

SALPN Annual Education Conference
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Medical Assistance in Dying

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Biography

- Dr. Thorpe is a Professor of psychiatry and Community Health & Epidemiology (CH&E) at the University of Saskatchewan, providing clinical services in inpatient and outpatient consultation settings, including those related to Medical Assistance in Dying (MAiD). Dr. Thorpe teaches students all many levels and also directs the annual CH&E LMCC review as well as the annual College of Medicine critical appraisal course. Research activities include epidemiological research, patient centred research and a recent quality assurance audit (with the help of four summer students) of MAiD in the Saskatoon Health Region.
- Apart from University work, Dr. Thorpe is a founding member of the Canadian Academy of Geriatric Psychiatry and was the Chair of the Section on Geriatric Psychiatry of the Canadian Psychiatric Association for over 10 years. Dr. Thorpe has completed her term on the Royal College of Physicians and Surgeons geriatric psychiatry subspecialty committee, and has been an active member of the MAiD subcommittee of the SHR ethics Committee, helping to develop guidelines for the provision of MAiD in the SHR.

Learning objectives

- To understand the process of referral, assessment and provision of MAiD
- To better understand the reasons for MAiD applications and challenges in the provision of services
- To understand the basic demographics of applications and MAiD events

BILL C-14

Medical Assistance In Dying

- An Act to amend the Criminal Code and to make related amendments to other Acts
- Assented to June 17, 2016

Bill C14 amended the Criminal Code to:

- a) “Create exemptions from the offences of culpable homicide, of aiding suicide and of administering a noxious thing, in order to permit medical practitioners and nurse practitioners to provide medical assistance in dying and to permit pharmacists and other persons to assist in the process”
- b) “Specify the eligibility criteria and the safeguards that must be respected before medical assistance in dying may be provided”

Eligibility for MAiD

- Have a grievous and irremediable medical condition, meaning;
 - They have a serious and incurable illness, disease, or disability; AND
 - They are in an advanced state of irreversible decline in capability; AND
 - That illness, disease, or disability or that 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 that they have remaining.

Eligibility for MAiD

- Eligible for health services funded by a government in Canada
- At least 18 years of age
- Made a voluntary request for medical assistance in dying that, in particular, was not made as a result of external pressure
- Can provide informed consent
- Two practitioners, after independent assessments, agree criteria met

Currently not permitted

- People with mental health conditions as the only underlying medical condition
 - Some controversy about this
- Mature minors
- Consent by proxies or substituted decision makers (SDM)
- MAiD by advance care directives
- MAiD for patients who lose capacity

Reasons for choosing Medical Assistance in Dying

(Rate severity: 0-none, 1-mild, 2-mod, 3-severe)

Pain	Difficulty eating	Lack of dignity/autonomy
Nausea	Difficulty speaking	Feelings of being a burden to others
Difficulty breathing	Bleeding	Losing control over the dying process
Choking/aspirating	Loss of bowel/bladder control	Witnessed bad death

Other (give detail and rate):

Is there anything else that might help you cope with these problems better? Yes No

Comment:

Audit 2017: Symptoms relevant to request for MAiD

- Physical symptoms:
 - Pain & dyspnea
- Non-physical symptoms
 - loss of independence and autonomy
 - poor quality of life
 - demoralization due to inexorable decline
 - feelings of being a burden to others
 - experiences of the difficult deaths of others
 - dread of upcoming and unpredictable catastrophic events

MAiD referral process

- Physician (GP, MRP) referral to:
 - Practitioner Staff Affairs in Saskatoon area Tel: 655-0190 Fax 655-0192 (or equivalent in other areas)
 - One of the willing practitioners directly
- Alternate:
 - Direct referral by patient if GP/MRP unwilling
 - Others such as nurse or social work may make referral

If patient is deemed eligible and wishes to proceed....

- Additional patient wishes established
 - Family involvement, location, treatment options
 - Family support (before, during and after) explored
- Site issues reviewed
- Practical arrangements such as transfer (if conscientious objection) and location approval
- 10 day waiting period (can be shortened if rapid decline of capacity or health)

Waiting for MAiD

- This may happen:
 - Quickly if expedited due to loss of capacity
 - After the full ten days
 - After many weeks or months (reassessed periodically)
 - Never (patient dies, changes mind etc)
- If inpatient:
 - Patient stays under original MRP and service until MAiD (transfer on the day if at a CO site)
 - The usual care is continued, and if any questions arise about potential effect of medication changes on capacity the MAiD team can be contacted by cell (always left on the chart)

MAiD Day preparation

- Medication kit obtained from pharmacy
- Contact with appropriate on-site clinical and administrative staff
 - Changes in recent approach to privacy
- If transfer required, ideally reassessed at originating site prior to transfer, but final re-assessment performed at receiving site

MAiD Day

- Two practitioners present (not mandatory but ideal)
 - Mutual support (practical, medicolegal, emotional)
 - Support to patient and families
- IV administration of medications. Brought by doctors, unit does not have to arrange.
- Health region notice of death form completed
- Coroner notification and discussion after in-person review
- MRP, family physician, palliative care (if applicable) and funeral home notified

The death certificate

- Cause of death:
 - a) Drug toxicity
 - b) Medical Assistance in Dying
 - c) Underlying medical cause precipitating MAiD request such as cancer
- Manner of death:
 - Suicide. Note that most insurance companies will not use this to invalidate a life insurance policy if the policy is more than 2 years old, but patients are advised to check with their provider to make sure.

Change in approach to privacy

- The original SHR policy for MAiD resulted in sub-optimal clinical care due to restriction in charting and involvement of care team. SHR physicians are now treating MAiD any other procedure or intervention with appropriate attention to privacy. This has resulted in:
 - Normal communication with the care team to optimize care for the patient
 - Normal charting of all activities by staff and physicians

Ongoing Issues

- Palliative care and MAiD
- Conscientious objection and MAiD
- Oral protocols: autonomy versus safety
- Funding (or lack thereof!)
- Potential changes in eligibility such as including psychiatric disorder as the primary reason for MAiD

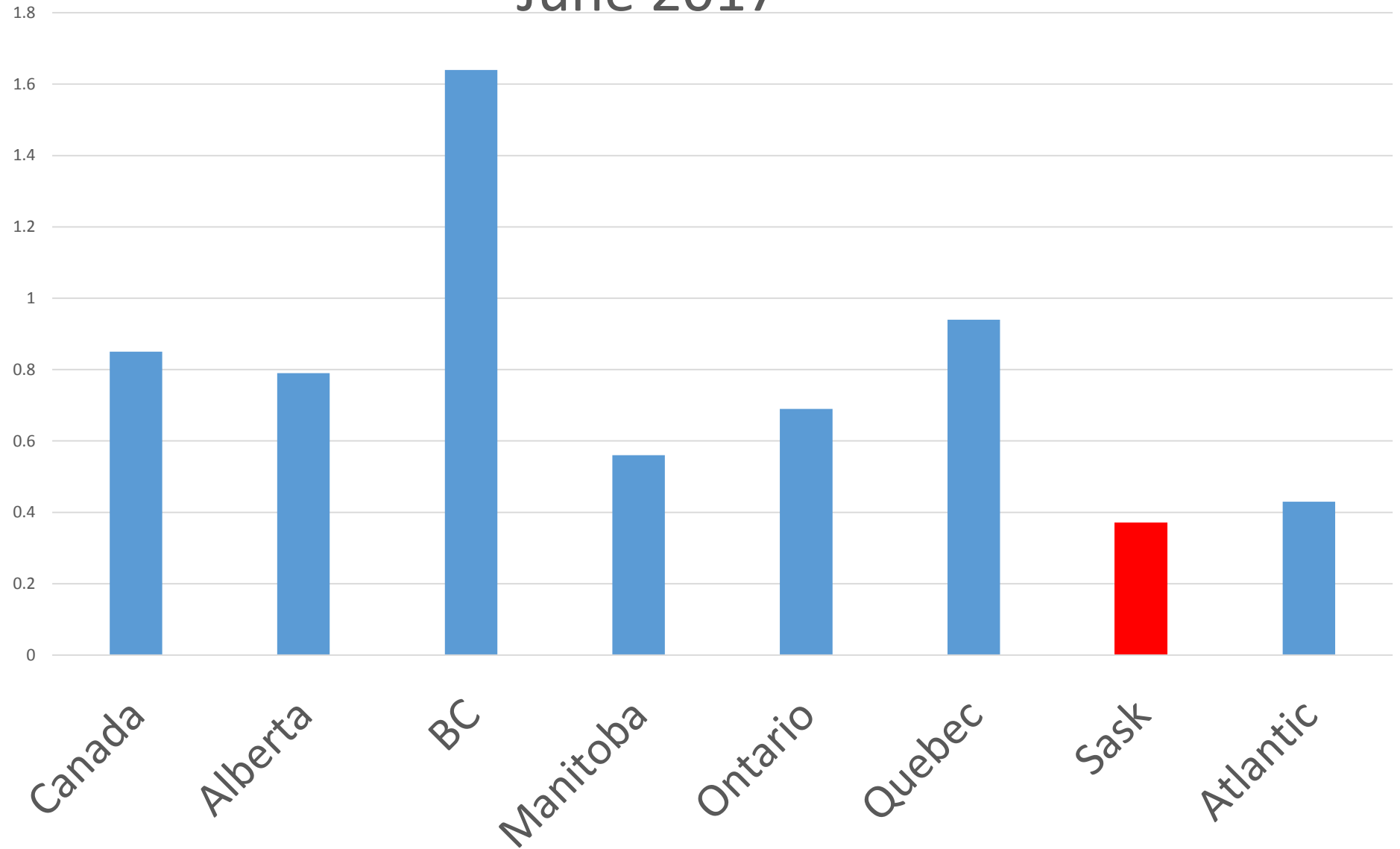
MAiD across the country

Low percentage of deaths by MAiD in Saskatchewan

Location	Percentage of deaths Jan-June 2017
Canada	0.85
Alberta	0.79
BC	1.64
Manitoba	0.56
Ontario	0.69
Quebec	0.94
Sask	0.37
Atlantic	0.43

* <http://www.statcan.gc.ca/tables-tableaux/sum-som/l01/cst01/demo07a-eng.htm> ** 2nd Interim Report on MAiD in Canada

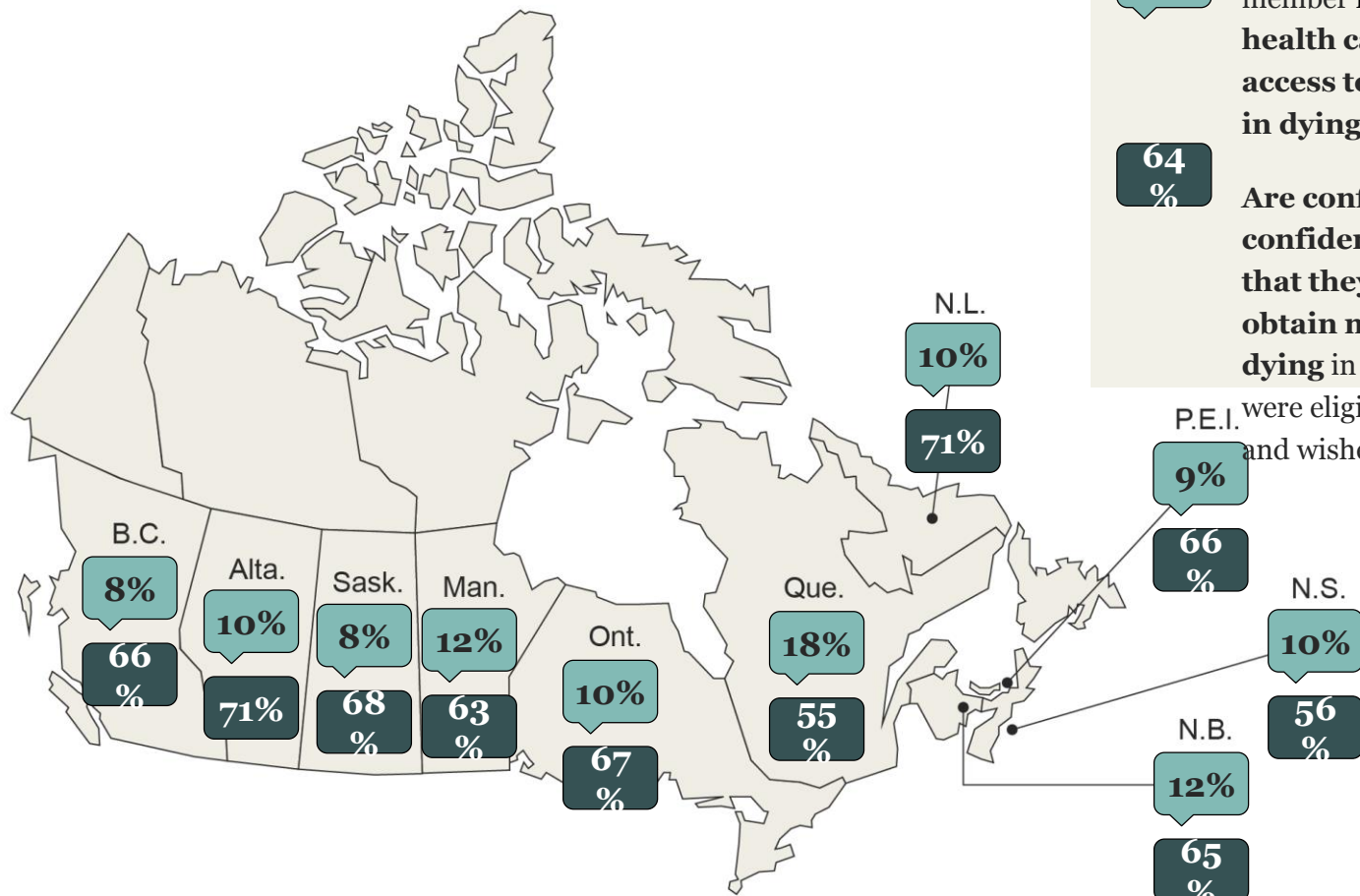
Percentage of deaths due to MAiD, Jan- June 2017



CIHR 2018 seniors' survey on MAiD discussions and perceived access

- 12% of Canadian seniors or a family member have talked to a health care provider about access to MAiD
- 64% are confident or very confident that they would be able to obtain MAiD in their community if they were eligible and wished to receive it.

Medical assistance in dying



Canada

12%

Canadian seniors or a family member have **talked to a health care provider about access to medical assistance in dying***

64%

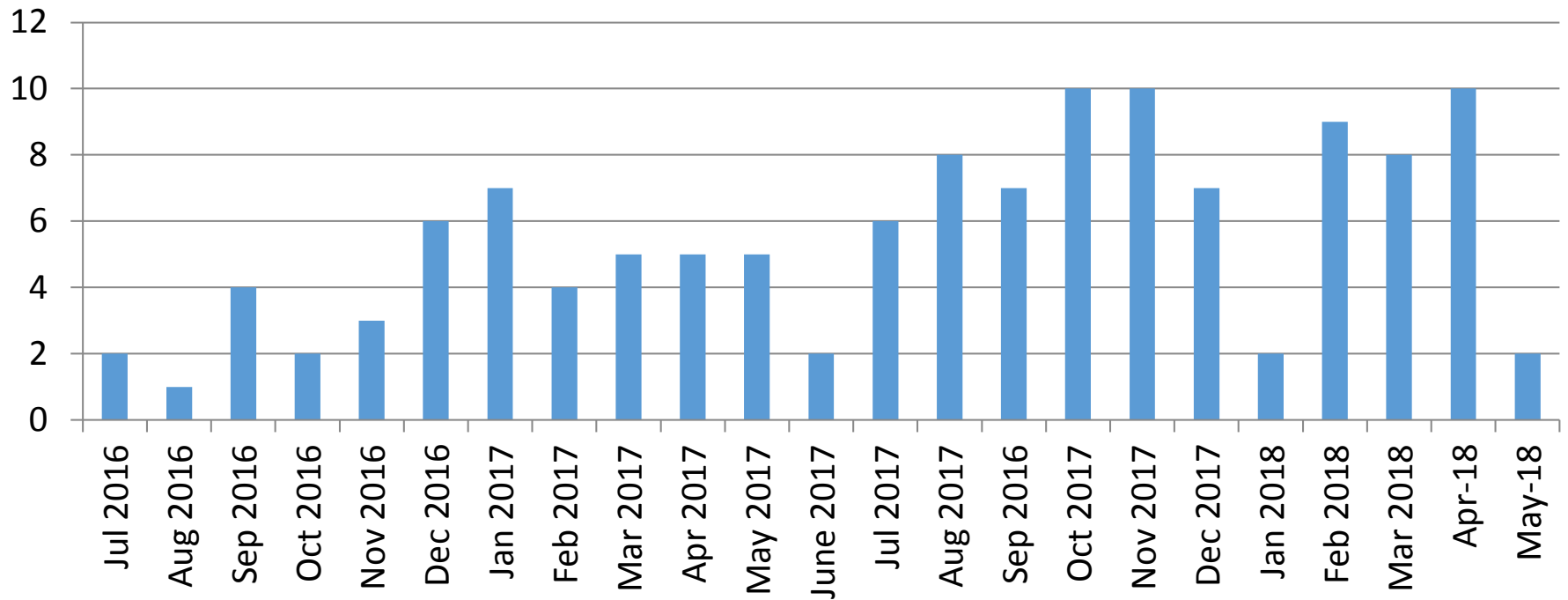
Are confident or very confident that they would be able to obtain medical assistance in dying in their community if they were eligible and wished to receive it†

Note

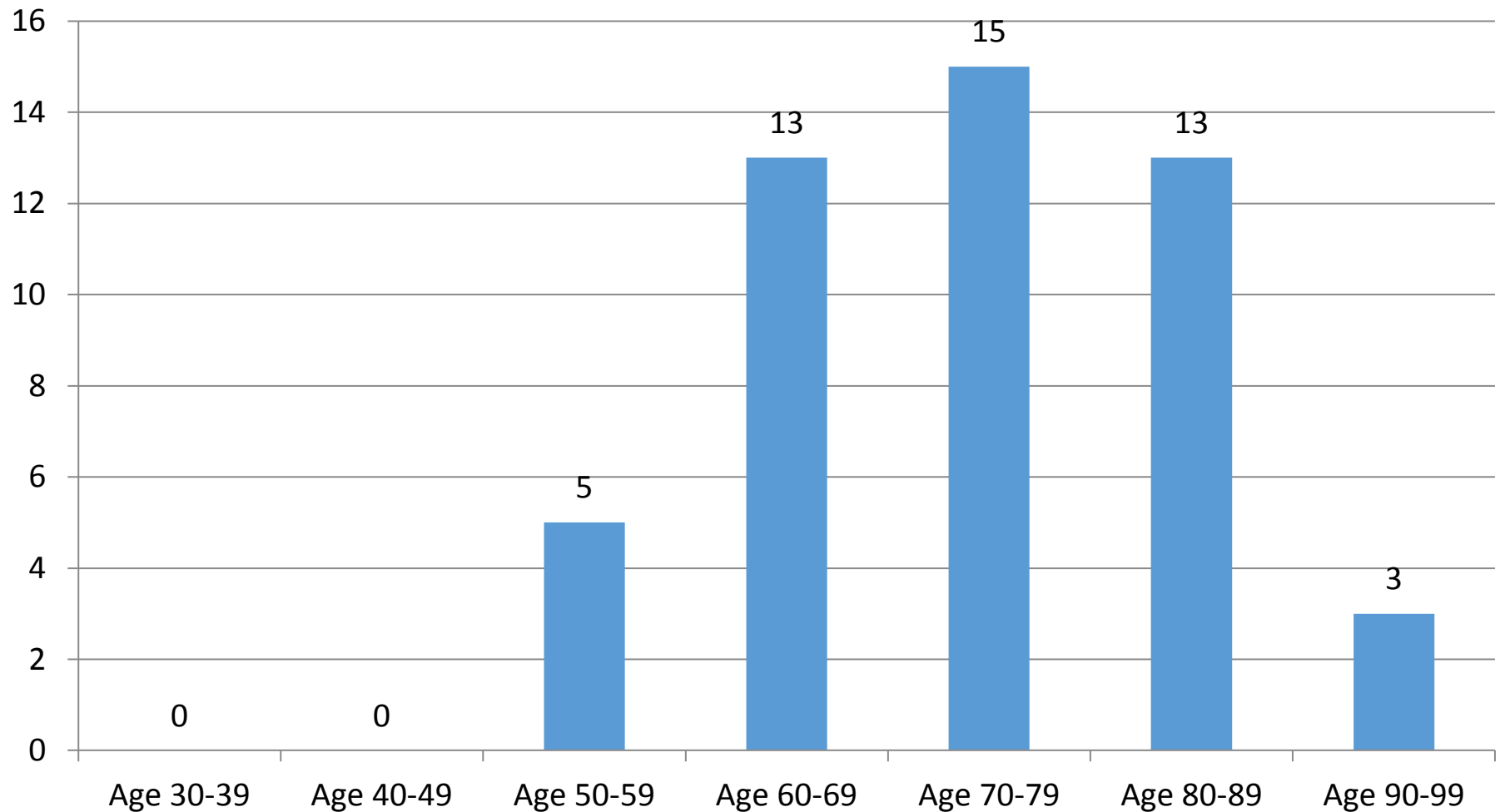
The Canadian average represents the average experience of Canadians (as opposed to the mean of provincial results).

Data available as of May 8, 2018

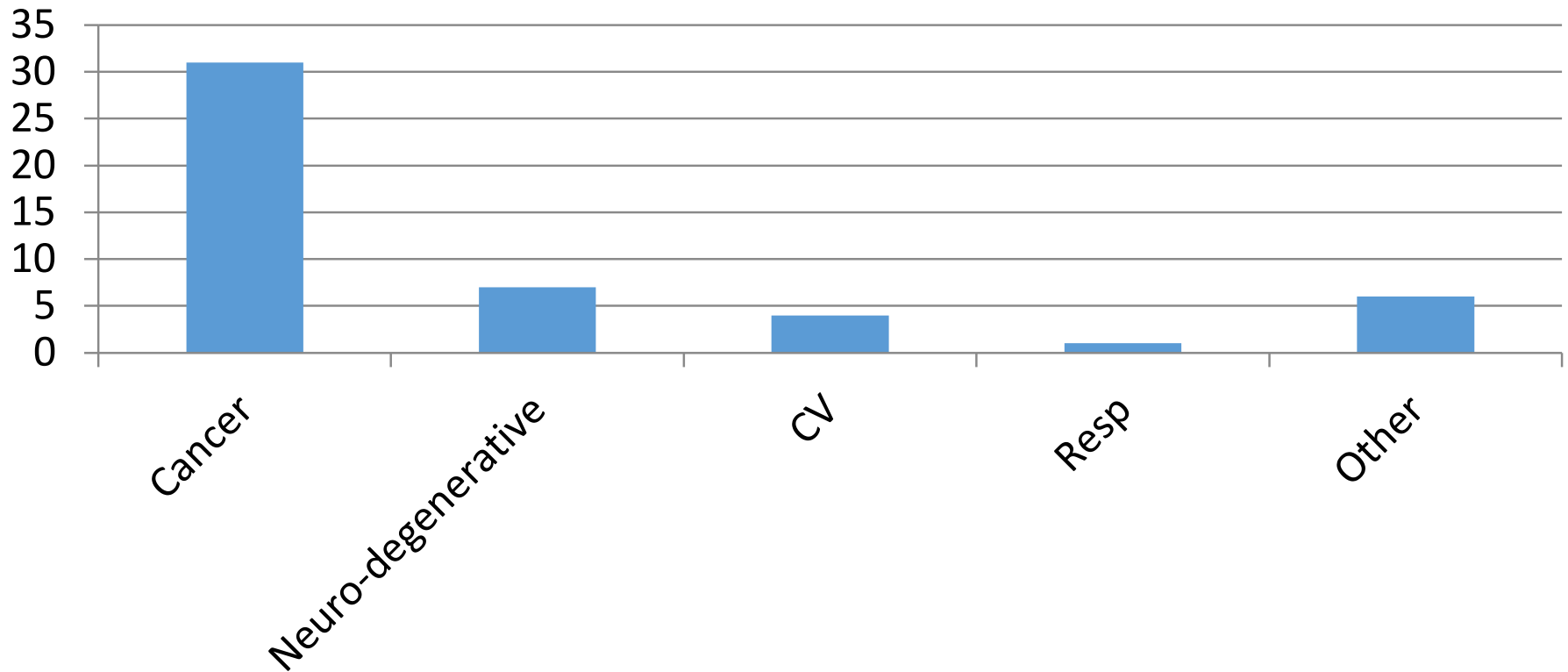
New MAiD contacts as of May 8, 2018 N=125



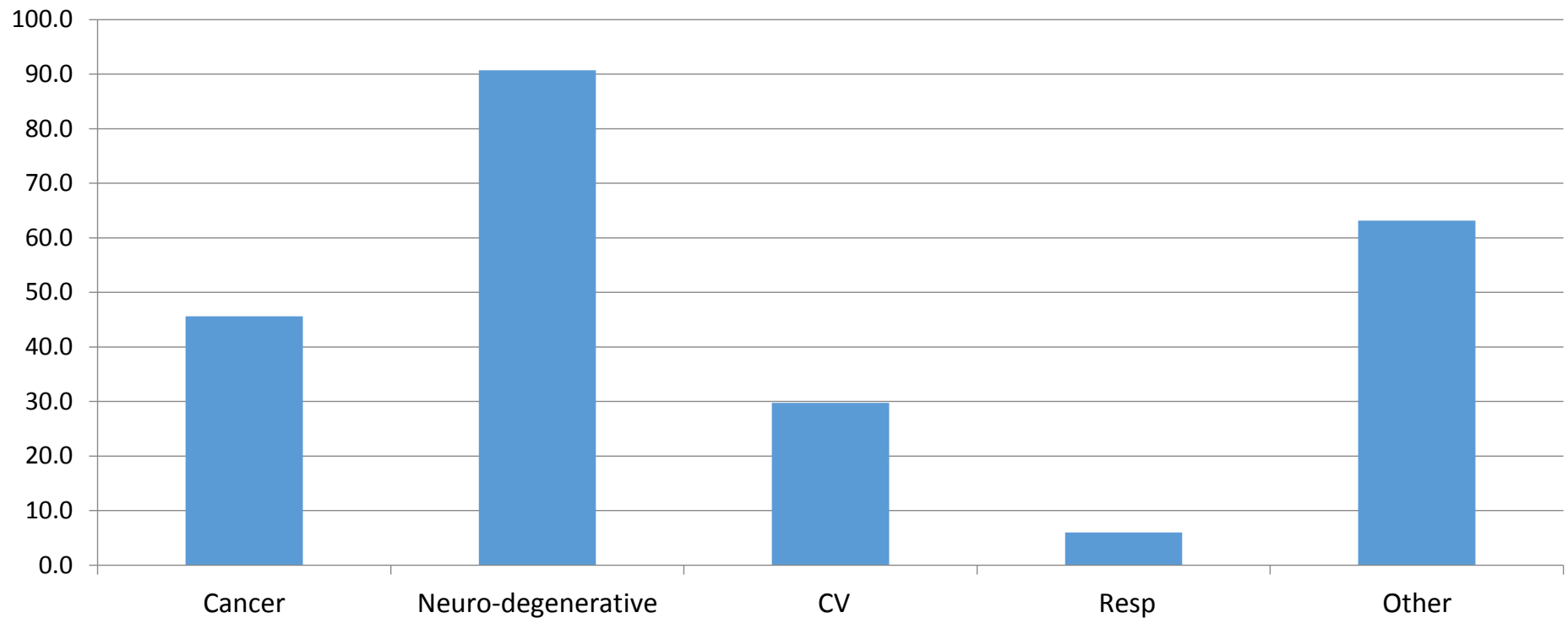
MAiD Deaths in SHR June 2016 to May 8, 2018 (N=49)



MAiD cases in SHR by primary diagnosis, as of May 8, 2018



Days to SHR MAiD from first contact by main diagnosis as of May 8, 2018





Nursing Role

Reference

- **SRNA guidelines**

file:///C:/Users/bjgui/AppData/Local/Microsoft/Windows/INetCache/IE/OUPKMZJU/MAiD_RN12_12_2016.pdf

- **SALPN guidelines**

file:///C:/Users/bjgui/AppData/Local/Microsoft/Windows/INetCache/IE/T8VO2H7A/PG_Medical_Assistance_in_Dying_MAID.pdf

- **Canadian Nurses Association**

<https://cna-aiic.ca/en>

- **Canadian Nurses Protective Society**

<https://www.cnps.ca/index.php?page=348>

Role

- Legal changes do not change the key role
 - Nurses engage in end of life care and conversation
 - SALPN states LPNs should not initiate a conversation as it may be interpreted as counselling a person to die
 - Facilitate access to information to assist patients/clients decision making
 - Nurses must understand the legal framework, regional policy and unit processes
 - All interactions, consults and discussions about MAiD should be charted as per documentation standards.

Distinction between administering and assisting.

- Only medical practitioners and nurse practitioners can administer the MAiD medications.
- This task cannot be delegated.
- Nurses may provide all other aspects of care.

How do we talk to patients and families about MAiD?

- Open and non-judgmental
- Keep our emotions out of the discussion
- Do an assessment
- If you have a conscientious objection to MAiD, make sure you connect the person asking for MAiD to someone who does not

The day of....

- MON should organize staff so those with a conscientious objection are not working with the patient.
- We should ensure privacy of the patient and family
- Staff that has a therapeutic relationship with the patient are encouraged to participate at the patient's wish.

Nursing Responsibility

- Acquire the knowledge, skill, ability and judgement to provide end of life care
 - Understand the legal framework for the provision of MAID
 - Be familiar with SHR Policy
 - Know your unit processes
- Inform your employer if you have a conscientious Objection
 - We have a duty to continue to care until alternate arrangements made

Social work role

Interdisciplinary approach

- With changes relating to privacy, members of the care team now involved as in usual processes
- By having an interdisciplinary approach, care team members can support each other, organize staffing, prepare staff and provide needed education, work with the patient and family to ensure all aspects of care are met.

Resources

- SHR Policy Number: 7311-60-033
Title: Medical Assistance in Dying
- Web site:

<http://infonet.sktnhr.ca/bioethics/Pages/MedicalAssistanceInDying.aspx>