Medical Assistance in Dying (MAID)
Considerations for Assessment and Provision
4 Objectives

1. Supporting patients through a MAID request

2. MAID eligibility assessment and documentation requirements

3. MAID procedure
   - Planning
   - The procedure itself
   - Post-procedure

4. Consider how to approach organizing MAID resource groups in each community
If you are interested in supporting MAID requests, please contact:

Dr. Rachael Halligan - Rachael.Halligan@grhosp.on.ca
Cindy Shobbrook – cindy.shobbrook@lhins.on.ca
Emmi Perkins – emmi.perkins@lhins.on.ca

Additional education, training and mentoring opportunities are available to support clinicians interested in supporting MAID in WW
Introduction

In June, 2016, the federal government passed legislation to include circumstances under which medical assistance in dying is permitted.

Medical Assistance in Dying (MAID) includes circumstances where a medical practitioner or nurse practitioner, at an individual’s request:

(a) administers a substance that causes the individual’s death; or

(b) prescribes a substance for an individual to self-administer to cause his/her own death.
The Legislative Alphabet Soup

- 1993 Rodriguez v. Canada Case: *Criminal code upheld by a vote of 5 to 4*

- Quebec Bill 52 – An Act Respecting End of Life Care
  - Only voluntary euthanasia and, similar to palliative sedation must be at end of life

- Feb 2015 Supreme Court Carter v. Canada Case: *Ruled that certain sections of the criminal code violate the charter of rights and freedoms*
  - Identified that MAID should be part of the scope of practice of the medical profession and established terminology of MAID based on Bill 52

- Bill C-14 - An Act to Amend the Criminal Code and to Make Related Amendments to Other Acts (medical aid in dying) - passed June 2016

- Bill C-277 – An Act Providing for the Development of a Framework on Palliative Care in Canada
  - An important parallel piece of legislation to Bill C-14 as one can’t make a voluntary decision without access to good palliative care.
Ontario Legislation Passed May 9, 2017

- Bill 84 - The Medical Assistance in Dying Statute Law Amendment Act
  - Drugs and services required will be OHIP covered
  - You can request MAID no matter where you are
  - Facilities have the right to choose not to participate but have to make this information available to clients
  - A physician or nurse practitioner who is asked about MAID is obligated to at least provide an effective referral
  - Coroner is still involved – but death not listed as suicide
Office of the Chief Coroner/Ontario Forensic Pathology Service
MAiD Data

Statistics as of May 31, 2017:

- Total number of cases completed in Ontario: 481
- Type:
  - Physician-administered: 480
  - Patient-administered: 1 *
- Underlying conditions:
  - Cancer-Related: 317
  - ALS: 37
  - Other Neurological: 40
  - CV/Resp: 52
  - Other: 35
- Setting of death:
  - Hospital: 267
  - Private Residence: 172
  - LTC Facility/Nursing Home: 26
  - Retirement Home/Seniors Residence: 16

* Previously reported as 3 in error

- Sex:
  - Female: 226
  - Male: 255
- Age:
  - Average Age: 73
  - Youngest: 27
  - Oldest: 101
## MAiD Data

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MAID - Eligibility

Who is eligible?

- Restricted to mentally competent adults who have serious and incurable illness, disease or disability
- Excludes mature minors and the mentally ill
- Does not allow for advanced consent for patients with degenerative disorders
- Only applicable to Canadian citizens
- Limited to those who are ‘suffering intolerably’ and whose death is ‘reasonably foreseeable’
MAID - Details

- What the legislation includes:
  - Protects people from being encouraged to die in moments of weakness
  - Includes a mandatory 10-day reflection period
  - Encourages a consistent approach across Canada
  - Allows doctors and NPs to provide medical assistance in dying without risk of criminal charges
  - Conscience rights of health care providers will be respected/protected
Key Messages - Regional MAID Working Group

- MAID and palliative care are distinct processes that may be accessed concurrently.
- Recent experiences in Waterloo Wellington reveal that the patients who have pursued MAID, have not chosen palliative care OR MAID – they typically choose both.
- When a request for MAID is brought forward, the first step should be to ensure adequate care and support is in place.
- High quality palliative care must be provided throughout the process, especially including bereavement.
UHN Online Education

- Responding to a Patient Asking about Assisted Dying
- Communicating with an Ineligible Patient Seeking Assisted Dying
- Communicating Conscientious Objection Respectfully
- Referring Distressed Patients to MAID Supportive Care Team for Psychological Support

www.uhn.ca/healthcareprofessionals/MAID
Medical Assistance in Dying - CMA Joule Program for Physicians & NPs

- In-person and On-line course options
  - In-person – 8 hour workshop
  - On-line 4-week course

- Topics:
  - Legal and Regulatory Concerns
  - Consent and capacity: clinical context and application to assisted dying
  - Technical aspects of medical assistance in dying
  - Case analysis and discussion
#1 Patient Request to Clinician
Clinician discusses/explores the request with the patient and provides information on all available treatment and care options. If patient chooses to proceed with MAID, the clinician either:
1. Provides the patient with an overview of the MAID process & conducts an eligibility assessment for MAID
   OR
2. If the clinician choses not to participate in the provision of MAID due to religious or conscientious objections, the clinician will inform the patient that they're unable to provide MAID and will refer the patient to the respective sub Region MAID Resource Group, Regional Central Point of Access (310-CCAC) or the Provincial MAID Care Coordination Service (1.866.286.4023)
   (Centre for Effective Practice, MAID Resource/Pathway (2016))

#2 Central Access Point - WWLHIN
WWLHIN will support navigation of the referral to the persons Primary Care Provider OR Sub Region MAID Resource Group

#3 Provincial MAID Care Coordination Service
Guelph Sub Region Resource Group
Rural Wellington Sub Region Resource Group
Cambridge/ND Sub Region Resource Group
KW Sub Region Resource Group

Regional MAID Advisory Committee
Regional MAID Community of Practice
Supporting patients through a MAID request
The Centre for Effective Practice has developed a tool to provide additional guidance to clinicians on MAID provision and process, including a full pathway for MAID.

https://thewellhealth.ca/maid/
SECTION 1: Patient Inquiry

Clinician chooses not to participate in the provision of MAID due to religious or conscientious objections

Clinician:  
- Informs the patient that they are unable to provide MAID due to conscientious objections
- Refers the patient to another Clinician, institution, or agency that is willing and able to provide MAID
- Continues to provide ongoing care to the patient

Clinician discusses and explores the request with the patient and provides information on all available treatment and care options

Patient chooses to proceed with MAID

Clinician:  
- Provides the patient with an overview of the MAID process
- Continues to provide ongoing care to the patient

Patient chooses to explore alternate care options and chooses not to pursue MAID at this time

Clinician continues to provide ongoing care to the patient

SECTION 2: Assessment of Patient Eligibility for MAID

Clinician conducts patient eligibility assessment for MAID

Eligibility Criteria:  
- Is at least 18 years of age
- Is capable of making decisions with respect to their health
- Has a grievous and irremediable medical condition
- Has made the request voluntarily (not due to external pressure)
- Has provided informed consent to receive MAID, after having been apprised of alternate care options that are available to alleviate their suffering, including palliative care
- Is eligible for publicly funded health care services in Canada

Patient meets ALL eligibility criteria

Patient completes and signs formal written request (signed and dated by two independent witnesses)

Reflection period begins:

Independent Second Clinician conducts a separate assessment of patient eligibility for MAID

Patient meets ALL eligibility criteria

Clinician develops plan for the administration of MAID, in consultation with the patient, family/caregivers (with consent), and other members of the care team (including the pharmacist)

Patient does not meet eligibility criteria

Communicate eligibility to patient and inform the patient of their right to consult a different Clinician to obtain another eligibility assessment

SECTION 3: Provision of MAID on page 6
SECTION 1: Patient Inquiry

Patient inquires about MAID

Clinician chooses not to participate in the provision of MAID due to religious or conscientious objections

Clinician:
- Informs the patient that they are unable to provide MAID due to conscientious objections
- Refers the patient to another Clinician, institution, or agency that is willing and able to provide MAID
- Continues to provide ongoing care to the patient

Clinician discusses and explores the request with the patient and provides information on all available treatment and care options

Patient chooses to proceed with MAID

Clinician:
- Provides the patient with an overview of the MAID process
- Continues to provide ongoing care to the patient

Patient chooses to explore alternate care options and chooses not to pursue MAID at this time

Clinician continues to provide ongoing care to the patient

SECTION 2: Assessment of Patient Eligibility for MAID on page 4
Exploring the Request

- Wish to hasten death

  - A response to physical/psychological/spiritual suffering
  - The loss of self
  - A fear of dying
  - The desire to live but not in this way
  - Death as an escape from suffering
  - A kind of control over one’s life

**A response to overwhelming emotional distress that does not necessarily imply the wish to die**

Exploring the Request

- **Explore patient’s desire**

- **Clarifying expectations**
  - What to expect at end of life? Exploring myths, preconceptions

- **Exploring options**
  - Palliative care (acknowledging limitations)
  - Palliative sedation (acknowledging limitations)
  - Increased support services
Filing out the forms

Witnesses (2) for the request

- Can’t be family members/beneficiaries
- Can’t be owner/operator of facility
- Can’t be part of the treating team
- Can’t be a personal caregiver
- (Must ensure that patient understands the nature of decision)

Formal written request form

- Understand diagnosis, prognosis, alternative therapies, and likely risks and benefits of each
- Specifically discuss palliative care, palliative sedation
- Consequences of MAID
- Consequences of not receiving MAID
- Voluntariness
- Role of coroner
Filing out the forms – Clinician Aid A

Medical Assistance in Dying means: (a) the administering by a medical practitioner or nurse practitioner of a substance to a person, at their request, that causes their death, or (b) the prescribing or providing by a medical practitioner or nurse practitioner of a substance to a person, at their request, so that they may self-administer the substance and in doing so cause their own death.

An independent witness is any person who is at least 18 years of age and who understands the nature of the request for medical assistance in dying who does not know or believe that they are a beneficiary under the will of the person making the request, or a recipient in any other way, of a financial or other material benefit resulting from that person's death; (b) an owner or operator of any health care facility at which the person making the request is being treated or in any other way, a financial or other material benefit resulting from that person's death; (b) an owner or operator of any health care facility at which the person making the request is being treated or in any other way, a financial or other material benefit resulting from that person's death; (c) a directly involved in providing health care services to the person making the request; or (d) directly provide personal care to the person making the request.

Authorized third person in accordance with ss. 241.2(4) of the Criminal Code, is a person who is at least 18 years of age and who understands the nature of the request for medical assistance in dying and who does not know or believe that they are a beneficiary under the will of the person making the request, or a recipient in any other way, a financial or other material benefit resulting from that person's death may sign and date the request in the presence and on behalf of the person requesting medical assistance in dying.

A grievous and irremediable medical condition is defined as:

- a serious and incurable illness, disease or disability, and;
- being in an advanced state of irreversible decline in capability; and;
- experiencing an unrelenting physical or psychological suffering, due to the illness, disease, disability or state of decline, that is intolerable to the person and cannot be relieved in a manner that they consider acceptable; and;
- where the person's natural death has become reasonably foreseeable, taking into account all of their medical circumstances, without requiring a specific prognosis or the length of time the person has left to live.

The use of this aid is voluntary. It is being provided to assist you in making a written request for medical assistance in dying that complies with the legal requirements.

Once you complete this request, you should provide it to your doctor or nurse practitioner. The completed aid may be initialed in your medical records and may be used by your doctor or nurse practitioner to provide care to you.

Section 1 - Patient Information

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Signature (Patient) Date (yyyy/mm/dd)

Section 3 - Authorized Third Person

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City/Town Province Postal Code

Telephone Number ext.

Relationship to person requesting medical assistance in dying

Signature (Third Person) Date (yyyy/mm/dd)

Section 4 - Witnesses present upon signing

Signature (Witness #1) Date (yyyy/mm/dd)

Signature (Witness #2) Date (yyyy/mm/dd)

Section 5 - Declaration of Witness

This section should be completed by two independent witnesses

Witness #1 Information

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City/Town Province Postal Code

Telephone Number ext.

By signing below on the person's behalf, I declare that:

- I am at least 18 years of age;
- I understand the nature of the person's request for medical assistance in dying;
- I am signing under the person's direction; and
- I do not or believe that I am an officer or operator of any health care facility at which the person making the request is being treated or in any other way, a financial or other material benefit resulting from that person's death; (b) an owner or operator of any health care facility at which the person making the request is being treated or in any other way, a financial or other material benefit resulting from that person's death; (c) are directly involved in providing health care or personal care to the person.
SECTION 2: Assessment of Patient Eligibility for MAID

Clinician conducts patient eligibility assessment for MAID

- Is at least 18 years of age
- Is capable of making decisions with respect to their health
- Has a grievous and irremediable medical condition
- Has made the request voluntarily (not due to external pressure)
- Has provided informed consent to receive MAID, after having been apprised of alternate care options that are available to alleviate their suffering, including palliative care
- Is eligible for publically funded health care services in Canada

- Patient meets ALL eligibility criteria
- Patient does not meet eligibility criteria

Communicate ineligibility to patient and inform the patient of their right to consult a different Clinician to obtain another eligibility assessment

Reflection period begins:

- Independent Second Clinician conducts a separate assessment of patient eligibility for MAID
- Patient meets ALL eligibility criteria
- Clinician develops plan for the administration of MAID, in consultation with the patient, family/caregivers (with consent), and other members of the care team (including the pharmacist)

Designated facilities under the Trillium Gift of Life Network (TGLN) Act notify TGLN of patient’s request for MAID when patient’s death is imminent by reason of injury or disease

SECTION 3: Provision of MAID on page 6
Filing out the forms – Clinician Aids B & C

### Clinician Aid B

**Clinician Aid B (Primary) "Medical Practitioner" or "Nurse Practitioner" Medical Assistance in Dying Aid**

**Medical Assistance in Dying means: (a) the administering by a medical practitioner or nurse practitioner of a substance to a person, at their request, that causes their death; or (b) the prescribing or providing by a medical practitioner or nurse practitioner of a substance to a person, at their request, so that they may self-administer the substance and in doing so cause their own death.**

**Medical practitioner** means a person who is entitled to practise medicine under the laws of a province.

**Nurse practitioner** means a registered nurse who, under the laws of a province, is entitled to practise as a nurse practitioner or under an equivalent designation – and to autonomously make diagnoses, order and interpret diagnostic tests, prescribe substances and treat patients.

A **grievous and irreversible medical condition** is defined as:

- having a serious and incurable illness, disease or disability; and,
- being in an advanced state of irreversible decline in capability; and,
- experiencing enduring physical or psychological suffering, due to the illness, disease, disability or state of decline, that is intolerable to the person and cannot be relieved in a manner that they consider acceptable; and,
- where the person’s natural death has become reasonably foreseeable, taking into account all of their medical circumstances, without requiring a specific prognosis as to the length of time the person has left to live.

**Authorised third person:** in accordance with ss. 241.26(1) of the Criminal Code, a person who is at least 18 years of age and who understands the nature of the request for medical assistance in dying and who does not know or believe that they are a beneficiary under the will of the person making the request, or a recipient, in any other way, of a financial or other material benefit resulting from that person’s death.

The use of this aid is voluntary. It is being provided to assist you in maintaining records of requests for medical assistance in dying. Please use this aid if you are a “Medical Practitioner” or “Nurse Practitioner” and a patient is requesting medical assistance in dying.

You should also include the completed aid in the patient’s medical records.

For more information related to your professional obligations with respect to medical assistance in dying, please refer to any guidance and/or policies on medical assistance in dying issued by your regulatory college.

### Section 1 – Patient Information

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### Section 2 – Practitioner Information

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Accompanying documentation to Support Eligibility Assessment

• More than a checklist to show that eligibility criteria has been met

• Consider an accompanying consult note to demonstrate rigour of conversation

• Legal consultation?
Case: Eligibility assessment and documentation requirements
Case: BV

- 60 year old woman with 5 year history of primary biliary cirrhosis.
- Early 2016 developed abdominal distension, nausea and pain.
- Diagnosed in October 2016 with hepatobiliary cancer
- November 2016 met with medical oncologist, reviewed systemic treatment options
- Declined all systemic treatment – incurable disease
- Asked oncologist for MAID
- Referred for community hospice palliative care support
The Assessment

- Does the patient have a serious and incurable illness, disease or disability?
  - Advanced metastatic hepatobiliary cancer

- Is the patient in an advanced state of irreversible decline in capability?
  - Incurable disease, progressive symptoms

- Has the patient’s death become reasonably foreseeable?
  - Prognosis without treatment measured in many weeks to months
  - Reasonably Foreseeable Death - “A natural death has become reasonably foreseeable, taking into account all of the medical circumstances, without a prognosis necessarily having been made as to the specific length of time that they have remaining.”
  - What to do in these cases where the prognosis is less clear?
“Natural death in reasonably foreseeable future...”

Justice Paul Perell ruled that the patient does indeed fulfill the “reasonably foreseeable” rule in Bill C-14. In doing so, he provided much-needed clarification on how physicians and nurse practitioners should go about interpreting the federal law. “The legislation makes it clear that in formulating an opinion, the physician need not opine about the specific length of time that the person requesting [MAID] has remaining in his or her lifetime,” Perell wrote.

In addition, he stated that the language in the law “reveals that the natural death need not be connected to a particular terminal disease or condition and is rather connected to all of a particular person’s medical circumstances.”

Toronto, June 2017
The Assessment

Is the illness, disease or disability causing enduring, intolerable suffering?

- Physical suffering:
  - Pain, controlled with escalating dose of opioids
  - Ascites with progressive pressure, discomfort
  - Poor appetite, profound fatigue

- Psychological suffering:
  - Profound loss of dignity
  - Mental acuity greatly affected by medications – intolerable loss of her “personhood”
  - Loss of social role
The Assessment (Cont’d)

• **Second opinion of eligibility – NP or Physician**
  
  • Can’t be in a mentoring/supervisory relationship
  
  • No other connection that would affect objectivity
The Assessment – Other Considerations

• Is the patient’s request for MAID completely voluntary?

• Is the patient aware that the request can be withdrawn at any time?

• If the opinion is that the patient is eligible, each assessor should disclose this at the end of the discussion.

• Indicate that the other eligibility assessor will come to an independent conclusion.

• Part of informed consent is ensuring that the patient understands the practical aspects of the procedure including what will happen “on the day you choose to die”.

• Does the patient have any questions?
Organ Donation: Trillium Gift of Life Network (TGLN)

- Organ and tissue donation has occurred after MAID.
  - People with neurodegenerative illnesses such as ALS have donated after MAID in Belgium and the Netherlands.
  - There have been at least 26 patients in Ontario alone who have donated after MAID (primarily tissue donation).
  - Many who seek MAID will have medical conditions that are usually incompatible with donation (i.e. Cancer).

- The process must occur in hospital setting with available resources for harvesting as soon as possible after death pronouncement.

- Decisions for MAID must be made prior to and independently of the decision to donate organs.
Exemption to reduce the 10 day wait period

- Death is fast approaching or
- Patient may lose capacity to provide informed consent on day of procedure
Planning the MAID procedure
SECTION 3: Provision of MAID

Clinician reaffirms that the patient is capable of making decisions related to their health, including the request and consent to proceed with MAID.

Reflection period completed:
A minimum of 10** clear days between the day the formal written request is signed and the day that the lethal medication is administered or prescribed.
**possible exceptions

Immediately before administering the injection or prescription for MAID, the Clinician:
- Confirms the patient’s expressed consent for MAID.
- Provides the patient with the opportunity to withdraw the request.

Clinician administers lethal injection or prescription for MAID.

Certification of Death and Reporting:
Clinician contacts Office of the Chief Coroner to report the death of a patient due to MAID. The Coroner obtains information from the Clinician and family to determine the need for examination of the body. Following the completion of a death investigation, the Coroner completes a death certificate.
Practical points to discuss in preparation for the procedure:

- Is this IV or oral MAID medications?
- Discuss how long it takes, what the medications do etc.
- “Next step: You need to choose a date to die”.
- “What time of day?”
- “Home? What room? Your bed? Your favourite chair?”
- “Who will be present?”
- Choose funeral home/cremation center – notify in advance so they can provide compassionate excellent service to the family.
- How long will before the body is removed from the home?
- Prepare the family that the coroner will want to speak with them after the death.
- The pharmacy will deliver the medications/supplies the day before and pick up supplies at an agreed upon time afterwards.
Checklist For Patients Requesting MAID

Liaise with LHIN/CCAC in the community or nursing team in hospital/LTC to plan for the procedure:

- IV access (2 separate sites) can be completed by prescriber or supported by nursing (CNO guidelines).
- Who will be present (physician, NP, nurses, family)?
- Consideration/discussion re: wish for tissue or organ donation.
- Which pharmacy is involved in provision of medications and supplies?
- Physician to order medications and arrange for delivery/pick up.
- Bereavement supports are known and understood by family/caregiver.
- Pre-Procedure Teleconference: attendees to consider primary nursing, pharmacy, CC, Physician, NP, Others (e.g., RH).
The procedure
Medication administration

- IV access
  - May consider starting IV the night before and use heparin lock
  - In dehydrated patients with poor IV access, consider hydration
  - PICC line or Port
  - Flush lines before the procedure to confirm good IV access

- Flush with normal saline after administrating Midazolam, Propofol and Rocuronium

- Document time of medication administration, dosage
Medication - Alberta Protocol

1. Midazolam 15 mg (10-25mg) IV- Sedative

2. Lidocaine 2% without epinephrine 40 mg, IV- Topical anaesthetic

3. Propofol 1000 mg IV- General anaesthetic

4. Rocuronium 100-200 mg IV- Paralytic

Optional
- Metoclopramide, 30 minutes before the procedure
- Potassium Chloride, 80 mmol after Rocuronium
Counselling the family/team

- Disinhibition
- Agonal breathing
- Speed of the procedure
- Need to involve coroner
Role of coroner

• Has evolved – mandatory coroner’s case but no longer an investigation.

• Hotline phone call – 10 minutes to an hour.

• Family may be asked to speak with coroner on phone to describe experience and some details.

• Managed by RN managers.

• Required to fax all documents for review.
Post-procedure
Follow up activities – Post teleconference

• Post procedure debrief option is discussed (purpose to discuss what went well and where there are opportunities).

• Services on hold. Patient directs what & when information is shared with providers and partners in care.

• Physician faxing order form if not already done.

• Plan for bereavement follow up.
Take Home Messages

• These are the early days of a major cultural shift both at an individual and professional level

• Suffering is what the capable patient says it is

• We have a duty to relieve suffering

• Using MAID specific forms helps ensure all checks and balances are in place

• Everyone is learning – don’t ever hesitate to express your questions and/or concerns.
MAID Resources

- www.wwpalliativecare.ca
- Centre for Effective Practice (CEP Tool)  https://thewellhealth.ca/maid/:
  - An excellent tool to assist clinicians in the navigation of the MAID pathway
- University Health Network  www.uhn.ca
- Joint Centre for Bioethics
- CMA online learning for physicians
- College specific regulations
Questions?
If you are interested in supporting MAID requests, please contact:

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Additional education, training and mentoring opportunities are available to support clinicians interested in supporting MAID in WW