

Canadian Society of Internal Medicine

Annual Meeting 2018

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MEDICAL ASSISTANCE IN DYING (MAID)

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CSIM Annual Meeting 2018

The following presentation represents the views of the speaker at the time of the presentation. This information is meant for educational purposes, and should not replace other sources of information or your medical judgment.

Learning Objectives:

- Understand what criteria are used to determine if a patient is eligible for Medical Aid in Dying
- Anticipate, troubleshoot and overcome difficulties which may be encountered.
- Access resources available to physicians for moral, spiritual and emotional support

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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 actions.

I have no conflicts to declare

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Some of the drugs, devices, or treatment modalities mentioned in this presentation are:

N/A

I intend to make therapeutic recommendations for medications that have not received regulatory approval.

N/A

OVERVIEW

WHAT, WHO, HOW & WHY

Cases

- 1) 75M lung ca - bone mets, bedridden, difficulty controlling pain with prognosis 1-3 months
- 2) 48F ALS bipap + PEG, functional quadriplegia with only mvt eye blinks; refusing trach
- 3) 95F osteoarthritis with pain, immobility + frequent falls
- 4) 'Healthy' 99M tired of living

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 many provinces

WHO can provide MAID?

- **Federal law = physicians + nurse practitioners can provide MAID**
 - **All other HCPs + family/friends legally protected to participate in process**

Conscience-based Objection

= 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 → responsibility varies by province → cannot impede access

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 - 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)
 - Ok to let patients know MAID is legal + available

HOW – Description of Provision

- **3 or 4 IV medications over 10-15 minutes**
 - Midazolam + Propofol + paralytic +/- Bupivacaine
- **Very peaceful**
 - Fall asleep in 2-3 minutes
 - Apneic in 5-6 minutes
 - Cardiac arrest in 8-10 minutes
 - No incontinence or movement

HOW - Documentation

- **Written request**
- **Eligibility assessments**
- **+/- Administering physician form**
- **+/- Death Certificate**
- **+/- MAR**

HOW – MAID Services

- **Province Dependent**
 - Central coordinators vs patients on their own
 - List of assessors + providers vs MAID teams
- **GPs + Specialists +/- NPs**
- **Palliative care community mixed**
- **Abstaining facilities**

MAID Info links by province

British Columbia	Medical Assistance in Dying
Alberta	How Do I Access Medical Assistance in Dying Services in Alberta?
Saskatchewan	Medical Assistance in Dying
Manitoba	Medical Assistance in Dying
Ontario	Medical Assistance in Dying
Quebec	Medical aid in dying
New Brunswick	Medical Assistance in Dying
Nova Scotia	Medical Assistance in Dying
Prince Edward Island	Medical Assistance in Dying: Information for Patients, Clients and Residents
Newfoundland	Medical Assistance in Dying Frequently Asked Questions
Northwest Territories and Nunavut	Medical Assistance in Dying (MAID)
Yukon	Medical Assistance in Dying

HOW - MAID Reimbursement

- **Province dependent**
 - Use existing billing codes vs specific tariffs
 - Flat rate vs hourly
 - Assessment vs Provision
 - +/- travel
 - \$41 flat rate (QC) to \$200/hr (NB)

HOW – Physician Regulations

- **Federal**
- **Provincial**
 - Government
 - College
- **Health Authority**
- **Facility***

HOW - MAID Oversight

- **Province Dependent**
- **Reportable in BC + AB + SK + ON + NWT**
- **Oversight**
 - BC + ON = Coroner
 - AB + QC + NWT = Committee
 - SK + MB + NB + NF + YK = none

Federal Reporting Requirements

- Starts Nov 1/18 via online portal
- Must report if you:
 - provide MAID OR
 - receive a ‘request’ AND
 - Referred or Declined the request
 - Patient withdrew request or died without MAID

WHY - Common Themes

- Rarely uncontrolled physical symptoms
- **Autonomy / Desire for control**
 - Don't want to linger
- **Loss of independence / identity**
'I am done'

MAID Stats

As of Dec 31, 2017:

- 3714 assisted deaths
- > 95% by MDs
- 1% all deaths in Canada
- Average age 73
- 49% male + 51% female
- 40% home + 43% hosp
- 65% cancer

MAID by province 2017→18

- BC 1.8% → 2.4%
 - 4.6% Vancouver Island
- AB 0.8% → 1.2%
- SK 0.6%
- MB 0.6% → 1.2%
- ON 0.7% → 1.5%
- Atlantic 0.4% → 0.8%

Other Points

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

FINAL POINTS

- 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*

Cases

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THE END