

Medical Assistance in Dying (MAID)

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Faculty/Presenter Disclosure

- **Faculty:** Dr. Kim Wiebe
- **Relationships with commercial interests:**
 - **Not Applicable**

Instructions for Slide 1 – one slide per speaker/presenter at the beginning of their presentation.

The speaker/presenter is to disclose personal relationships with commercial interests.

(sample above)

Where a speaker/presenter has no relationships simply indicate “Not Applicable”.

Mitigating Potential Bias

- Not Applicable

Instructions for: Slide 2 – one slide per speaker/presenter at the beginning of their presentation.

Note the description of measures taken to deal with and mitigate potential sources of bias in the presentation.

Where there is no potential bias in Slide 1 simply indicate “Not Applicable”.

OVERVIEW

WHAT, WHO, HOW & WHY

WHAT - two types of MAID

- **Self-administered** medical assistance in dying
 - Physician who approved request prescribes medication
 - Patient (self) administers medication
 - Oral medication
 - **Clinician-assisted** medical assistance in dying
 - Physician who approved request prescribes medication
 - Physician administers medication
 - IV medication
- ONLY OPTION in MB at present**

WHO can have MAID?

Eligibility Criteria

- 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**

MAID not permitted

- **Minors**
- **Advance directive/Living will**
 - **Must reconfirm consent at time of provision**
- **Mental illness sole medical condition**

HOW – Overview of MAID Process

- **2 independent reviews (MD or NP)**
- **Written request**
- **10 day reflection period**
 - **Can be shortened**
 - **Can withdraw request anytime**

NOT AN EMERGENCY SERVICE
(takes minimum 2 weeks)

HOW – Manitoba MAID Team

- **MDs + RNs + SWs + pharmacists + SLPs + Admin**
- **Provincial service situated in WRHA**
 - **Home and/or facility***
 - **Multidisciplinary approach**
- **Team set up to provide all parts of MAID but welcome participation from other Health Care Providers**

HOW – Description of Provision

- **3 IV medications over 10-15 minutes**
 - Sedative → Anesthetic → Muscle relaxant
- **Very peaceful**
 - Fall asleep in 2-3 minutes
 - Stop breathing in 5-6 minutes
 - Heart stops in 8-10 minutes
 - No incontinence or movement

HOW - To Communicate

- Exploring a desire to die
 - “Sit Down & *Lean In*” → www.virtualhospice.ca
 - Clarify b/w ready to die vs help to die
- Providing Info (vs Recommending)
 - Providing information *very different* than recommending
 - Ok to let patients know MAID is legal + available
 - Ok to help connect them

WHY - Common Themes

- **Rarely uncontrolled physical symptoms**
- **Autonomy / Desire for control**
 - “don’t want to linger”
- **Loss of independence / identity**
 - “I am done”

MB MAID Stats as of Nov 22/18

- 854 contacts
- 394 written requests
 - 42 in 2016
 - 142 in 2017
 - 210 in 2018
- 209 died assisted
 - 24 in 2016
 - 63 in 2017
 - 122 in 2018
 - Majority cancer
- > 244 died unassisted
 - 85 approved for MAID
- 144 requests declined
 - Lacked capacity (72)
 - Other (72)
- 253 inquiries for information only
- **20% all contacts**

Other Points

- **Not MAID vs Palliative Care**
 - Can have both
- **Can self refer**
- **No cost**
- **Insurance remains valid**
- **Do not require family involvement**

MAID Contact Info

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

THE END