

Medical Assistance in Dying (MAID) – One Year Later

Provincial MAID Clinical Team

October 13, 2017

Faculty/Presenter Disclosure

- Faculty: Kim Wiebe
- Relationships with commercial interests:
 - Not Applicable

Mitigating Potential Bias

- Not Applicable

ELMS Posting

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Objectives

- Be familiar with federal legislation
- Understand current expectations of health care providers in MB
- Know how + where to refer patients for MAID

WHAT, WHO, WHERE, WHEN, HOW & WHY

OVERVIEW (UPDATES)

WHAT – new terminology

- **Self-administered** medical assistance in dying
 - Formerly called ‘assisted suicide’
 - Physician who approved request prescribes medication
 - Patient (self) administers medication
 - Oral medication
 - **Clinician-assisted** medical assistance in dying
 - Formerly called ‘assisted or voluntary euthanasia’
 - Physician who approved request prescribes medication
 - Physician administers medication
 - IV medication
- ONLY OPTION in MB at present

WHO – no change

- Federal legislation = physicians + nurse practitioners can provide MAID
 - All other HCPs + family/friends legally covered to participate in process
- MB = physicians only for now (NPs can't complete death certificates)
 - Credentialed privilege in RHAs

Conscience-based Objection – Bill 34

- = an objection to participate in a legally available medical treatment or procedure based on an individual's personal values or beliefs
- No health care provider required to participate in MAID
 - ALL health care providers have professional responsibility to:
 - Respond to a patient's request
 - Continue to provide non-MAID related medical care (non-abandonment)
 - MDs → ensure timely access to a resource that will provide accurate information

WHERE – new policies

- Home
- Hospital/PCH/LTC
 - Faith based facilities
- Dedicated place

WHEN – no change

- Law requires minimum **10 clear days** from written request to MAID
 - Can shorten time if both MDs agree imminent risk
 - Death OR
 - Loss capacity to provide consent
- Law requires immediately before MAID patient:
 - Given opportunity to withdraw their request
 - Provides express consent → need to have capacity
- CPSM requires MD present *ALL* provisions

HOW – Overview of MAID Process

- Initial request
- Contact with MAID team
- 2 independent assessments
 - Multidisciplinary
 - Eligibility criteria
 - Unmet needs
- Written request
- 10 day reflection period

NOT AN EMERGENCY SERVICE

HOW (MAID Team) – we have grown!

- 3→9 MDs + 2→3 RNs + 2→4 SWs + 2 pharmacists + 1 SLP
- Provincial service situated in WRHA → Shared Services
 - Unique to MB
 - Provide don't Promote
- Team set up to provide all parts of MAID but welcome participation from other Health Care Providers

HOW (Eligibility)

- Eligible govt funded health services (no tourists)
- Adult (18 years) + capable making medical decisions
- Grievous + Irremediable medical condition
- Voluntary request not result external pressure
- Informed consent after review all options including *palliative care*

Grievous + Irremediable Medical Condition

MUST HAVE **ALL** THE FOLLOWING:

- Have a serious + incurable illness, disease or disability
- Be in an advanced state of irreversible decline in capability
- Have enduring suffering that is intolerable
- Natural death reasonably foreseeable → **court case**

MAID not permitted – Expert Panels

- Minors
- Advance directive
- Mental illness sole medical condition

WHY (Common Themes)

- Rarely physical symptoms
 - Testament to palliative care (urban + rural)
- Autonomy / Desire for control
- “I am done”
- Loss of independence / identity

MB MAID Stats as of Oct 10/17

- 336 contacts
 - 99 in 2016
 - 237 in 2017
- 139 written requests
 - 42 in 2016
 - 97 in 2017
- 68 died assisted
 - 24 in 2016
 - 44 in 2017
 - Majority cancer
 - 20% contacts
- > 107 died unassisted
 - 30 were approved for MAID
- 72 requests declined
 - Lacked capacity (19)
 - Mental illness only (16)
 - Natural death not foreseeable (37)
- 81 inquiries for information only
- 80% on PC prior to request
- 10% on PC after request
- 90% on PC at time of MAID
- 0.5% all deaths in Manitoba

Health Canada 2nd Interim Report

- 875 MAID deaths (vs 507 July-Dec 2016))
 - 1 self-administered (vs 4)
 - 4.3% via Nurse Practitioner
 - Average age 73
 - 53% male (vs 37% in Manitoba)
 - 57% urban (40% home) vs 78% (45%) in Manitoba
 - 63% cancer / 17% Cardioresp / 13% MND / 7% other
 - Vs 67% / 19% / 13% in Manitoba
 - 0.9% all deaths (vs 0.5% 2016)

FINAL POINTS

- Not MAID vs PC rather ***Palliative Care with/without MAID***
- Option of MAID is ***new***
- Desire to die ***not new***
 - End-of-Life conversations don't need to change
- People will want MAID ***despite*** optimal care
- Request for MAID ***does not = failure***

MAID Contact Info

- Tel: 204-926-1380 or 1-844-891-1825
- Fax: 204-940-8524
- maid@wrha.mb.ca
- www.wrha.mb.ca/maid

THE END

HOW (To Manage an Inquiry)

- Acknowledge it
 - Recognize it may come in many forms
- Explore it
 - ‘Sit Down & *Lean In*’
 - Dr. Mike Harlos
 - www.virtualhospice.ca
- Respond to it
 - Convey to a supervisor and/or CMO/CNO (who will contact MAID team)
 - Connect to the MAID team
 - Provide MAID contact info
 - Provide Health Links contact info