

# Knowledge Sharing around MAiD

(Medical Assistance in Dying)

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# Agenda

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Terminology

(very) Brief History

What we've learned from others

What's happening in Canada, in Saskatchewan

Process

Translation of guidelines into practice

Eligibility

Case examples

Procedure & options (oral and iv)

My experience

# Me

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Family Physician

General Practice-Maternity-Newborns-MAiD

MAiD since June 2016

Colleagues/ iv nursing support

CAMAP- Canadian Association of MAiD Assessors and Providers

# Terminology

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## **Assisted Suicide**

- Prescribing of a lethal medication to be taken by the PATIENT

## **Voluntary Euthanasia**

- Administration of a lethal medication (IV) by a health care professional at the explicit request of a competent adult

# Canadian Terminology

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## Medical Assistance in Dying (MAiD)

- Includes both assisted suicide and voluntary euthanasia
- Physicians and/or nurse practitioners

# Other countries with MAiD

	Assisted Suicide	Euthanasia
<i>Canada</i>	<i>YES</i>	<i>yes</i>
<i>Netherlands</i>	<i>YES</i>	<i>yes</i>
<i>Luxembourg</i>	<i>YES</i>	<i>yes</i>
<i>Belgium</i>	<i>YES</i>	<i>yes</i>
<i>Switzerland</i>	<i>YES</i>	<i>no</i>
<i>US- WA, OR, CA, VT, NM, DC ?Wy</i>	<i>YES</i>	<i>no</i>
<i>US-other</i>	<i>NO</i>	<i>no</i>
<i>UK</i>	<i>NO</i>	<i>no</i>
<i>Australia</i>	<i>NO</i>	<i>no</i>

# A word on language....

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Be direct, speak plainly.....then LISTEN

Validate their experience

You will be rewarded- patient feels relief, gratitude, supported and less alone

# Brief review- key dates

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1972- suicide no longer a criminal offence

however section 241 prohibits “assisted suicide”

1992- Nancy B wins right to refuse treatment

1993- Rodriguez fights for right to assisted death and loses,

5 to 4 decision

1995- Senate report “Of Life and Death” focused on assisted dying

2011- Royal Society of Canada report

Advised modifying Criminal Code to permit assistance in dying



# The Carter Case....

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April 2011- BCCLA files suit challenging the law

June 2012- BC Supreme Court rules in favour of BCCLA

October 2013- BC Appeal court overturns this ruling

February 2015- Supreme Court of Canada hears case and rules unanimously to strike down the law prohibiting assisted suicide. 12 months given to government to draft new law

(Extension requested and partially granted)

# The Carter Case....

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February 6, 2016 - no law yet, but Canadians can access  
Assisted Death via provincial courts  
Cannot be denied if case meets Carter criteria

February 29, 2016 - first known assisted death (outside Quebec)

June 6, 2016 - no longer illegal to assist

**June 17 2016 Bill C-14 becomes law in Canada**

# Carter Decision- Eligibility

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- Adult
- Competent
- Grievous and irremediable medical condition (including an illness, disease or disability)
- Enduring suffering that is intolerable to the individual

# Bill C14

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Not quite the same.....

# What we know from others' experience

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The Netherlands, Canada and Saskatchewan the first year

# Basic Statistics

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Population of Netherlands

~16 million

Annual deaths (approximate)

140 000

Cases of euthanasia

6000 **(4.6%)**

\*data from 2016

# Who Performs Euthanasia (Netherlands)

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**GP- 85%**

Geriatrician (in nursing home)- 4%

Medical Specialist (in Hospital)- 3.5%

End of life Clinic- 6.5%

# Reasons (Oregon)

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- Loss of autonomy/control (91.4%)
- Decreasing ability to participate in activities that made life enjoyable/meaningful (86.7%)
- Loss of dignity (71.4%)
- Decline in Function
- Pain and other symptoms = <10%



# Is there a Slippery Slope?

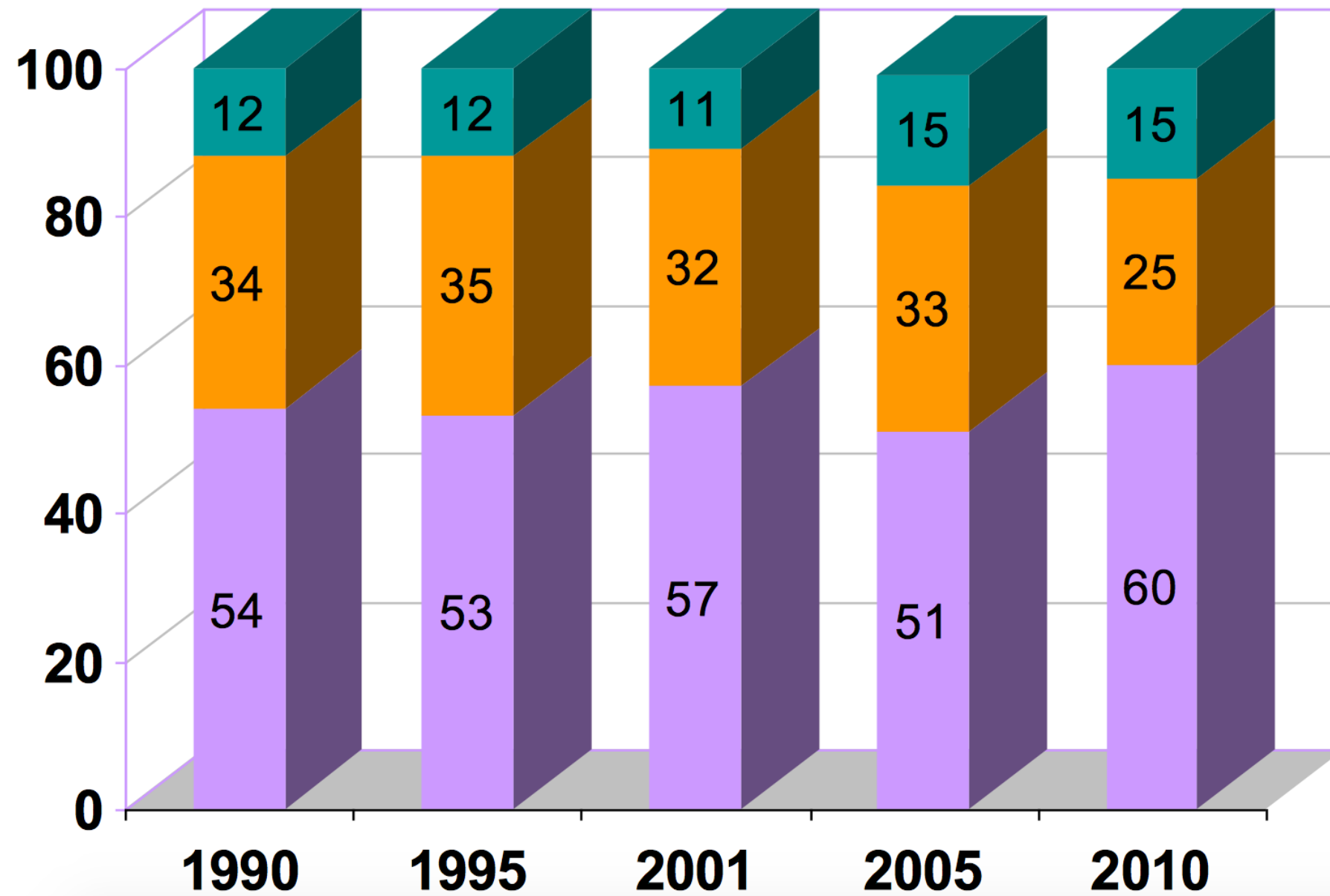
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Has the legalization of euthanasia in the Netherlands led to an increase in feared outcomes?

# Is there an increases in desire to perform euthanasia?

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# Willingness of Dutch physicians to perform euthanasia



Will never perform

Never performed, but can think of...

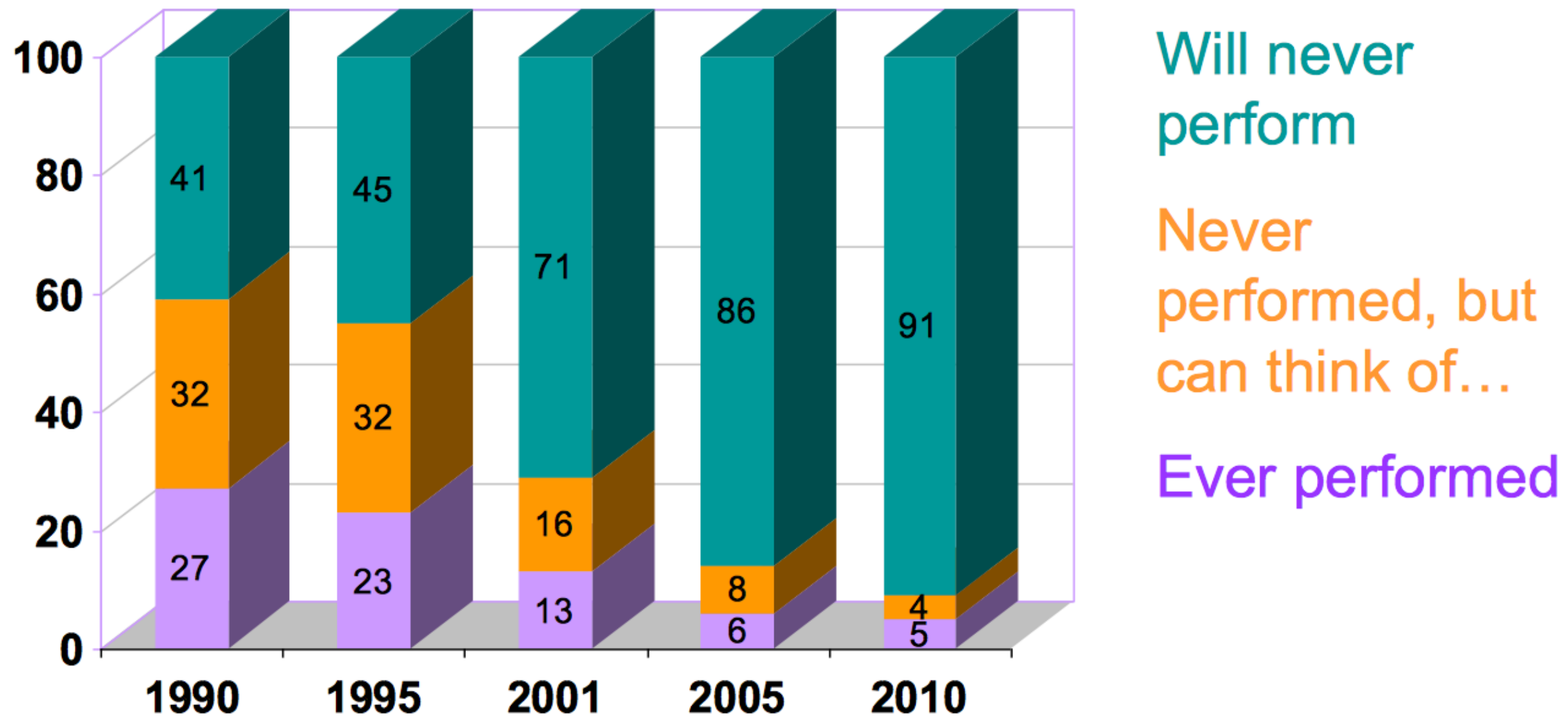
Ever performed

Has there been an increase in terminating life without an explicit request to do so?

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# Increase of life termination without an explicit request of the patient?

Willingness of Dutch physicians to life termination without request

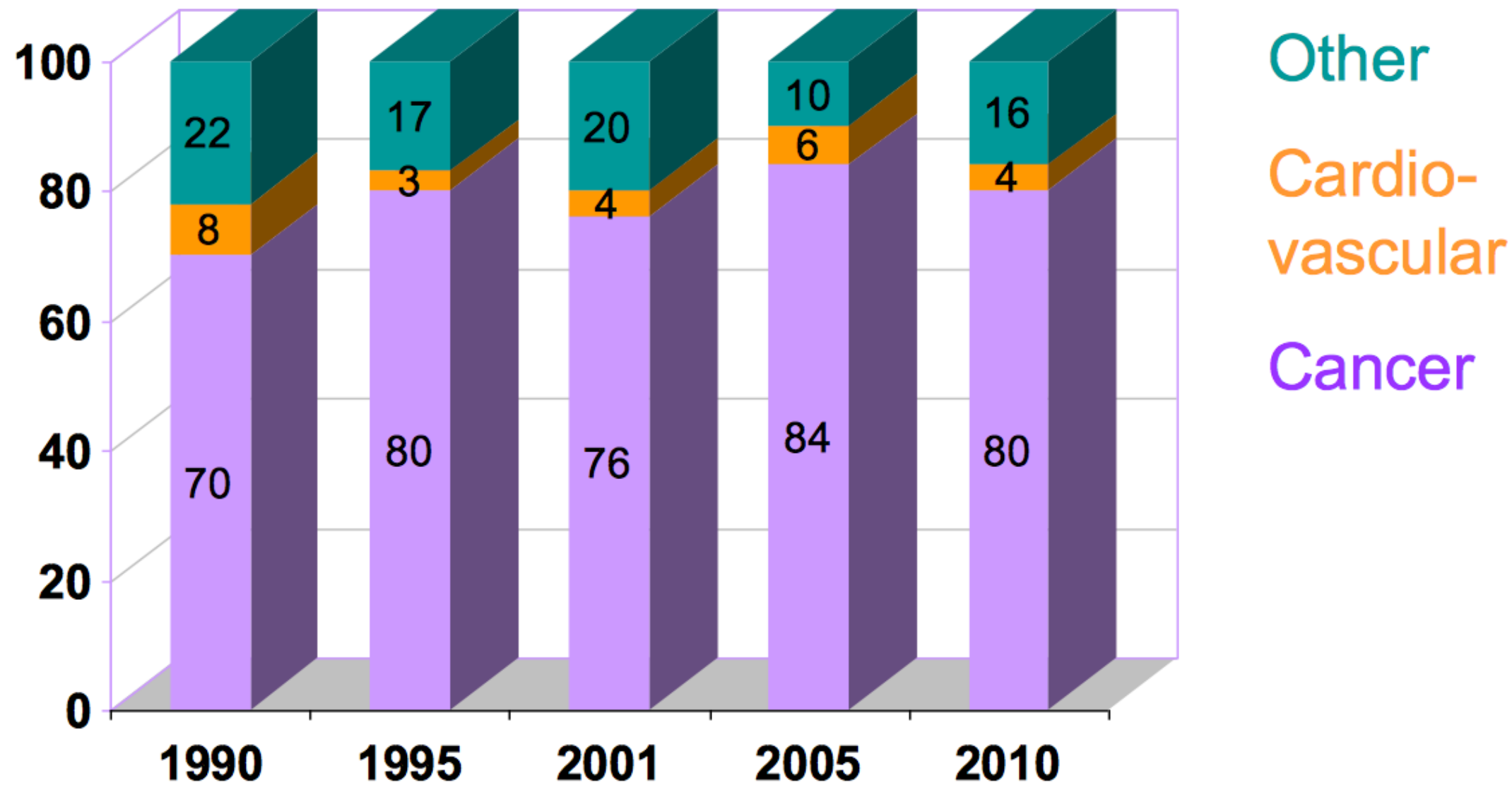


Has there been an increase in euthanasia in people with 'less serious' illnesses?

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# Increase in people with less life-threatening disease?

Diagnosis of patients whose request for euthanasia was granted



*Note: of all deaths 29% died of cancer (2010)*

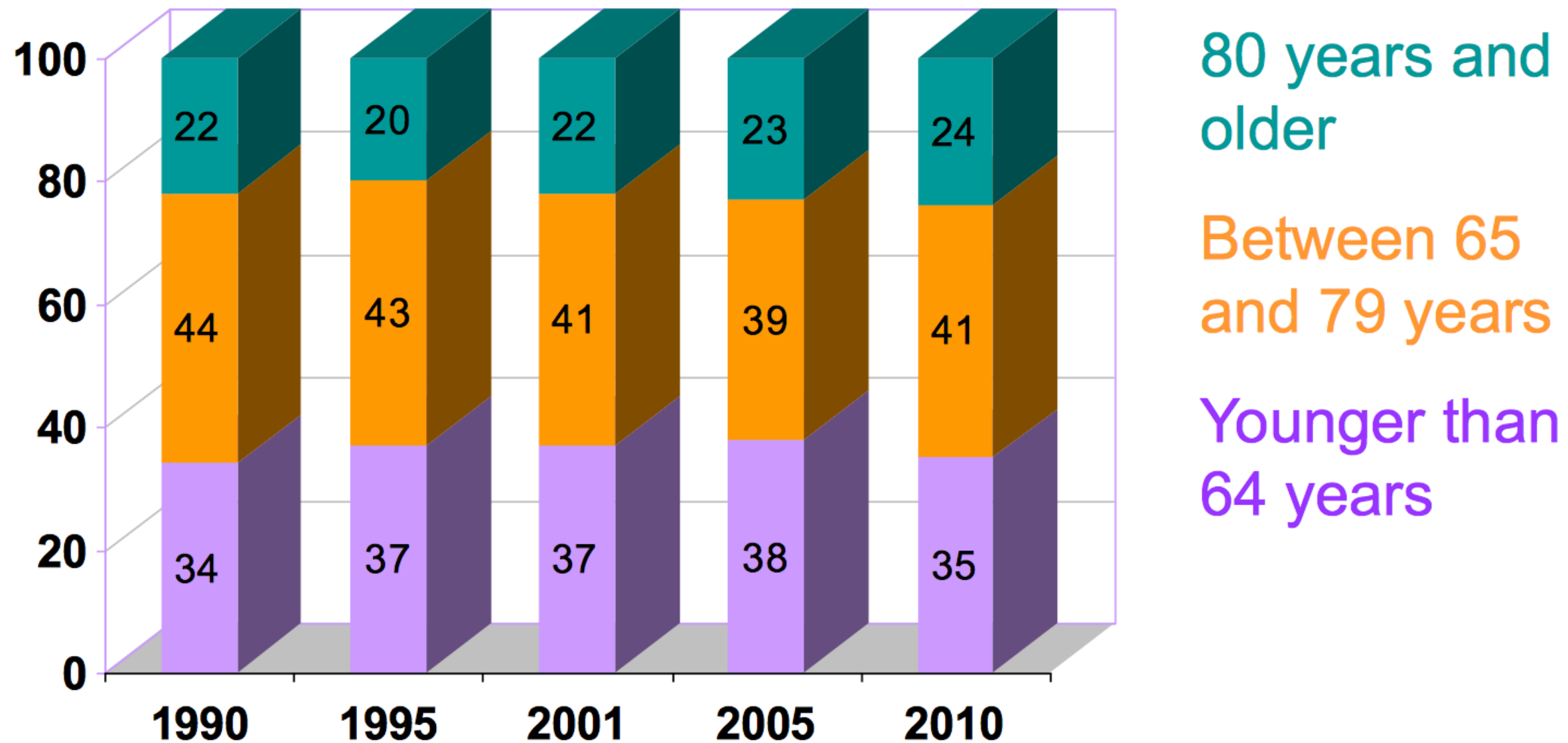
Has there been an increase in euthanasia in the elderly or other vulnerable groups?

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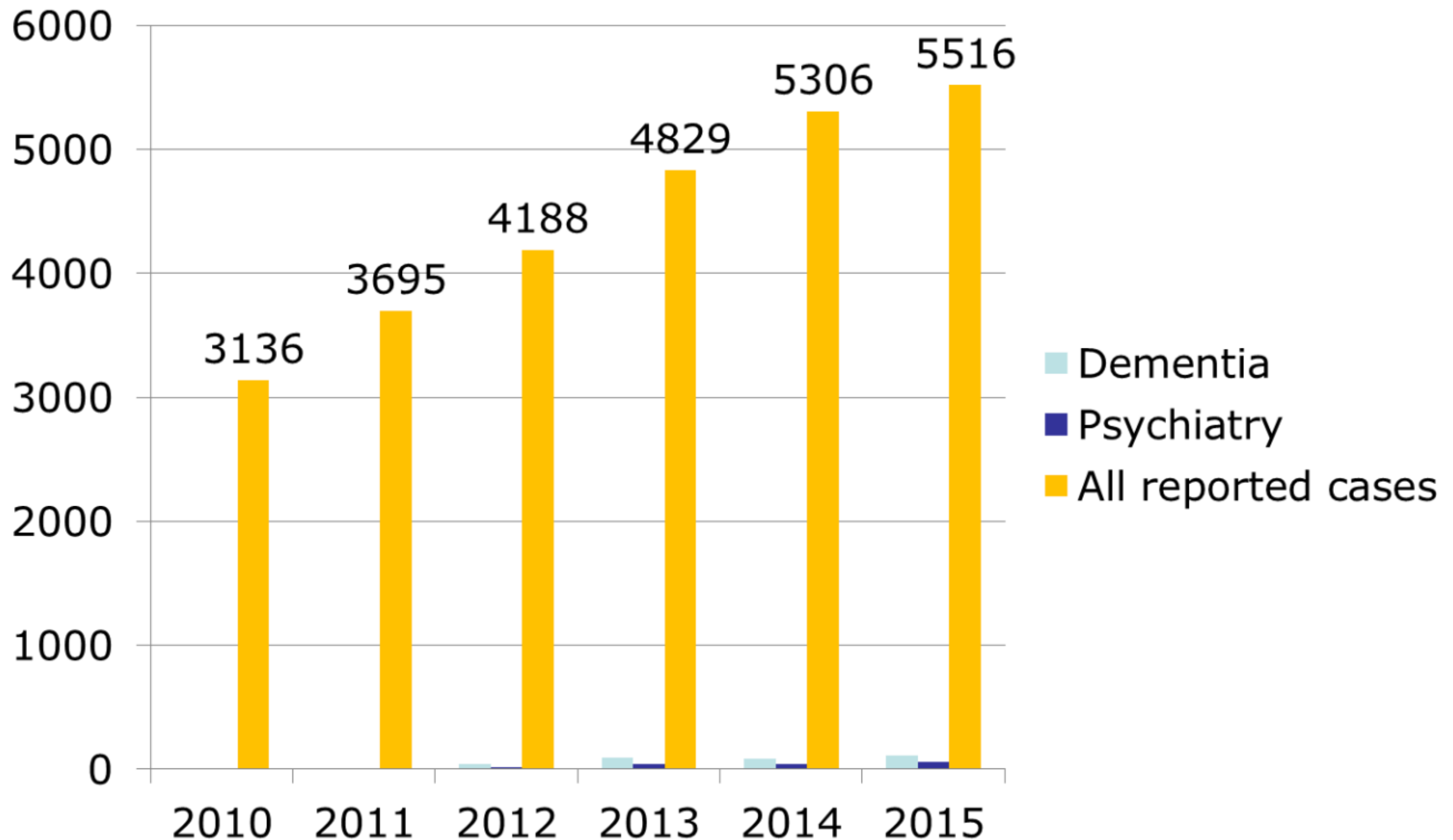
# Increase in older people?

Age of patients whose request for euthanasia was granted



*Note: of all deaths 51% is 80 years or older (2010)*

# Reported cases and vulnerable groups

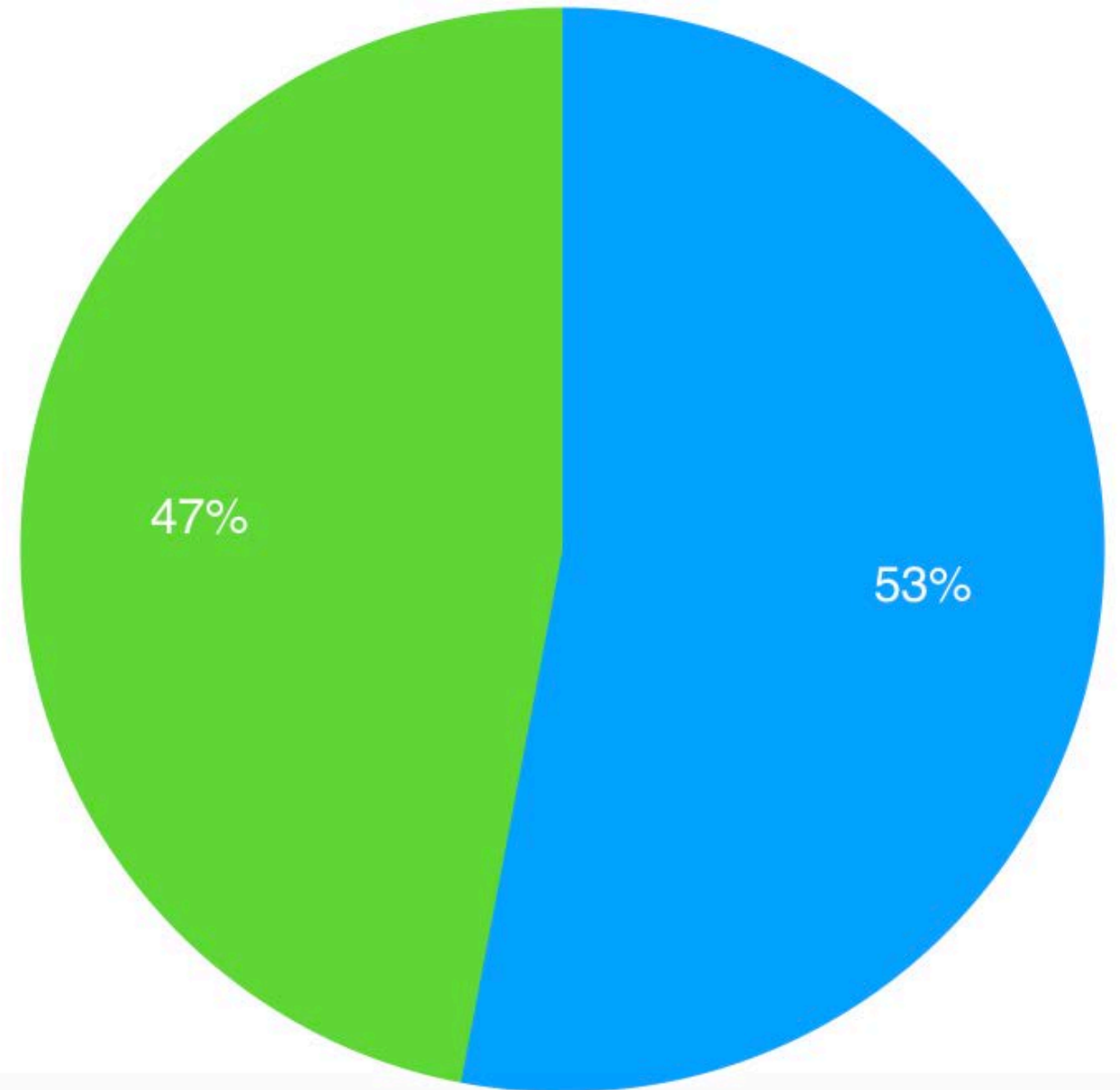


# What's happening in Canada? In Saskatchewan?

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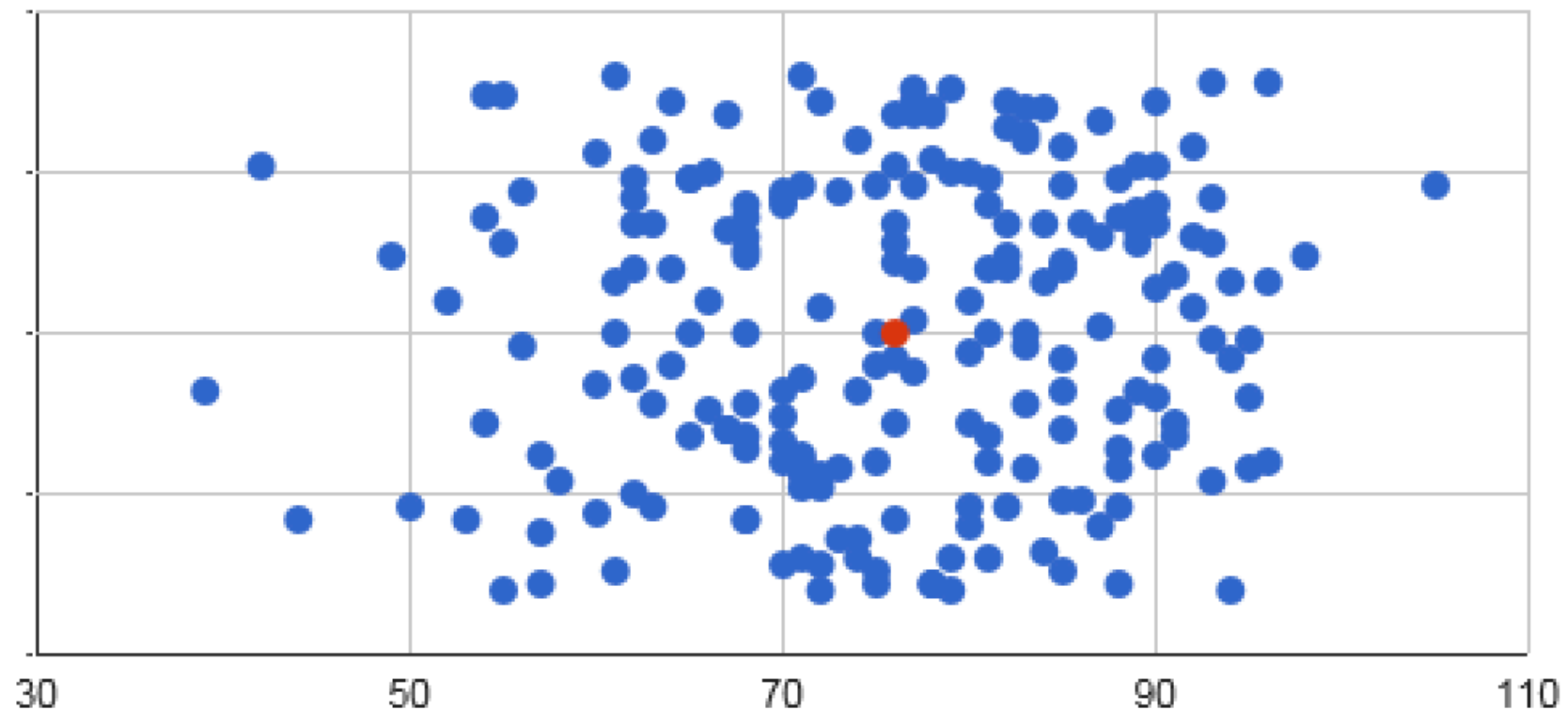
# Gender

- Slightly more **males** than **females**



# Age

Average age was **73 years**



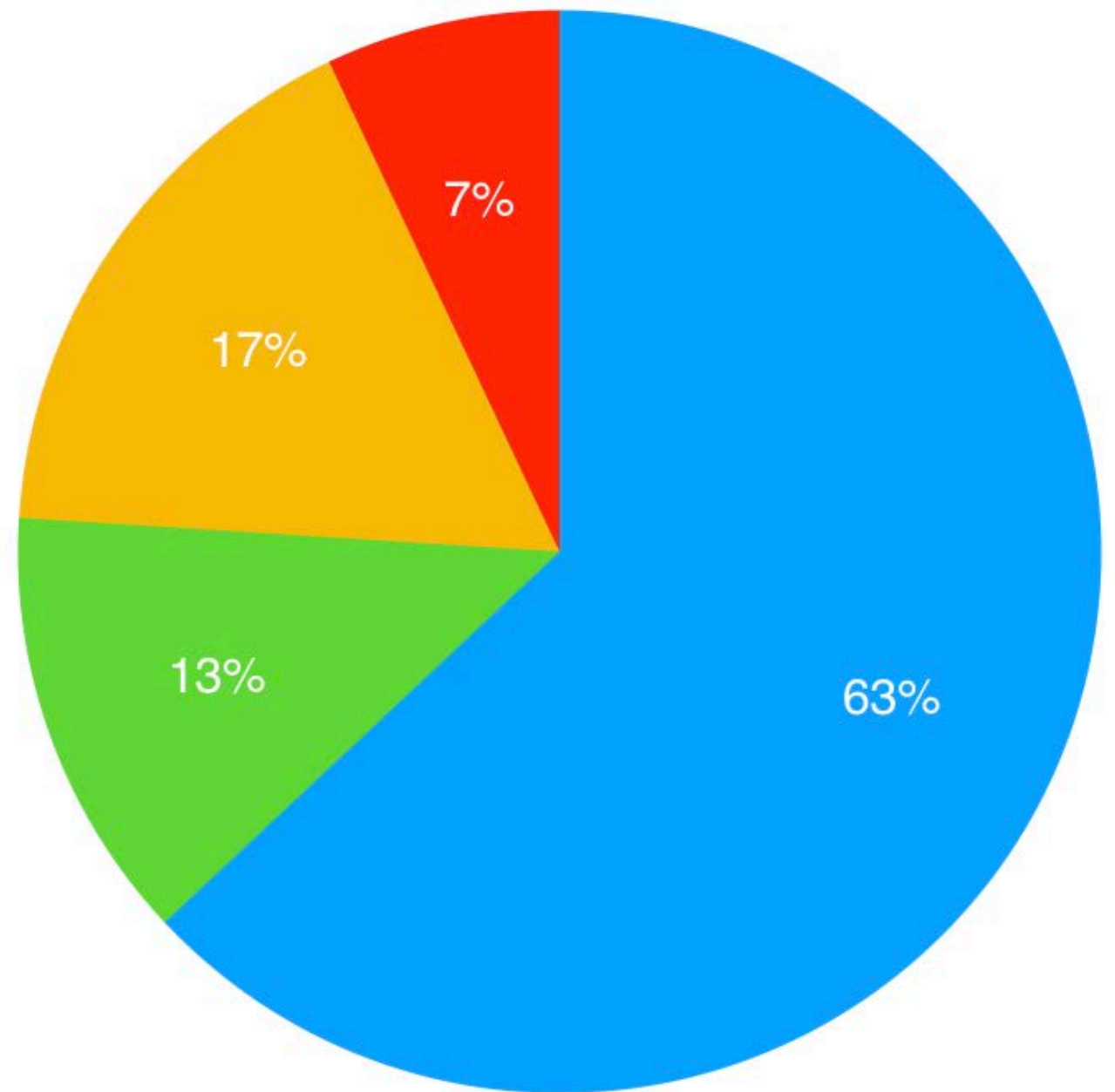
# Underlying Diagnosis (Netherlands)

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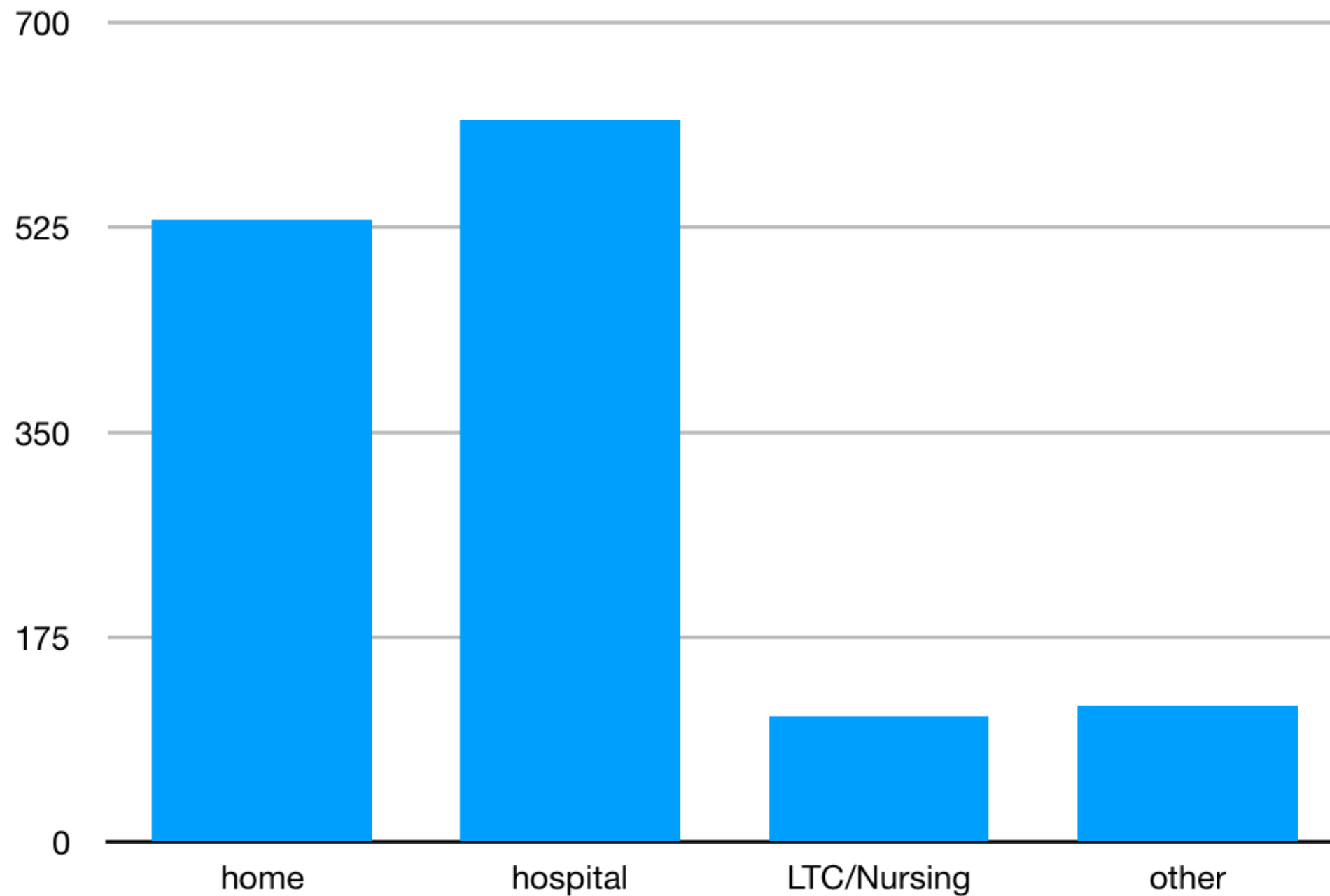
<b>Cancer</b>	<b>72.5% (4000)</b>
Neurologic	5.7% (311)
Cardiovascular	4.3% (233)
Pulmonary	3.7% (207)
Multiple old-age dx	3.3% (183)
Dementia	2% (109)
Psychiatric	1% (56)
Other	7.5% (417)

# Underlying diagnosis (Canada)

- **Cancer**
- **Neurological**
- **Organ Failure**
- **Other**

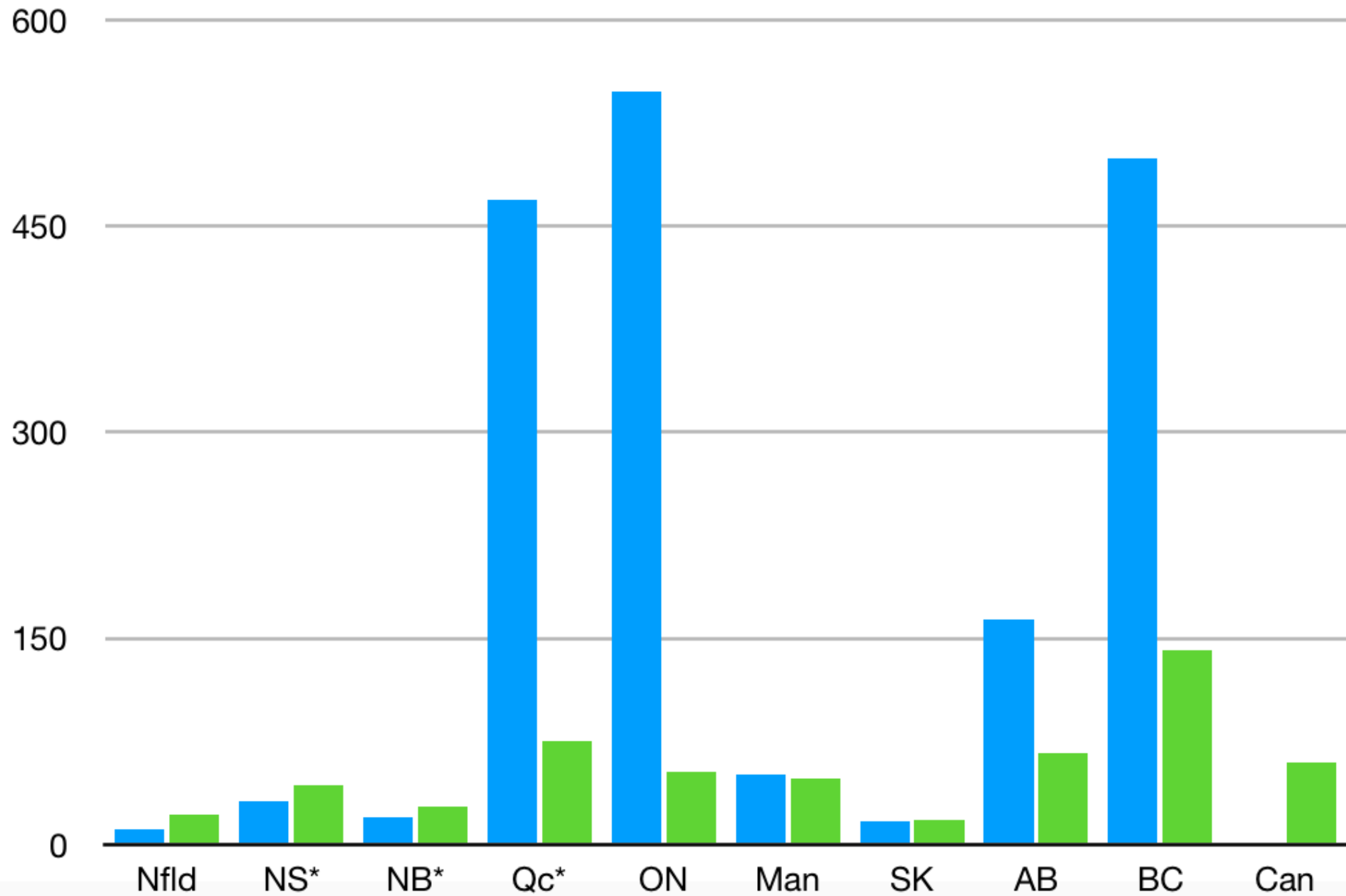


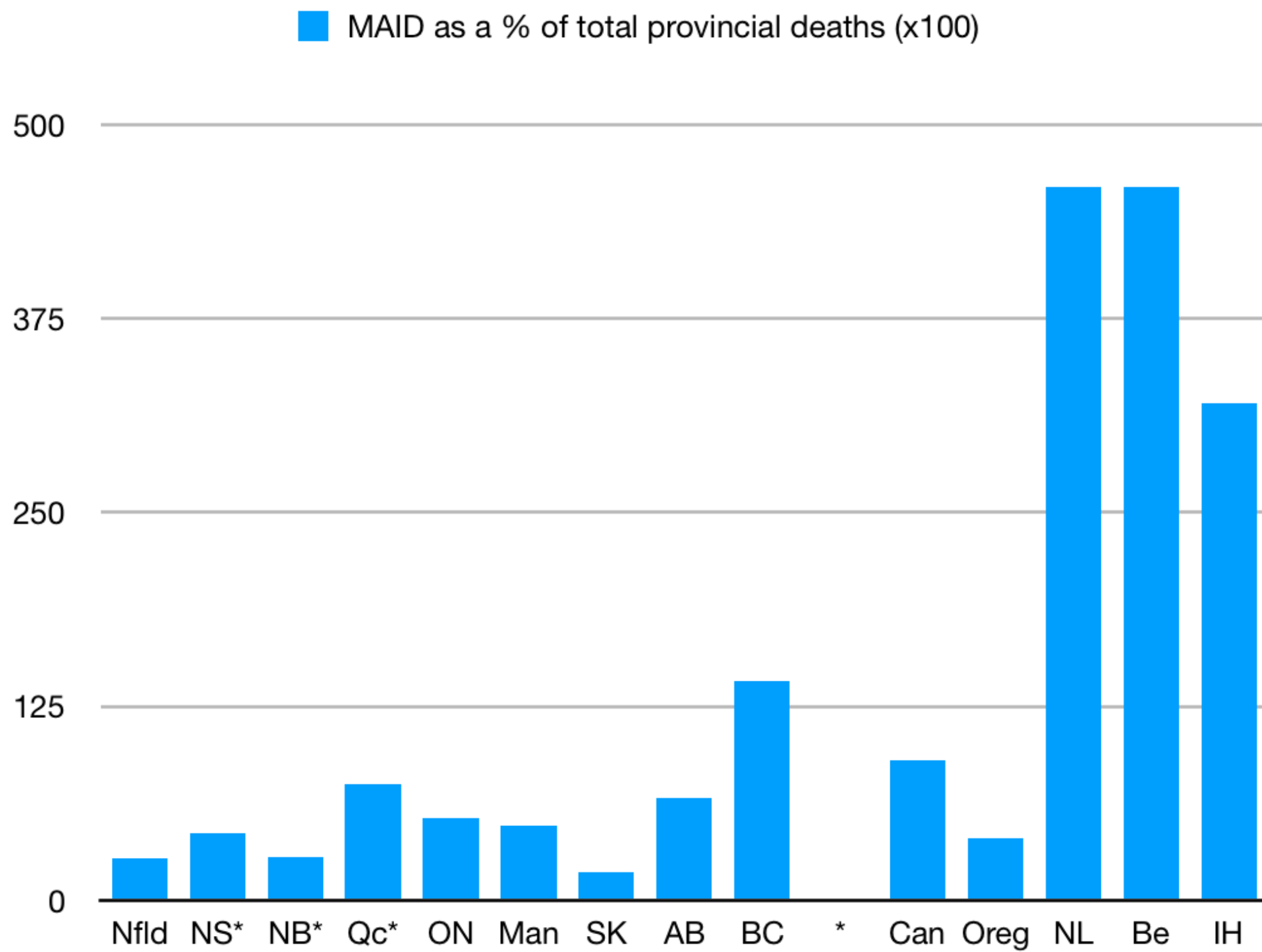
# Location of MAiD





- Total Number of MAID deaths June 2016 - June 30, 2017
- MAID as a % of total provincial deaths (x100)





# What's the Process?

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# Bill C14- Eligibility

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1. You must be an **ADULT**

2. You must be eligible to receive **CANADIAN** health care

3. You must be suffering from a **GRIEVOUS and IRREMEDIABLE condition.**

This is further defined as someone having a serious illness, disease or disability that is in an advanced state of decline that cannot be reversed. Your **natural death has become reasonably foreseeable**, taking into account all of your medical circumstances

4. You must be **SUFFERING UNBEARABLY.**

5. Your request for MAID must be made **voluntarily.**

6. You must be able to give **informed consent** at the time of the request AND at the time of the procedure.

# Eligibility

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1. You must be an **ADULT**

# Eligibility

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2. You must be eligible to receive **CANADIAN** health care

# Eligibility

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## 3. Request must be made **VOLUNTARILY**

Request must come from within – with no external suggestions from

- Spouse
- Children
- Friends
- Beneficiaries
- Health care practitioners

**These people can have an opinion but they do NOT drive care**

# Eligibility

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4. You must be suffering from a **GRIEVOUS and IRREMEDiable** condition

This is significantly different from Carter ruling



# Grievous and Irremediable (Bill C14)

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This is further defined as someone having :

(you need all 5 to be eligible)

**A) a serious illness, disease or disability**

# Grievous and Irremediable (Bill C14)

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**B) You must be in an advanced state of decline in capability**

# Grievous and Irremediable (Bill C14)

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**C) That cannot be reversed** (by any means acceptable to the patient)

# Eligibility

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D) You must be **SUFFERING UNBEARABLY**

(As defined by the patient themselves)

# Grievous and Irremediable (Bill C14)

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E) Your **natural death has become reasonably foreseeable**, taking into account all of your medical circumstances.

(Your death is expected in the foreseeable future)

# Reasonably Foreseeable

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What does this mean?

Who should decide what it means?

Who currently decides what it means?

(This condition is likely unconstitutional)

# Eligibility

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5. You must be **CAPABLE** of making the request and be able to give informed consent at BOTH the time of the request AND at the time of the procedure.

Advanced Directives are therefore NOT allowed

# Ms. XX- age 66

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Metastatic oral cancer- had surgery, chemo, radiation

Now in significant decline, no active treatment options

Receiving palliative care services, supportive family/friends

Request for MAiD- supportive family doc but unsure what to do

Assesses in home – by certified prescriber

Oncologist agrees to be second assessor- in office

## **Eligible:**

Choreograph event

Peaceful, dignified MAiD procedure at a hotel

12 guests, beautiful view, family photos, music, encircling family

Funeral pick up smooth, unscheduled evening for MD to debrief



# Mr XY- age 74

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Metastatic pancreatic carcinoma- had chemo, radiation now in - hospice for EOL care- has partial bowel obstruction

Adamant in wish for MAiD

Assessment by myself and by her FP

Supportive family

Life expectancy at time of MAiD 'days to short weeks'

## **Eligible:**

10 day waiting period waived

Grateful patient, grateful family

Responsible hospice- what if MAiD wasn't allowed on premise?

# Mr. ZZ- age 88

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Long history of COPD, now end-stage

Significant recent decline (hospital admissions, O2 needs, personal care needs)

Assessment at home with family

Prognosis could be several months to a few years

Culturally not known to be pro-MAiD

## **Will be eligible:**

Wants MAiD in short months

Wants to reconcile family issues and finances

Relief felt by all after the procedure

# Mr. WW- age 87

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Life-long support of dying with dignity

Mantle-cell carcinoma

FP declined to get involved, late to me

Assessed by myself, colleague over a few days. Date set.

Decline precipitous

Upon arrival for MAiD had lost capacity, barely rousable

**Not Eligible**- loss of capacity

Gruelling situation

# Mr. JJ- age 55

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Diagnosed with JRA age 25

Has tried every disease-modifying drug

Severe inflammation and deformities

Using opioids, gabapentin, anti-inflammatories and antidepressants with less than good effect

Living in assisted-living but will soon need extended care

**Not Eligible**- *death is not in the foreseeable future*

# My Experience

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160 consults

65 assisted deaths

Relief

Gratitude

Compassionate gift- read letter quote

# The MAiD procedure

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# Choreography

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When

Where

Who

Goodbyes

Bucket list?

Music? Ritual?

Life insurance/Will

Funerary Arrangements- who will call

Role of Staff if in facility

Plans for afterwards (day/night)

# Oral vs IV?

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# The Event

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- One-on-one talk- verify wish to proceed and consent
- iv
- Quick review of what to expect
- Last words/goodbyes from guests
- Last words/goodbyes from patient
- Ready?

# Medications

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Saline flush

**Medication #1**      (sleep)

Saline flush

**Medication #2**

**Medication #3**      (deeper sleep/coma)

Saline flush

**Medication #4**      (respiratory arrest/cardiac arrest)

Saline flush

Pronouncement of death

Condolences

Paperwork

# Questions?

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# Contact Info

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Canadian Association of MAiD Assessors & Providers – CAMAP

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