Canadian Society of Internal Medicine

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THE NEW FRONTIERS OF END-OF-LIFE CARE

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COLLÈGE DES MÉDECINS
DU QUÉBEC

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COLLÈGE DES MÉDECINS
DU QUÉBEC

Conflict Disclosures

Definition: A Conflict of Interest may occur in situations where the personal and professional interests of individuals may have actual, potential or apparent influence over their judgment and actions.

"I have nothing to declare"

COLLÈGE DES MÉDECINS DU QUÉBEC

THE LOGIC OF CARE : APPROPRIATENESS OF CARE


COLLÈGE DES MÉDECINS DU QUÉBEC

Pour des soins appropriés au début, tout au long et en fin de vie

Rapport du groupe de travail en éthique clinique

Déposé au Conseil d'administration le 17 octobre 2008

http://www.cmq.org/publications-pdf/p-1-2008-10-01-fr-pour-des-soins-appropries-au-debut-tout-au-long-et-en-fin-de-vie.pdf


Radio-Canada.ca

Nouvelles

Une mère accusée d'avoir aidé son fils à se suicider

Mise à jour le lundi 27 septembre 2004 à 22 h 18

.

Marielle Houle, 58 ans, de Montréal, a été accusée d'avoir aidé son fils à se suicider. Il s'agit d'une accusation beaucoup moins grave que celles de meurtre prémédité ou non prémédité déjà portées dans des situations semblables.


Radio-Canada.ca

Nouvelles

Grands titres ▪ Le monde ▪ Politique ▪ Économie ▪ Science et Santé

Les Téléjournaux ▪ Émissions radio / télé ▪ Les régions ▪ RDI ▪ RCI ▪ Météo

Mort de Marielle Houle: la Couronne attend le rapport d'autopsie

Mise à jour le mardi 12 juillet 2005 à 13 h 20

La Couronne n'a pas encore décidé si elle déposera une accusation de meurtre contre André Bergeron.

L'homme de Sherbrooke aurait tenté de tuer son épouse, atteinte d'une maladie incurable, jeudi dernier. Marielle Houle, qui était dans le coma depuis ce temps, a rendu l'âme dimanche.

André Bergeron

La Couronne veut attendre les résultats de l'autopsie avant de statuer sur la nature des accusations qui seront portées contre M. Bergeron. Le Laboratoire de médecine légale et de sciences judiciaires de Montréal est chargé de cette opération, qui aura lieu mardi.

La femme de 44 ans, lourdement handicapée, aurait souvent exprimé le désir de mourir, selon ses proches.

VIDÉO

Jean-François Poudrier rapporte que la famille de Marielle Houle soutient André Bergeron.

Esther Normand décrit l'ataxie de Friedrich.

AUDIO

La Tribune: est-ce que la société doit reconnaître l'euthanasie?

Elle était atteinte de l'ataxie de Friedrich, une maladie génétique dégénérative incurable qui se traduit par d'importants troubles de la coordination. Selon la docteure Sylvie Gosselin, neurologue au CHUS, les souffrances physiques sont grandes, mais les souffrances psychologiques sont les plus difficiles à vivre.

M. Bergeron, 46 ans, a été remis en liberté après sa comparution, en attendant la suite des procédures. Il n'a aucun casier judiciaire.

CARE IS APPROPRIATE WHEN IT IS THE RESULT OF A SATISFACTORY DECISIONMAKING PROCESS.

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THE DECISION MAKING PROCESS IN THE CLINICAL SETTING

In the clinical setting, the physician offers the care plan he thinks objectively the best based on his knowledge and competence that reflects the science of medicine.

The patient takes the decision on what concerns his health and life. For subective and objective reasons, he consents, refuses or asks for other options concerning the proposed care plan.

The physician is still responsible for the medical acts he performs. He accepts the request of the patient, or refuses (for different reasons the ultimate one being conscientious objection) or proposes something else after which the dynamic continues until appropriateness is accepted by the patient and the physician.

THE DECISION MAKING PROCESS AT THE END OF LIFE

- **A SHARED DECISION**
- ***THE CODE OF ETHICS (QUÉBEC)***
- "58. *A physician must, when the death of a patient appears to him to be inevitable, act so that the death occurs with dignity. He must also ensure that the patient obtains the appropriate support and relief*."
- **THE LOGIC OF CARE**


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Le médecin, les soins appropriés et le débat sur l'euthanasie

Document de réflexion

Adopté par le Conseil d'administration le 16 octobre 2009

http://www.cmq.org/publications-pdf/p-1-2009-10-01-fr-medecin-soins-appropries-debat-euthanasie.pdf

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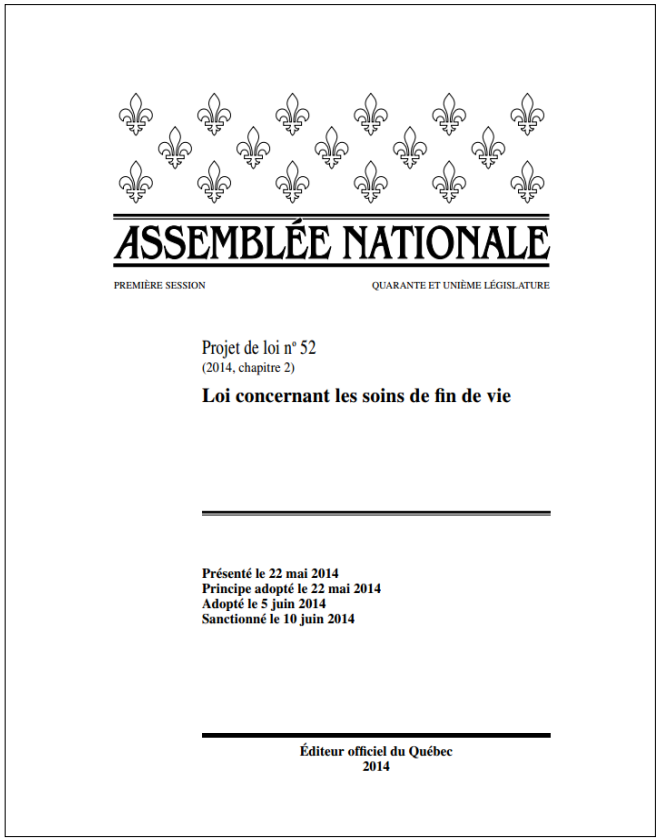
THE *ACT RESPECTING END-OF-LIFE CARE* (QUÉBEC)

- **GOAL : OFFER OPTIONS TO THE PATIENT AT THE END OF LIFE TO HAVE ACCESS TO THE BEST APPROPRIATE CARE**
- **MERGE THE LOGIC OF RIGHTS WITH THE LOGIC OF CARE**
- IMPLEMENTED : DECEMBER 10, 2015



ASSEMBLÉE NATIONALE

PREMIÈRE SESSION — QUARANTE ET UNIÈME LÉGISLATURE

Projet de loi nº 52
(2014, chapitre 2)

Loi concernant les soins de fin de vie

Présenté le 22 mai 2014
Principe adopté le 22 mai 2014
Adopté le 5 juin 2014
Sanctionné le 10 juin 2014

Éditeur officiel du Québec
2014

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THE *ACT RESPECTING END-OF-LIFE CARE* (QUÉBEC)

- **Palliative care**

Mandatory to all Healthcare setting to offer end-of-life care to patients who needs it

- **Recognition for a patient to withhold or withdraw a care necessary to maintain life** (art. 5)

In case of incapacity to consent to care, the Civil Code of Québec identifies who can consent on patient's behalf

- **Continuous palliative sedation**

Written consent (art. 24 et 25)
Declaration done to CPDP or CMQ on a prescribed form

THE *ACT RESPECTING END-OF-LIFE CARE* (QUÉBEC)

- **Medical aid in dying (MAID)**

Decisionmaking process framework (art. 26 à 32)
Mandatory declaration to the Commission on end-of-life care, and to CPDP and CMQ

- **Advance medical directives regimen** (art. 51 à 64)

Same mandatory value to the patient's will as if the patient was able to consent to care

Two clinical situations, five specific care : (CPR, respiratory assistance, hydration, nutrition, dialysis)

MAID is excluded

L'AIDE MÉDICALE À MOURIR

08/2015
GUIDE
D'EXERCICE

Collège des médecins du Québec
Ordre des pharmaciens du Québec
Ordre des infirmières et infirmiers du Québec

http://www.cmq.org/nouvelle/fr/mise-a-jour-guide-sur-aide-medicale-a-mourir.aspx

MEDICAL AID IN DYING

Definition of MAID

“ (6) “Medical aid in dying” means care consisting in the administration by a physician of medications or substances to an end-of-life patient, at the patient’s request, in order to relieve their suffering by hastening death. ” art.3,6º

- **≠ other end-of-life options** : relieving suffering symptoms even if the treatment shortens life, palliative sedation, withholding/withdrawing a vital treatment
- **≠ assisted suicide**
- **≠ intentional death outside a contexte of end-of-life care**

MEDICAL AID IN DYING

Access criteria (art. 26)*

(1) be an insured person within the meaning of the Health Insurance Act (chapter A-29)

(2) be of full age and capable of giving consent to care

(3) be at the end of life

(4) suffer from a serious and incurable illness

(5) be in an advanced state of irreversible decline in capability; and

(6) experience constant and unbearable physical or psychological suffering which cannot be relieved in a manner the patient deems tolerable

A request of MAID is first the expression of a suffering that must be addressed

Most people who think they will have access to MAID, will not…

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MEDICAL AID IN DYING

The decisionmaking process and the request for MAID(art. 26)

- **The patient must be apt to consent to care**

  “ The patient must request medical aid in dying themselves, in a free and informed manner, by means of the form prescribed by the Minister. The form must be dated and signed by the patient.

  The form must be signed in the presence of and countersigned by a health or social services professional; if the professional is not the attending physician, the signed form is to be given by the professional to the attending physician.”

N.B With the federal law, two more witnesses are required

MEDICAL AID IN DYING

CONDITIONS TO ACCEPT A REQUEST OF MAID BY THE PHYSICIAN

- **The medical decision** – ***The key step***
  - Evaluation of the access criterias
  - **Medical judgment** (responsibilty)
  - The issue of conscientious objection
    - Personnal convictions of ethical of religious nature
    - Obligation to forward the request to the appropriate person

    A conscientious objection must not put an end to the therapeutic relationship with the patient. It must not lead to abandon the patient

MEDICAL AID IN DYING

PROCEDURE TO FOLLOW BY THE PHYSICIAN (art. 29)

"*Before administering medical aid in dying, the physician must :*

(1) be of the opinion that the patient meets all the criteria of section 26, after, among other things,

(a) making sure that the request is being made freely, in particular by ascertaining that it is not being made as a result of external pressure;

(b) making sure that the request is an informed one, in particular by informing the patient of the prognosis for the illness and of other therapeutic possibilities and their consequences;

(c) verifying the persistence of suffering and that the wish to obtain medical aid in dying remains unchanged, by talking with the patient at reasonably spaced intervals given the progress of the patient's condition;

(d) discussing the patient's request with any members of the care team who are in regular contact with the patient; and

(e) discussing the patient's request with the patient's close relations, if the patient so wishes;"

MEDICAL AID IN DYING

PROCEDURE TO FOLLOW BY THE PHYSICIAN (art. 29)

(2) make sure that the patient has had the opportunity to discuss the request with the persons they wished to contact; and

(3) obtain the opinion of a second physician confirming that the criteria set out in section 26 have been met;

The physician consulted must be independent of both the patient requesting medical aid in dying and the physician seeking the second medical opinion. The physician consulted must consult the patient's record, examine the patient and provide the opinion in writing."

MEDICAL AID IN DYING

The procedure

- **Drug protocol**

Goal : avoid all additionnal suffering to the patient and reach death in a limited timeframe.

  - Step 1 : Anxiolysis
  - Step 2 : Deep coma induction
  - Step 3 : Respiratory arrest by neuromuscular block
  - IV route, and unique dosage

- **The recommended process requires a systematic collaboration between the physician and the pharmacist**

MEDICAL AID IN DYING

The administration

- **A team work**
- **Chose the time and place**
- **Look for last minute consent by the patient**
- **The issue of the ten days delay imposed by the federal law**

AFTER MAID

- **Follow-up and mourning workout**
  - For the family and relatives of the patient
  - For the healthcare team

MEDICAL AID IN DYING

Declarations

- **Workout of the patient's file**
- **Death certificate**
- **Within 10 days of the procedure**
    - Fill the mandatory form and send to the Commission on end-of-life care to confirm the respect of the law
    - Send the form to CPDP and/or CMQ → for assessment of the quality of medical act

THE COMMISSION ON END-OF-LIFE CARE

- Oversight body included in the law
- Made of 11 multidisciplinary members
- Mandate : assess the conformity with the requirements of the law for each case of MAID
- Provide recommandations to the health minister on any issue of end-of-life care in order to improve them
- Has no direct powers on the practice of physicians
- The assessment of the quality of care is made through CPDP and the CMQ

END-OF-LIFE CARE PRACTICES

3 Practice guidelines

- **Medical care in the last days of life**
  (may 2015)

- **Palliative sedation at the end of life**
  (update august 2016)

- **Medical aid in dying**
  (update december 2015)

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RECENT FEDERAL DEVELOPMENTS

February 6, 2015 : **Supreme Court of Canada ruling in *Carter vs. Canada***

Unanimous ruling (9/9)

Invalidity declaration of two articles of the *Criminal Code*:

" *Section 241 (b) and s.14 of the Criminal Code unjustifiably infringe s. 7 of the Charter and are of no force or effect to the extent that they prohibit physician-assisted death for a competent adult person who (1) clearly consents to the termination of life and (2) has a grievous and irremediable medical condition (including an illness, disease or disability) that causes enduring suffering that is intolerable to the individual in the circumstances of his or her condition."*

The federal Parliament and provincial governments had 1 year (… and 4 months) to adopt a legislation

RECENT FEDERAL DEVELOPMENTS

June 17, 2016 : implementation of the *Act to amend the Criminal Code and to make related amendmets to other Acts (medical assistance in dying)*

- Medical aid in dying = euthanasia AND assisted suicide

Establish eligibility criterias for MAID :

- be at least 18 years old and mentally competent (this means capable of making health care decisions for yourself)
- have a grievous and irremediable medical condition
    - have a serious and incurable illness, disease or disability
    - they are in an advanced state of irreversible decline in capability
    - that illness, disease or disability or 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 they have remaining.
- make a request for MAID which is not the result of outside pressure or influence; and
- give informed consent to receive MAID

RECENT FEDERAL DEVELOPMENTS

Federal law safeguards :

- Be of the opinion that the person meets all of the criterias
- Ensure that the person's request for MAID was:
    - Made in writing and signed and dated by the person or by another person under subsection 4
    - Signed and dated after the person was informed by a physician or NP that the person's natural death has become reasonably foreseeable, taking into account all of their medical circumstances
- Be satisfied that the request was signed and dated by the person before two independant witnesses who then also signed and dated the request

RECENT FEDERAL DEVELOPMENTS

Federal safeguards :

- Ensure that the person has been informed that they may, at any time and in any manner, withdraw their request
- Ensure that another medical practitioner or NP has provided a written opinion confirming that the person meets all of the criteria set out in subsection 1
- Be satisfied that they and the other MP or NP are independant
- Ensure that there are at least 10 clear days between the dated request and the procedure
- Immediately before providing MAID, give the person an opportunity to withdraw their request

CONCLUSION

- The *Act respecting end-of-life care* intends to insure to persons at the end of their life that their will will be respected

- MAID is another option of end-of-life care that must follow the same clinical logic as any other care

- The *Act respecting end-of-life care* offers a framework to the decisionmaking process that could lead to MAID, if the patient and his physician consider it the best appropriate care for this patient. It must be an exceptionnal option

CONCLUSION

- The Federal Law follows a logic of rights where the logic of care is almost absent. It differs from the Québec law in many issues mostly including assisted suicide and broadening access criterias to MAID

- We still continue to write history…