

**Medical Assistance in Dying
(MAID): Taking a balanced
approach to a challenging addition
to end of life care**

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Thanks to the U of S Retirees Association:

- "At my age, I do what Mark Twain did. I get my daily paper, look at the obituaries page and if I'm not there, I carry on as usual." —Patrick Moore

“I'm not afraid of death; I just don't want to be there when it happens.”
— **Woody Allen**



How Three Women Changed the Law



Kay Carter
(spinal
stenosis)



Sue Rodriguez (ALS)



Gloria Taylor (ALS)

BILL C-14(June 2016)

Medical Assistance In Dying

Goal

- To balance individual autonomy over the end of life decisions with protection of society
 - Vulnerable populations
 - Slippery slope

What Bill C-14 does NOT do

- Force participation in MAiD
- However, physicians may not abandon their patients and patients have to be allowed to seek their legal options.

Eligibility for MAiD: Grievous and irremediable medical condition

- They have a serious and incurable illness disease, or disability; AND
- They are in an advanced state of irreversible decline in capability; AND
- That illness, disease, or disability or that state of decline causes them enduring physical or psychological suffering that is intolerable to them and that cannot be relieved under conditions that they consider acceptable; AND
- Their natural death has become reasonably foreseeable, taking into account all of their medical circumstances, without a prognosis necessarily having been made as to the specific length of time that they have remaining.

Suffering

Physical	Non-physical or existential
Pain	Loss of autonomy
Nausea, unable to eat or drink	Poor quality of life, isolation, loneliness
Aspiration/choking	Loss of dignity, meaning and sense of usefulness
Loss of control of bodily functions	Concern about burden to others
Decreased mobility	Worry about upcoming symptoms or inexorable decline
Dyspnea	Previous experience with difficult death

Eligibility for MAiD

- Eligible for health services funded by a government in Canada
- At least 18 years of age
- Made a voluntary request for medical assistance in dying that, in particular, was not made as a result of external pressure
- Have given informed consent to receive medical assistance in dying after having been informed of the means that are available to relieve their suffering, including palliative care.
- Can provide informed consent

Eligibility for MAID

- Two practitioners (physicians or nurse practitioners) who are independent of each other), after independent assessments, agree criteria met

Exclusions

- Mature minors
- Consent by proxies or substituted decision makers (SDM)
- MAID by advance care directives
- MAID for patients who lose capacity

The initial discussion

- Clarifying a patient's intent when he/she states they want to die
 - Expression of frustration with current life circumstances
 - Settled, well-thought-out request for medical assistance in dying
- Reviewing health history (especially recent and possibly transient exacerbations of underlying illness) contributing to the patient's end of life statements

Further discussion

- Reviewing range of available options
 - Discontinuing active interventions
 - Maximizing control of problematic symptoms like pain, nausea, dyspnea and fear of a difficult death
 - Increase support from home care, palliative care or other resources
 - MAID (see next slide)

Written request for MAID assessment: requirements for witnesses

- Not a beneficiary in the will of the patient or a recipient of a financial or material benefit resulting from the patient's death.
- Not an owner or operator of a health care facility where the patient is receiving treatment or of a facility in which the patient resides.
- Not directly involved in providing health care services to the patient.
- Not directly providing personal care to the patient.

Written Request

Medical Assistance In Dying Patient Written Request



PATIENT INFORMATION

Last Name:		First Name:	Middle Name(s):
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other		Birthdate (yyyy/mm/dd):	HSN:
Home Address:		Postal Code:	Phone Number:
Medical Diagnosis Relevant to Request for Medical Assistance in Dying:			

PATIENT REQUEST

I, _____, being at least 18 years of age, and having been diagnosed with a, grievous and irremediable condition, am experiencing intolerable suffering; am voluntarily making a request to be assessed by two independent practitioners in order to determine my eligibility for medical assistance in dying, acknowledging such intervention will result in my death.

PATIENT SIGNATURE: Witnesses, listed on page 2, must directly observe the patient or proxy physically signing the document. If witnesses are available on different dates, the patient is to sign twice with corresponding dates to those of the witnesses.

Print Name:	Signature:	Date Signed:
	Signature:	Date Signed:

PROXY INFORMATION

Proxy Declaration: If the patient is physically unable to sign, a proxy can sign on the patients express direction and in the patients' presence. The proxy cannot be either of the listed witnesses, must be at least 18 years old, understand the nature of the request, and to their knowledge are not a beneficiary in the will or recipient of financial or other material benefit resulting from the death of the patient. Must be signed in front of the patient and two independent witnesses.

Print Name:	Signature of Proxy:	Date Signed:
	Signature of Proxy:	Date Signed:
Home Address:	Postal Code:	Phone Number:

Reflection period

- 10 clear days reflection period (not counting the date of the written request or the day of MAID provision)
 - May be shortened if both assessors are of the opinion that the person's death, or loss of capacity to provide informed consent is imminent
- MAID does not need to happen after ten days!

Preparation for MAID

- Further discussion about patient and family wishes.
 - timing, location, and potential supports to be present during the event
- Transfers
- Privacy-chart as usual



Provincial Medical Assistance In Dying (MAID) Program Consent for Medical Assistance in Dying

SECTION 1: BASIC INFORMATION		
Patient Information		
Name (Last, First, Middle):	DOB (yyyy-mm-dd):	HSN: Province of Issue: Saskatchewan ▾
Address (street, city, province):	Postal Code:	Gender: <input type="checkbox"/> Prefer not to disclose <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
Provision of Consent		
<p>I understand that I may, at any time, withdraw consent to medical assistance in dying or any other related matter. I confirm that the nature, benefits, risks, consequences, and alternatives of medical assistance in dying and related matters have been explained to me. I am satisfied with and understand the information I have been given, and consent to receive medical assistance in dying from the prescribing practitioner with the assistance of any other health care service providers as deemed to be appropriate. I acknowledge this intervention will result in my death.</p>		
Intravenous Administration of Medications: Midazolam 10 mg IV, Lidocaine 40 mg IV, Propofol 1,000 mg IV, Rocuronium 200 mg IV		
Patient's Signature:	Time:	Date (yyyy-mm-dd):
Proxy Declaration: If the patient is physically unable to sign , a proxy can sign on the patient's expressed direction and in the patient's presence. A member of the Provincial Medical Assistance in Dying Program acknowledges the patient's request and consent.		
Print Proxy's Name:	Proxy's Signature:	Date (yyyy-mm-dd):
SECTION 2: PRACTITIONER INFORMATION		
Name (Last, First, Middle):	License Number:	<input type="checkbox"/> Nurse Practitioner <input checked="" type="checkbox"/> Physician

Day of MAID Provision

- Generally two practitioners present for mutual support (practical, medicolegal, emotional)
- Support to patient and family members
- IV administration of medications brought by MAID team
- Medical Certificate of Death completed by physician or NP
- Most responsible physician, family physician, palliative care (if applicable) and funeral home notified

The Medications (in standardized kit from pharmacy)

- Midazolam
- Lidocaine
- Propofol
- Rocuronium



The Medical Certificate of Death

- Cause of death:
 - a) Drug toxicity
 - b) Underlying medical cause precipitating MAiD request such as cancer
- Manner of death:
 - Unclassified

Referral Process

Patients Can Self Refer

All inquiries are sent to HealthLine 811: Saskatchewan Provincial MAID Program as the central point of access.



A member of the MAID team will process the inquiry.



Appropriate providers are accessed: Patient is contacted, provided with initial MAID information, and assessments are arranged.

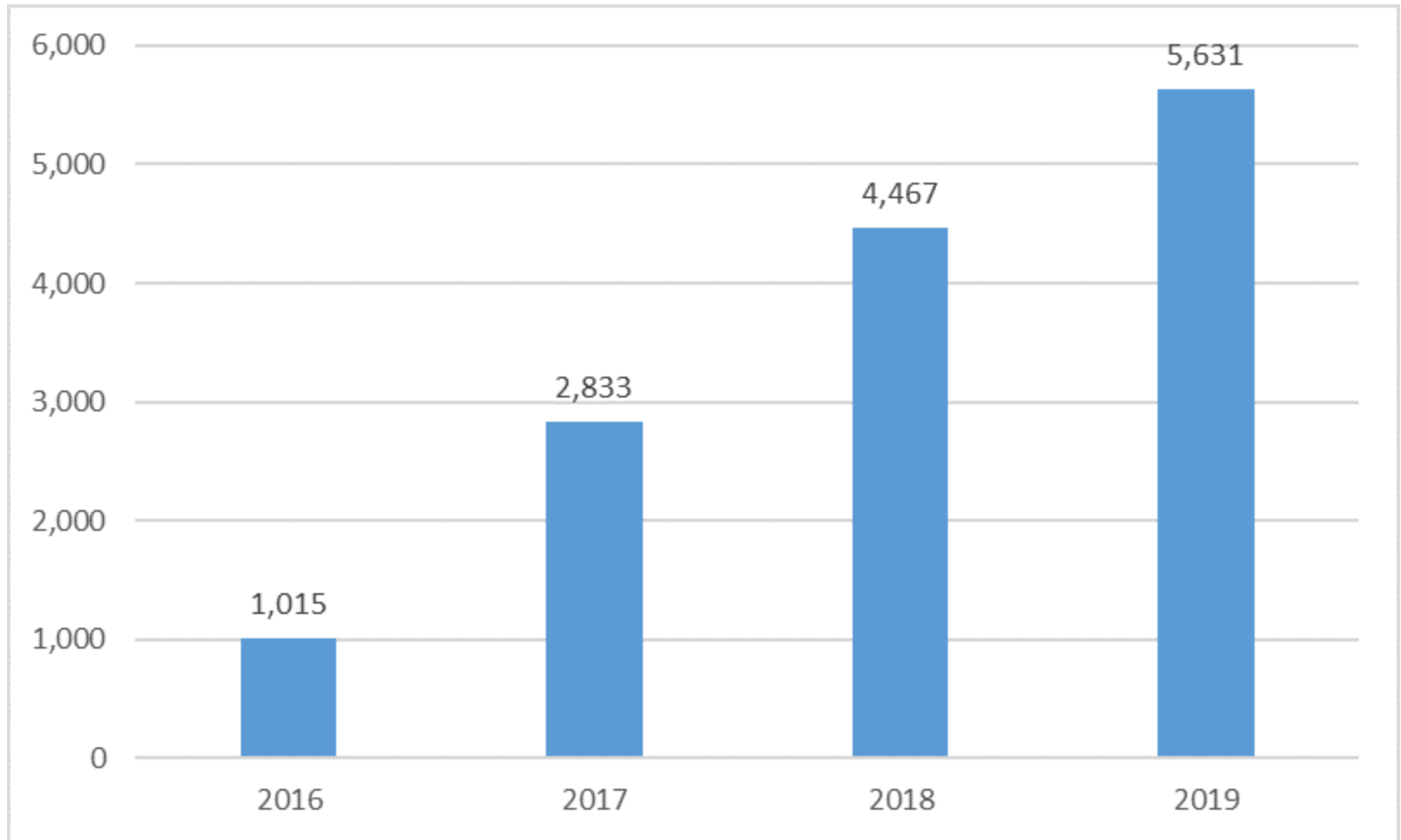


Once assessments are completed coordination of next steps i.e.) referral, investigations, pending provision.



MAID statistics

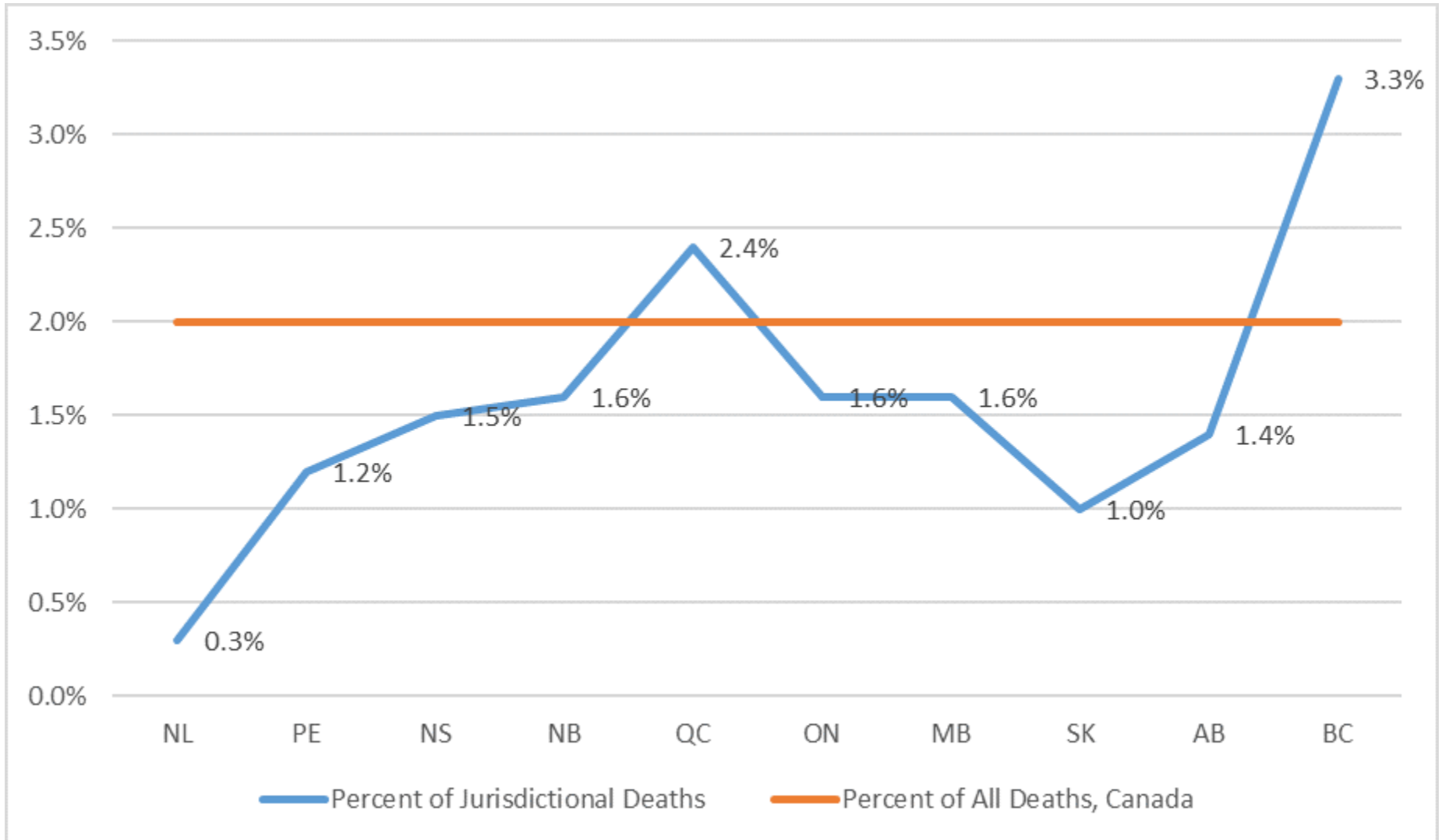
Total Reported MAID Deaths in Canada, 2016 to 2019



First Annual Report on Medical Assistance in Dying in Canada, 2019

<https://www.canada.ca/en/health-canada/services/medical-assistance-dying-annual-report-2019.html#a3.1>

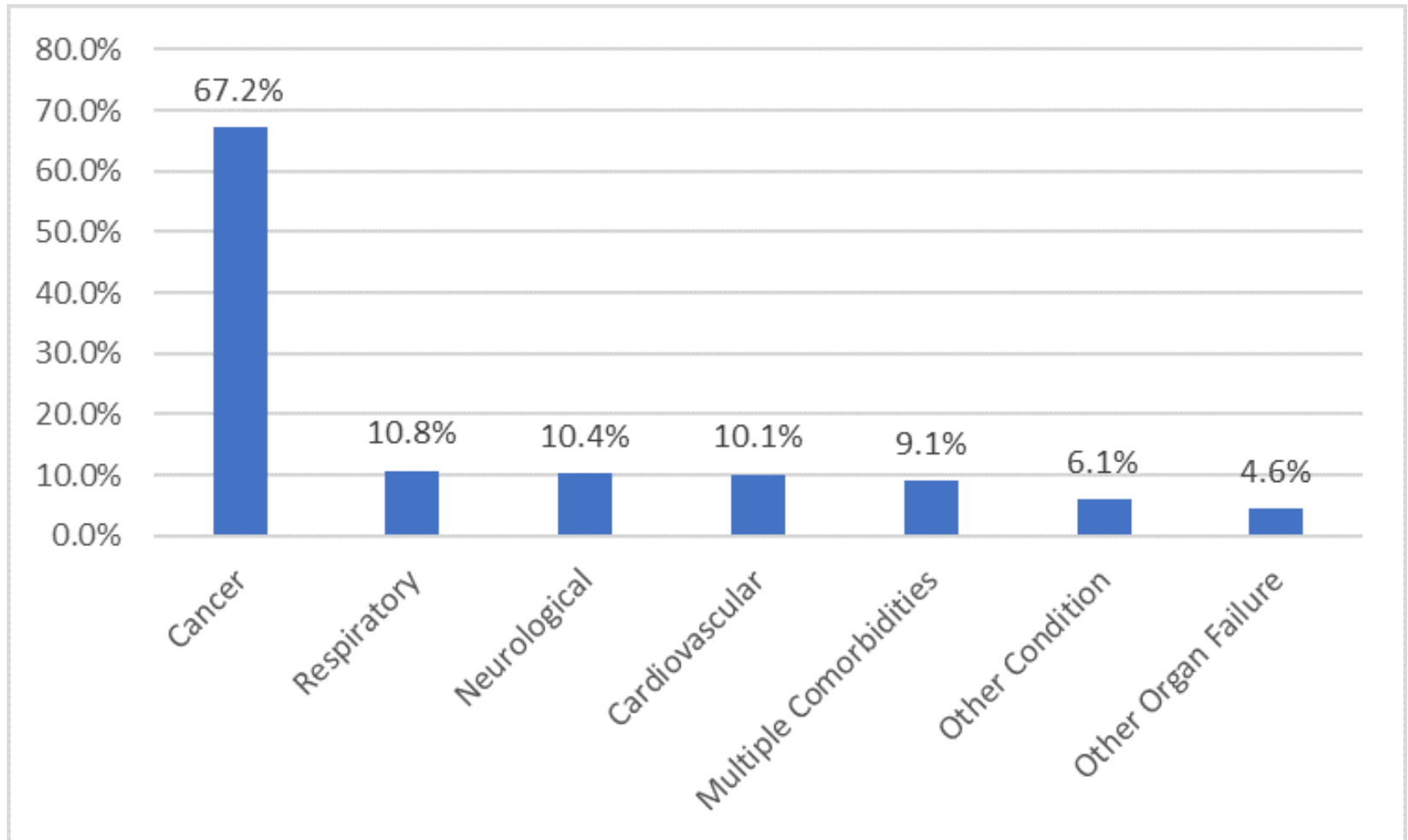
Percentage of Total Deaths Attributed to MAID by Jurisdiction, 2019



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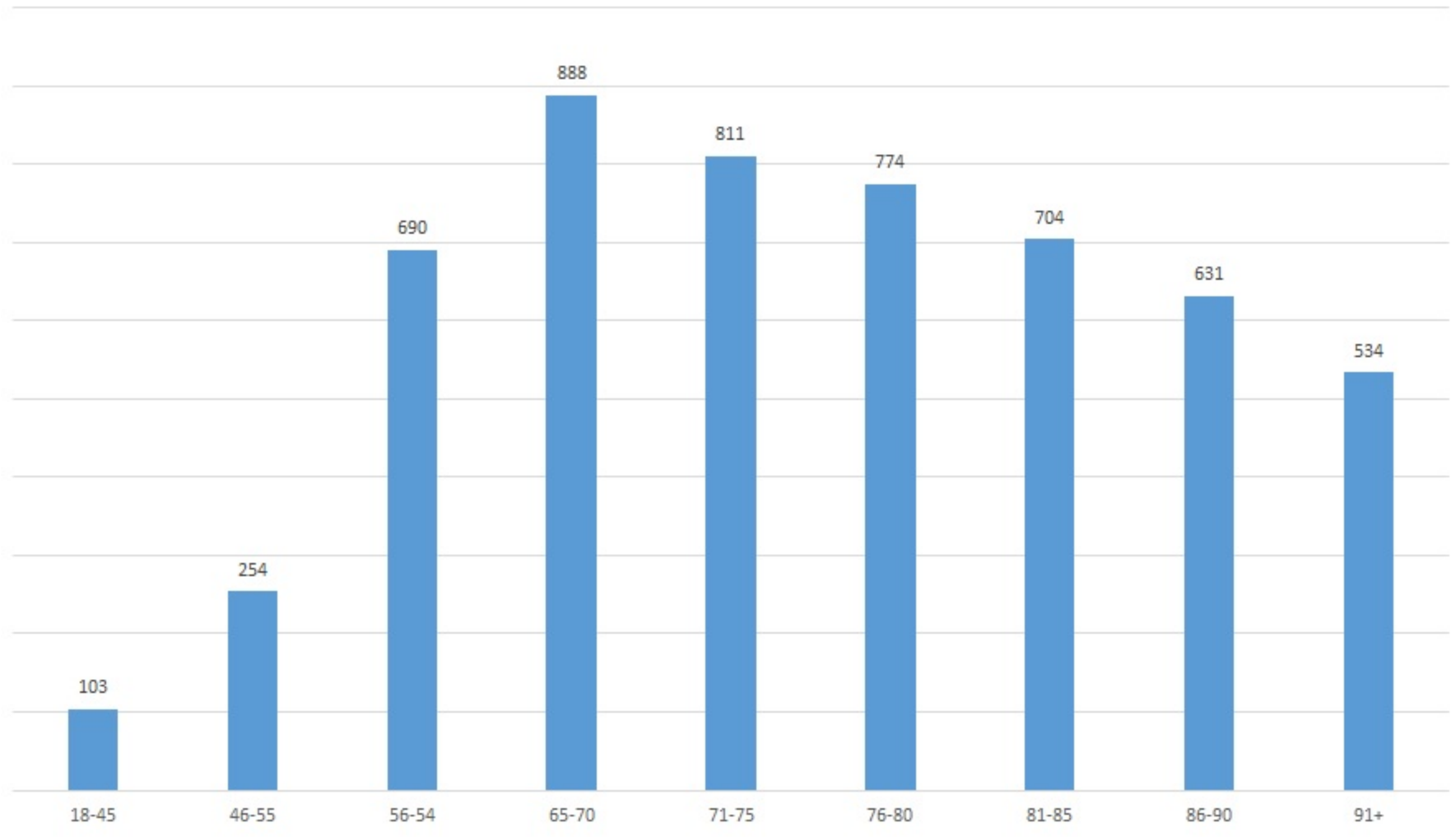
MAID by Main Condition, 2019



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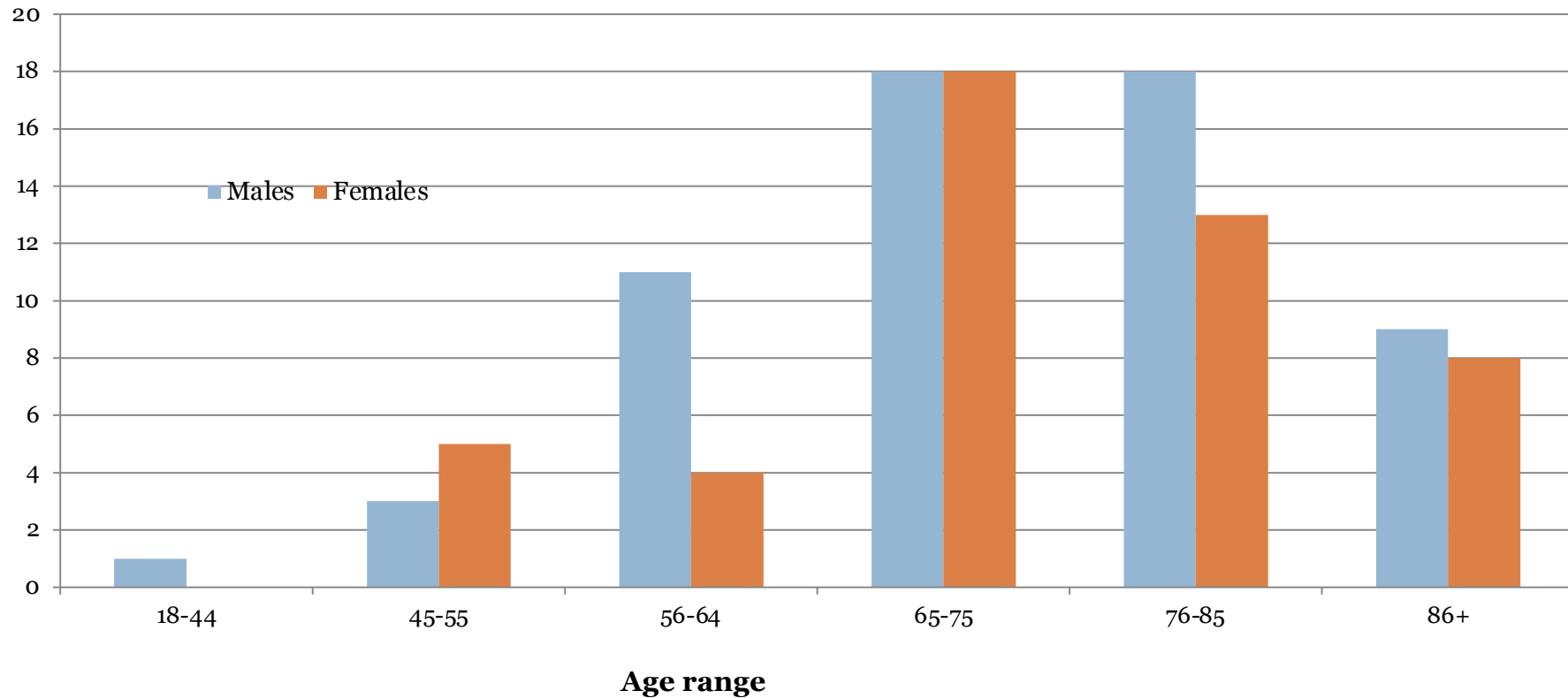
MAID by Age Category, 2019



First Annual Report on Medical Assistance in Dying in Canada, 2019

<https://www.canada.ca/en/health-canada/services/medical-assistance-dying-annual-report-2019.html#a3.1>

MAID in Saskatchewan July 1, 2019 - June 30, 2020



Provincial MAID Program September, 2020

Resources:

HealthLine (Phone 811)

<https://www.saskatchewan.ca/residents/health/accessing-health-care-services/healthline>

College of Physicians and Surgeons of SK.

<http://www.cps.sk.ca/imis/>

Discussion