if they lose capacity prior to the scheduled MAiD procedure
 - ▶ Does not demonstrate resistance or refusal in words, sounds, gestures

NO REASONABLY FORESEEABLE NATURAL DEATH (NRFND): TRACK 2

▶ Safeguards

- ▶ Clinician with expertise in the condition for which the patient is seeking MAiD must be an assessor or consulted on the case.
- ▶ Minimum assessment period of 90 days from the start of the first assessment.
- ▶ Patient must be offered a variety of supports: palliative care, disability supports, psychological support, etc.
- ▶ No waiver of final consent option; patient must consent at the time of provision

SAFEGUARDS FOR BOTH TRACKS

- ▶ 2 assessors/assessments
- ▶ Assessors must be independent of each other
- ▶ Although verbal request are accepted to begin the MAiD process, a written request must be completed for MAiD provision to occur

WHAT'S TO COME

- ▶ March 17 2024 Mental disorder is the sole underlying condition

Report of the Special Joint Commission on Medical Assistance in Dying

- ▶ Advanced Directives
- ▶ Mature minors

WHAT ARE YOUR PERSONAL VALUES?

- ❖ What do I feel about the option of assisted dying?
- ❖ Where do my feelings come from?
- ❖ What are my fears and hopes re: MAiD?
- ❖ How might my feelings/beliefs about MAiD influence my interactions with patients?



COMMON VALUES

What common values are important for a team to practice when responding to a patient request for MAiD?

- ▶ Relief of suffering
- ▶ Patient autonomy
- ▶ Mutual respect
- ▶ Teamwork
- ▶ Informed choice
- ▶ etc

WHEN IS IT OK TO TALK ABOUT MAID

- ▶ Regulated health care providers should refer to their **college guidelines** and follow them.
- ▶ Unregulated health care providers should follow their **organization guidelines/policy** on MAiD.
- ▶ **Personal practice** Do you have the knowledge and tools to have a preliminary conversation about MAiD?
- ▶ Its about **informed choice**.

WHEN IS IT OK TO TALK ABOUT MAID

- ▶ Informing a patient about Medical Assistance in Dying is **not**:
 - Assessing for MAiD
 - Offering MAiD
 - Telling a patient they should access it
- ▶ Informing a patient about Medical Assistance in Dying **is**:
 - Providing patients with the information they need in order to make an informed choice

REQUEST VS INQUIRY

REQUEST:

- ▶ A person's request for MAiD (verbal or in writing) may take any form (e.g., via a discussion with the physician or nurse practitioner, an email, a text message, a piece of paper, a speech generating device, etc.). It does not have to be in the format required by the Criminal Code as a safeguard when MAiD is provided (i.e., duly signed, dated and witnessed) to require reporting.*
- ▶ a request must be an intentional/explicit request for MAiD*

INQUIRY:

- ▶ An inquiry about MAiD, such as seeking general information about MAiD eligibility or the delivery of MAiD does not constitute a request for MAiD.*
- ▶ A patient who may want to have MAiD in the future if their situation changes is a patient that is inquiring about MAiD.

**** Taken from the Health Canada "Guidance Document Reporting Requirements under the Regulations Amending the Regulations for the Monitoring of Medical Assistance in Dying" Section 3. What constitutes a request for MAiD for the purpose of reporting?***

RIGHT OF CONSCIENCE

What is your organizations policy?

What are your college guidelines?

CLINICIAN AID A

PATIENT REQUEST FOR MEDICAL ASSISTANCE IN DYING FORM

WITNESSING THE CLINICIAN AID A

Follow organisational guidelines of witnessing.

CLINICIAN AID A

PATIENT REQUEST FOR MEDICAL ASSISTANCE IN DYING FORM

Ministry guidelines for witnesses

- ▶ must be 18 years of age or older.
- ▶ Understand the nature of the request for MAiD
- ▶ **cannot** be named in the requestors will.
- ▶ **cannot** benefit from requestors death financially or materially.
- ▶ **cannot** own or operate the facility where requestor is being treated or resides
- ▶ **cannot** be the requestors MAiD assessor, provider
- ▶ **cannot** be the consulting practitioner with expertise in the condition causing the persons suffering (track 2)
- ▶ ***can be a person who is paid to provide health care services or personal care to the person requesting***

CLINICIAN AID A

PATIENT REQUEST FOR MEDICAL ASSISTANCE IN DYING FORM

A witness is **not** saying:

- ▶ Requestor is eligible
- ▶ Requestor meets criteria for assessment

A witness **is only** saying:

- ▶ I witnessed the requestor complete this form and I meet the criteria outlined.

CLINICIAN AID A

PATIENT REQUEST FOR MEDICAL ASSISTANCE IN DYING FORM

Authorized Third person

- ▶ must be 18 years of age or older.
- ▶ understand the nature of the request for MAiD
- ▶ **cannot** be named in the requestors will.
- ▶ **cannot** benefit from requestors death financially or materially.
- ▶ at the request of the patient - sign and date the request in the presence and on behalf of the person requesting medical assistance in dying.

Witness must also be present when authorized third person signs

CASE STUDY 1

- ▶ Suzie is a 75 year old woman who lives at home with her husband.
- ▶ She has three children and six grandchildren in their 20's
- ▶ She enjoys visiting with her children and grandchildren, golfing, taking long drives in her sports car, traveling with her husband to great hiking destinations amongst other things
- ▶ She has always been a very independent person
- ▶ She is a retired nurse having worked for 30 years in long term care.

CASE STUDY 1

- ▶ She has lived with Parkinson's for many years and it has been well maintained and treated.
- ▶ In the last year it really begun to be a barrier to her quality of life.
- ▶ She has been told that this is likely her new baseline when it comes to her illness trajectory.
- ▶ She has had home care nursing coming in daily for the past few months
- ▶ She has been hospitalized for falls recently due to dizziness related to Parkinson'
- ▶ She can no longer drive or hike or golf in fact she can hardly stand due to the dizziness.
- ▶ Daily tasks are becoming almost impossible

CASE STUDY 1

- ▶ Suzie has recently been diagnosis with colon ca and after a long discussion with her oncologist she has decided that she does not want treatment
- ▶ She has had a goals of care conversation with her primary care team and decided to change her code status to AND
- ▶ She is now being followed by community Palliative Care to manage symptoms
- ▶ Suzy has shared with many of her family members and care givers that she feels done with life and wants to be with her sister in heaven.

WHO IS ELIGIBLE FOR MAID?

- ▶ mentally competent adults (18yo)
- ▶ eligible for health services funding in Canada
- ▶ grievous and irremediable medical condition
- ▶ be capable to make informed decision considering all options, including palliative care
- ▶ provide voluntary consent; may withdraw request at any time

NOT included: mature minors, substitute decision-making and advance directives

IMPORTANT THINGS TO REMEMBER

- ▶ If a person's goal of care is to die, discussing MAID is not illegal but counselling someone to die/ commit suicide is illegal.
- ▶ No room for value judgement about someone's quality of life.
- ▶ MAID is not a first line option.

IMPORTANT THINGS TO REMEMBER

If a person's goal of care is to die,
discussing MAiD is not illegal

Y: Suzy I noticed that you changed your code status, you have mentioned your desire to be done with life. I am wondering if you are asking for MAiD

S: MAiD what is that?

Y: Medical Assistance in Dying. It is a medical intervention that will end your life. It is available to eligible persons who meet specific criteria.

S: Oh no that is not what I want. I am ready to die but what I want is for nature to take me.

Y: OK I just needed to be sure that I wasn't ignoring your request.

IMPORTANT THINGS TO REMEMBER

Counselling someone to die is illegal.

Y: Suzy I noticed that you changed your code status, you have mentioned your desire to be done with life. I am wondering if you are asking for MAiD

S: MAiD what is that?

Y: Medical Assistance in Dying. It is a medical intervention that will end your life. It is available to eligible persons who meet specific criteria.

S: Oh no that is not what I want. I am ready to die but what I want is for nature to take me.

Y: Are you sure? MAiD is very peaceful and very quick. Lots of people are embracing it as part of their end of life plan. You are such an independent person I just thought it would be something you would be interested in.

IMPORTANT THINGS TO REMEMBER

- ▶ If a person's goal of care is to die, discussing MAiD is not illegal but counselling someone to die/ commit suicide is illegal.
- ▶ **No room for value judgement about someone's quality of life.**
- ▶ **MAiD is not a first line option.**

CASE STUDY 1

- ▶ She has lived with Parkinson's for many years and it has been well maintained and treated.
- ▶ Suzi has recently been diagnosis with colon ca and after a long discussion with her oncologist she has ***decided that she does not want treatment***
- ▶ She has had a goals of care conversation with her primary care team and ***decided to be AND***
- ▶ **Suzy has shared with many of her family members and care givers that she feels done with life and wants to be with her sister in heaven.**

4 TYPES OF SUFFERING

- ▶ In order to be eligible for MAiD a person must have **intolerable suffering**
- ▶ Most people equate suffering with physical symptoms.
- ▶ Physical symptoms are only one of the four quadrants of suffering, the others being psychological/emotional, social and existential.
- ▶ Suffering is not just about pain or discomfort it is also about how illness impact our feeling, relationships and sense of meaning.
- ▶ It is often these aspects of suffering that become the main motivators of MAiD requests.

4 TYPES OF SUFFERING

PHYSICAL

- ▶ She has been hospitalized for **falls** recently due to **dizziness** related to Parkinson'
- ▶ She can no longer drive or hike or golf in fact she can **hardly stand** due to the dizziness

4 TYPES OF SUFFERING

INVISIBLE SUFFERING

These are the aspects of suffering that are often an internal experience. They are not as easily visible to other people.

PSYCHOLOGICAL/EMOTIONAL

SOCIAL

EXISTENTIAL

4 TYPES OF SUFFERING

INVISIBLE SUFFERING

- She has always been a very independent person
- She can no longer drive or hike or golf in fact she can hardly stand due to the dizziness.
- Daily tasks are becoming almost impossible
- Requiring more nursing supports
- Feels done with life and wants to be with her sister in heaven

WOULD YOU DISCUSS MAID WITH SUZIE?

- Goal of care is to die
- No value judgement
- MAiD is not first the first line option
- Meets eligibility criteria for assessment to the best of your knowledge

WHO IS ELIGIBLE FOR MAID?

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LETS SCRIPT IT

Y: Suzy I noticed that you changed your code status, you have mentioned your desire to be done with life. I am wondering if you are asking for MAiD

S: MAiD what is that?

Y: Medical Assistance in Dying. It is a medical intervention that will end your life. It is available to eligible persons who meet specific criteria.

S: Oh yes I have heard of that. I think it is something I would be interested in but I would like some more information before I decide if it is right for me.

Y: Well I can try to answer some of your questions and connect you with someone who can answer the ones that I can't.

WHERE DO YOU FIT?

- ▶ Hearing the request
- ▶ Sharing MAiD as an option
- ▶ Witnessing requests
- ▶ Assessments
- ▶ Death Choreography
- ▶ Provision of MAiD

WHAT TO TAKE AWAY

- ▶ Basic understanding of MAiD
- ▶ An understanding our own feelings about MAiD
- ▶ Focus on Common Values
- ▶ Hearing a request or sharing information about MAiD as an option is providing a patient with the information and support they need in order to make their own informed choice.

QUESTIONS?

THANK YOU

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