

MAID

Medical Assistance in Dying
In A Rural Area


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1

Introductions



The slide contains two maps. The left map shows the outline of Canada with the province of Ontario highlighted in red. The right map is a detailed map of Ontario, showing its geographical features including Hudson Bay to the north, Lake Superior, Lake Huron, Lake Michigan, Lake Erie, and Lake Ontario. Key cities are marked with red dots: Toronto, Ottawa, and Wallaceburg. A scale bar at the bottom left of the right map indicates 200 km, and a north arrow is located in the top right corner.

2

Objectives

- To provide a background on history and current state of MAID in Canada
- To demystify assessment and provision of MAID
- To encourage & support rural physicians to incorporate MAID into their practice
- To discuss special considerations of MAID in rural & remote areas.

3



Who's here today?

Learners

Ever had a conversation about MAID with a patient

Referrers

Assessors

Providers

Anyone who has seen a MAID

4

History of MAID in Canada

February 2015: Supreme Court of Canada ruled in a 9-0 decision (*Carter v Canada*) for the decriminalization of assisted death

- Stated that existing laws prohibiting MAID were in interference with the individual's rights in relation to liberty and security if they had been diagnosed with a "grievous and irremediable medical condition"
- Specifically, liberty was limited by interfering with a person's ability to make their own decisions in relation to their bodily integrity and medical care, and security by making it so that a person must contend with intolerable suffering.



5

History of MAID in Canada

Originally deadline was one year: February 2016.

Then extended to June 7th 2016

The Supreme Court decision laid out guidelines, but the government still had to write the actual law.


On June 17th, 2016, Bill C-14 was officially passed and became law.



6

Medical Assistance in Dying (MAID)

PROGRAM UPDATE & ONTARIO'S APPROACH TO THE FEDERAL MONITORING REGIME




<http://tinyurl.com/yxnwh3w6>

Accessed 4 April 2019

PRESENTATION PROVIDED BY:
Ministry of Health and Long-Term Care
Office of the Chief Coroner of Ontario
Health Canada
October 2018

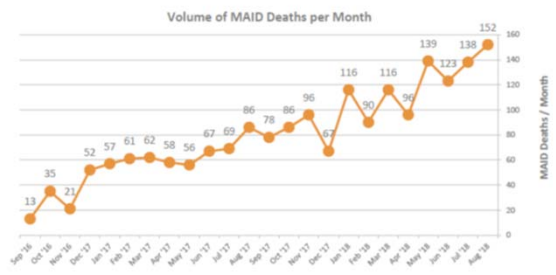
7

VOLUMES: THE NUMBER OF MAID CASES IN ONTARIO IS GROWING



- As of August 31, 2018, there have been a total of 2000 MAID deaths in Ontario (since June 2016).
 - 1999 clinician-administered
 - 1 self-administered
- The number of MAID deaths has grown, on average, by 19% per month.

Volume of MAID Deaths per Month



Month	MAID Deaths / Month
Sep-16	13
Oct-16	35
Nov-16	21
Dec-16	52
Jan-17	57
Feb-17	61
Mar-17	62
Apr-17	58
May-17	56
Jun-17	67
Jul-17	69
Aug-17	86
Sep-17	78
Oct-17	86
Nov-17	96
Dec-17	67
Jan-18	116
Feb-18	90
Mar-18	116
Apr-18	96
May-18	139
Jun-18	123
Jul-18	138
Aug-18	152

MAID represents a notable proportion of deaths in the province of Ontario.

0.8%

In 2017, 0.8% of all deaths in the province were due to MAID.

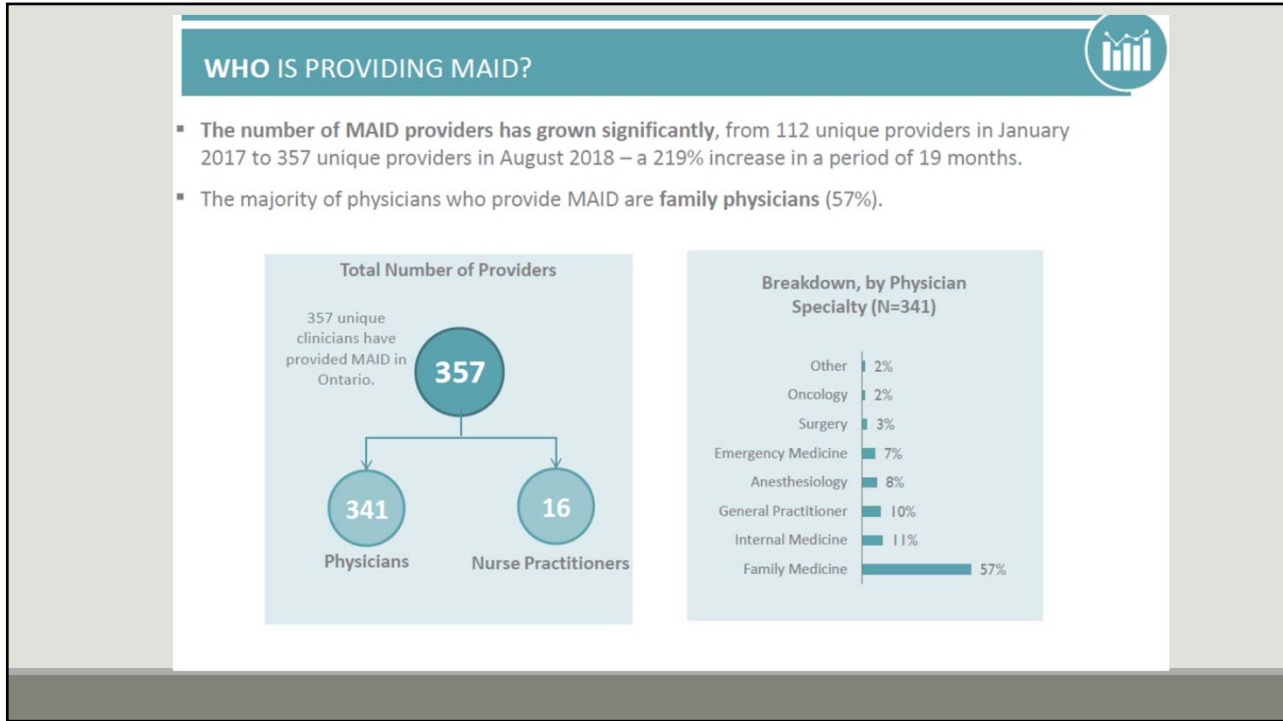
1%

In 2018, MAID is expected to account for over 1% of all deaths in Ontario.

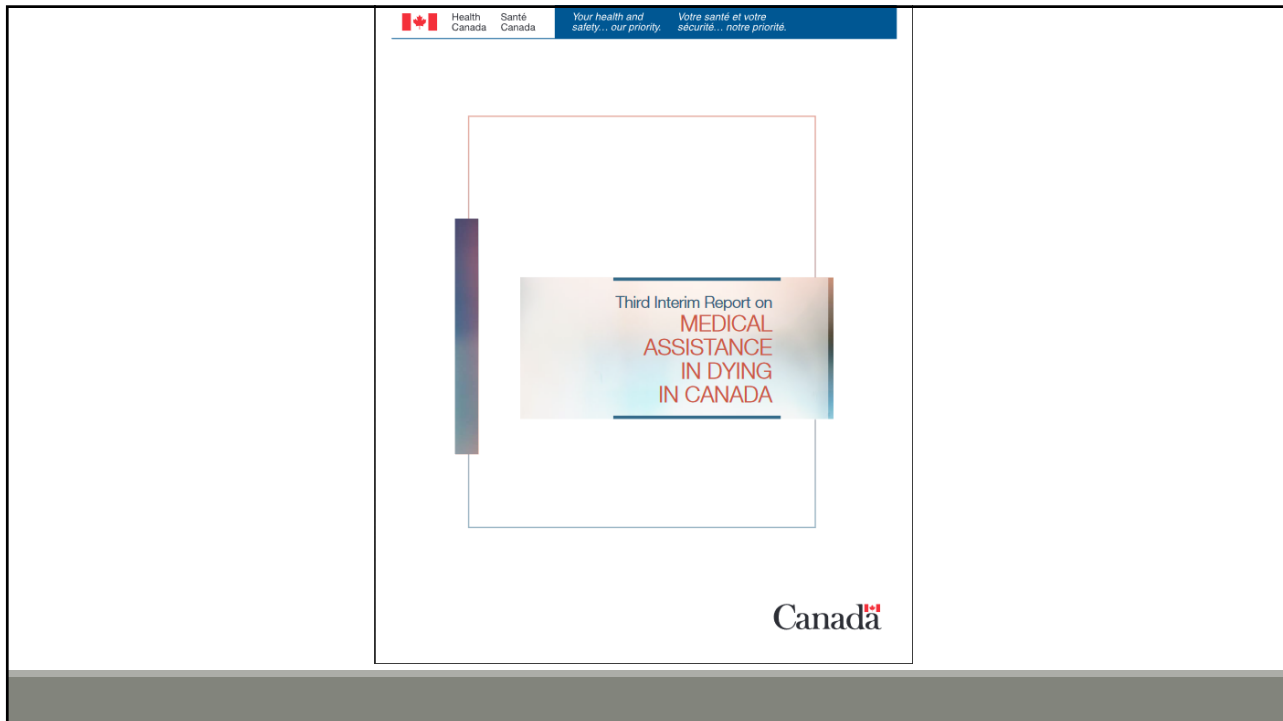
1.8%

In 2017, MAID accounted for 1.8% of all cancer-related deaths in Ontario.

8



9



10

MAID in 2017	n=1961
MAID by clinician:	
Physician	1868 (95.7%)
Nurse Practitioner	93 (4.7%)
MAID by setting:	
Hospital	808 (41%)
Patient's home	820 (42%)
Long-term care facility or nursing home	136 (7%)
Hospice	32 (1.5%)
Other/Unknown	165 (8.0%)

Total number of MAID deaths in Canada, up until Dec 2017: 3714

This includes all provinces except Quebec, NWT, Yukon and Nunavut

from "Third Interim Report on Medical Assistance in Dying in Canada", Government of Canada, June 2018.
<https://www.canada.ca/en/health-canada/services/publications/health-system-services/medical-assistance-dying-interim-report-june-2018.html>

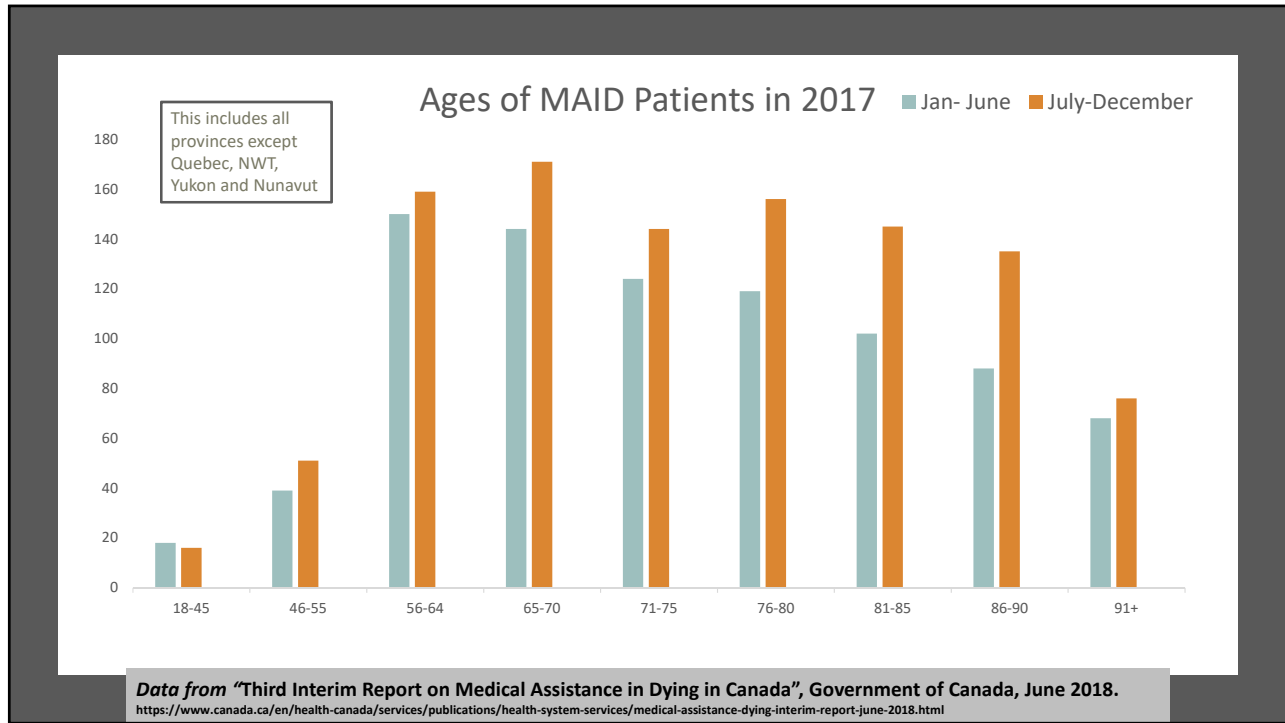
11

MAID 2017	N=1961
Average age	73
Gender	51% Men 49% Women
Location	56.5% Larger Centres (>100 000) 42.3% Smaller Centres 1% Unknown

This includes all provinces except Quebec, NWT, Yukon and Nunavut

from "Third Interim Report on Medical Assistance in Dying in Canada", Government of Canada, June 2018.
<https://www.canada.ca/en/health-canada/services/publications/health-system-services/medical-assistance-dying-interim-report-june-2018.html>

12



13

This includes all provinces except Quebec, NWT, Yukon and Nunavut

MAID 2017		N= 1961
Most common diagnoses		
Cancer-related		64%
Neuro-degenerative		12%
Circulatory/Respiratory system		16.5%
Other causes/Unknown		8%

from "Third Interim Report on Medical Assistance in Dying in Canada", Government of Canada, June 2018.
<https://www.canada.ca/en/health-canada/services/publications/health-system-services/medical-assistance-dying-interim-report-june-2018.html>

14

<p>This includes all provinces except BC, ON, NL, PEI, NS</p>	MAID 2017	N=1961
	Most common reason for not qualifying for MAID	<ul style="list-style-type: none"> • Loss of competency • Death not reasonably foreseeable • Other
	# cases where the individual died prior to the completion of the assessment process	202 (24%)

from "Third Interim Report on Medical Assistance in Dying in Canada", Government of Canada, June 2018.
<https://www.canada.ca/en/health-canada/services/publications/health-system-services/medical-assistance-dying-interim-report-june-2018.html>

15

Assessing eligibility for MAID

Criteria

1. 18 years of age or older
2. Eligible for publicly funded health care services in Canada
3. Have a grievous and irremediable medical condition
4. Have made a voluntary request for MAiD that was not influenced by external pressure
5. Give informed consent to receive MAiD, after being informed of means available to them to relieve their suffering, including palliative care

16

Safeguards

Written request signed by 2 independent witnesses

2 independent medical professionals agree on eligibility (physicians or nurse practitioner)

Mandatory 10 day reflection period between signed request and provision of MAiD

Patient is made aware that the request can be withdrawn at any time.

17

Demystifying the Assessment: The No-Brainers

Age

Eligible for health care in the province/territory

Has provided informed consent to receive MAiD

- - palliative care options, ability to withdraw request

18

Demystifying the Assessment: The Harder Questions

The grievous & irremediable medical condition:

- a) serious and incurable illness, disease, or disability
- b) advanced state of irreversible decline in capability
- c) enduring physical or psychological suffering that is intolerable to them and cannot be relieved by methods that are acceptable to them
- d) death is reasonably foreseeable

Death is in the reasonably foreseeable future

19

Tools re: Life Expectancy

Prognostic Indicators i.e The GSF Prognostic Indicator Guidance

Palliative Performance Scale

Frailty Index

Disease specific prognosis (i.e. BODE index for COPD)

ePrognosis – eprognosis.ucsf.edu

Common themes:

The Surprise Question

General indicators of decline: deterioration, advanced disease, decreased response to treatment, patient choice for no further disease modifying treatment

Specific indicators related to certain illness

20

Demystifying the Process: The 'In-Betweens'

Capability

- communication issues
- understanding capability to make medical decisions

Voluntariness of Request

21

Demystifying the Process

Voluntary Witnesses

- - 2 independent witnesses*
- - signed and dated same day as patient

10-day reflection period

- - 'clear days', minimum
- - exceptions: death is imminent or loss of capacity is imminent

Second assessor

Assessing IV access*

22

Drugs

Sedation: Midazolam 10-20 mg

Local anaesthetic: Lidocaine 40 mg

Coma-inducing: Propofol 1000 mg

Paralytic: Rocuronium 200 mg

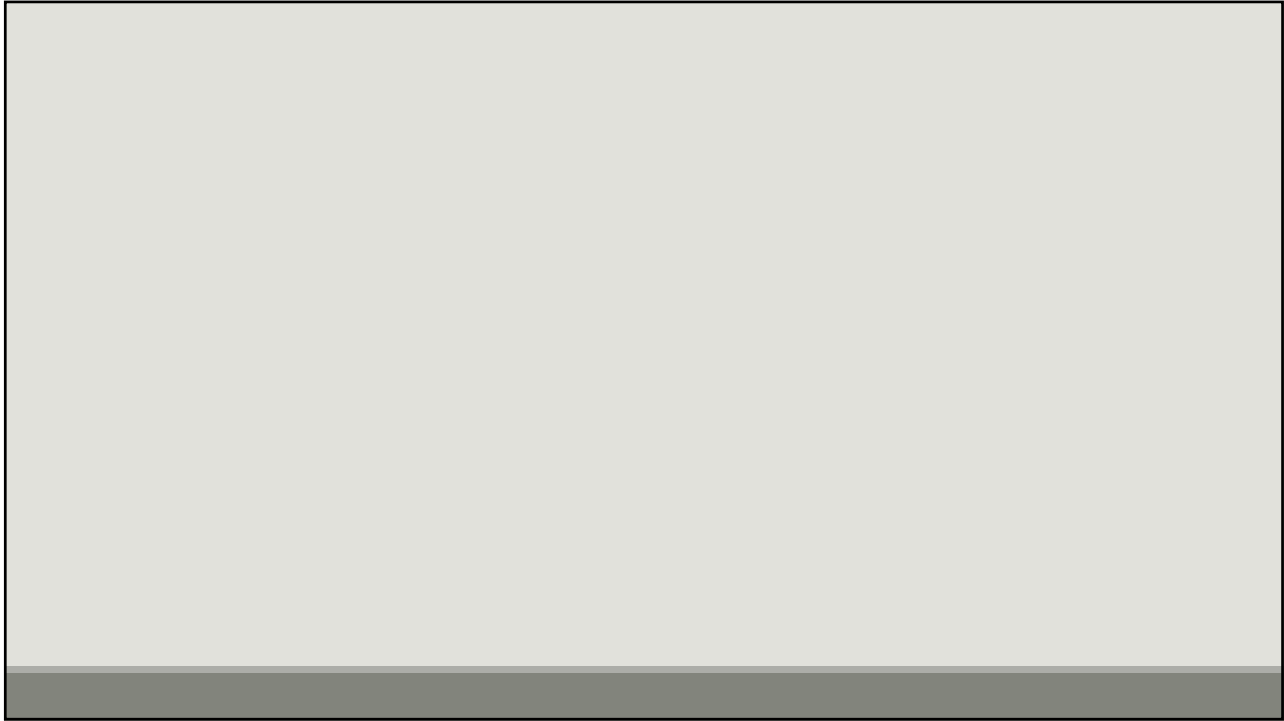
23

The screenshot displays the CAMAP website. The main header reads "The Canadian Association of MAID Assessors and Providers". Below this is a large banner for "Medical Assistance in Dying" featuring a lighthouse on a rocky shore. The page is divided into several sections:

- Membership: Peer Support, Research, Advocacy.** This section describes the association's focus on supporting professionals in the field of MAID. It includes a "Join CAMAP" button.
- Resources.** This section lists various tools and documents available to members, such as the Clinical Frailty Scale and the Palliative Performance Scale. It includes a "Find Resources" button.
- Patients and Families: Support.** This section offers support and resources for patients and their families, including a "Patients and Family Support" button.

On the right side of the screenshot, there is a promotional banner for the "MAID 2019 3rd Annual National Conference on MEDICAL ASSISTANCE IN DYING". The conference is scheduled for May 31 - June 1, 2019, with a pre-conference on May 30, 2019. The location is The Vancouver Marriott Pinnacle Downtown Hotel in Vancouver, BC. The website www.maidconference.ca is provided for more information.

24



25



26

MAiD in a rural area



Objectors in colleagues/community
Logistics of timing, location, meds, nursing (can be easier or harder)
Guilt at turning someone down
Fitting it into our week, sometimes pressure to move quickly
Access to other assessors and providers
Emotional exhaustion/burnout
Infrequency of provisions – maintaining skills

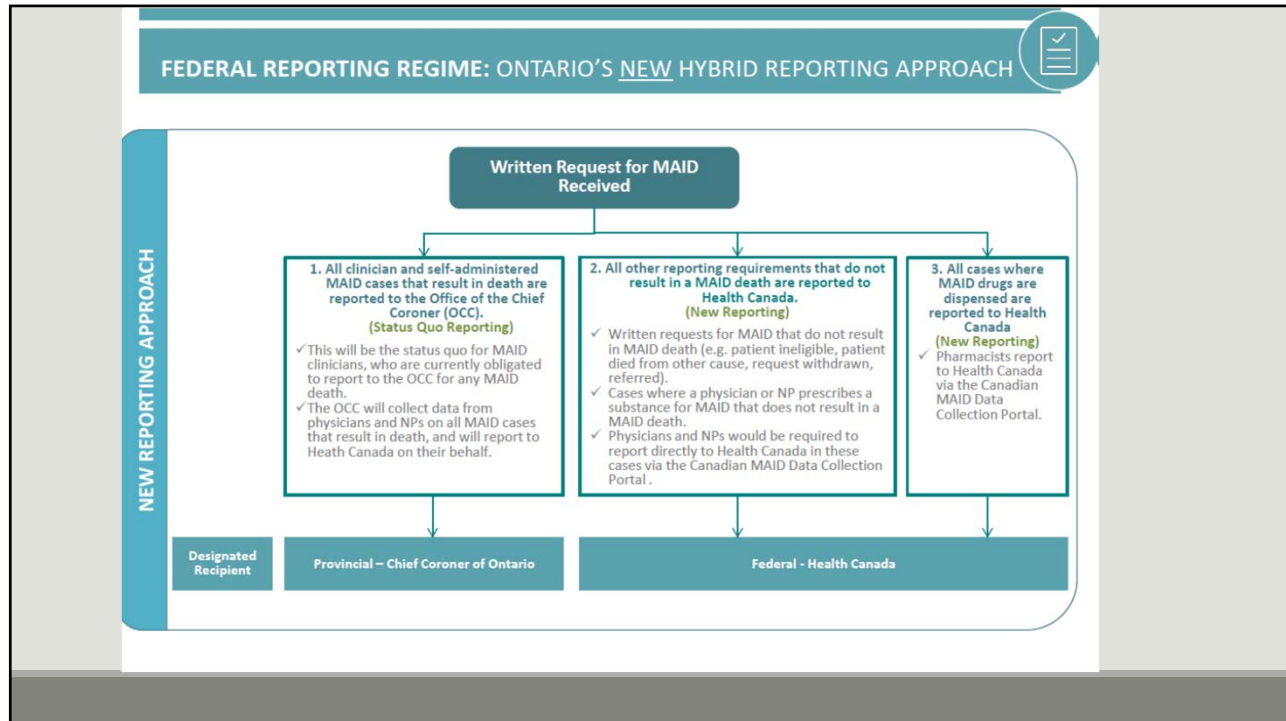
Highly fulfilling
Logistics can be much easier
Becoming a local resource/expert
Teaching opportunities
Extremely patient-centred
Feels useful, doing something a bit cutting edge
Helps prevent burnout in the rest of your practice

27

Federal Reporting

- Came into effect November 1 2018
- Pan-Canadian monitoring system was identified as an essential part of MAiD regime
- Varies across provinces and territories
- Triggered by the written request or dispensing of medication (pharmacists)
- Timelines vary from 30-120 days from written request

28



29

A Word on Donation

- In Ontario all planned MAiD provisions should be reported to TGOL under the *Trillium Gift of Life Act*
- The provincial or territorial agency will take over assessing eligibility
- More often tissue donation occurs
- Organ donation has occurred after MAiD in rare cases

30

Useful Resources

OCFP – Ontario MAiD Provider Handbook

The Well – Centre for Effective Practice –MAiD document

CAMAP – website, conference, listserv

Bridge C-14 – virtual hospice

