Medical Assistance in Dying (MAID)

Provincial MAID Clinical Team

CCPN Conference

September 29, 2016

Presenter Disclosure

- **Faculty:** Kim Wiebe

- **Relationships with commercial interests:**
  - **Grants/Research Support:** none
  - **Speakers Bureau/Honoraria:** none
  - **Consulting Fees:** none
  - **Other:** none

Mitigating Potential Bias

- Not Applicable

WHAT, WHO, WHERE, WHEN, HOW, & WHY

LEARNING OBJECTIVES

- List the 2 forms of MAID and which is available in Manitoba
- Name 2 places MAID can be performed
- List 2 of the requirements to be eligible for MAID
- Describe how to manage a request for MAID

WHAT

- AS = assisted suicide
  - Physician prescribes medication
  - Patient (self) administers medication
  - Oral medication
    - Time + Place of their choosing

- AE = assisted (voluntary) euthanasia
  - Physician prescribes medication
  - Physician administers medication
  - IV medication
    - ‘Booked procedure’

WHO

- SCC = physicians ONLY
- Federal legislation = physicians + nurse practitioners
  - Other HCPs covered to participate in process
  - 'Reasonable knowledge + skill in accordance with provincial laws/rules/standards'
- MB = physicians only for now
  - 'Appropriate knowledge + technical competency'
  - Will be credentialed privilege in RHAs

WHERE

- Hospital
  - Faith based facilities
- Home
  - Suitability of space
- Other
  - Dedicated place
  - Public place
- Other considerations
  - Family / Friends
    - Not required
    - What will they see?
  - Spiritual care / Other support

WHEN

- Legislation requires **10 clear days** from written request to procedure
  - Can shorten time if both MDs agree *imminent* risk
    - Death
    - Loss capacity to provide consent
- Legislation requires *immediately before* procedure patient:
  - Has opportunity to withdraw their request
  - Gives *express consent*

HOW (MAID Team)

- 3 MDs + 2 RNs + 2 SWs + 2 pharmacists + 1 SLP
- Brought together by province (health + justice) + various colleges
  - Provincial service situated in WRHA
  - Unique to MB
- Very much a team approach
  - Unanimous vs Consensus
  - Conscientious participation (vs objection)
- Debrief regularly
  - Laugh lots + Cry often
- Team set up to provide all parts of MAID but welcome participation from others

HOW (Eligibility + Capacity + Consent)

- 2 independent MD assessments re: eligibility
  - Competent adult (18 years) + eligible for health services
  - Grievous + Irremediable medical condition
    - Serious / Incurable / Advanced / Suffering / No tx / Death foreseeable
  - Voluntary request *(time alone)*
  - Informed consent after review all options including *palliative care*
- Written witnessed request
- 10 clear days b/w written request + procedure
- (Re)confirm consent at time of procedure
- 1 MD must do ALL parts ("administering physician")

HOW (In practice)

- Initial request (email / voicemail / other HCP)
  - Triage
  - Chart review (+/- consult specialist)
  - +/- SLP assessment
- Assessments
  - MD + RN + SW (+/- SLP)
  - Approximately 2 hours
  - Explore: why / why now / suffering / unmet needs / alternatives
  - Review procedure + obtain consent
  - Time alone with patient
  - Remind can rescind request ANYTIME

HOW (To Manage a Request)

- Acknowledge it
- Explore it (more to come on that)
- Convey it
  - To the patient's physician
  - To the clinic/unit manager
  - To local CMO/CNO (who will then contact us)

MB MAID Stats as of Sept 28/16

- 59 contacts

- 12 received MAID
- 16 active cases
- 15 died unassisted (4 declined)
- 11 declined (+ 4 above)
- 5 initial contact with no f/u as yet

WHY (Common Themes)

- “I am done”
- Desire for control
- Loss of identity
- Fear of the end

TAKE HOME MESSAGES

- Option of MAID is ***new***
- Desire to die ***not new***
- People will want MAID ***despite*** optimal care
- Request for MAID ***does not = failure***

THE END