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MAID: CHALLENGES IN TRANSLATING LEGISLATION INTO PRACTICE

REGIONAL ETHICS SYMPOSIUM

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CONFLICTS

- None to declare

OBJECTIVES

- Legal history of MAID
- Assessment
- Procedure
- Challenges

MAID: LEGISLATION

- February 6, 2015
  - Supreme Court voided criminal code prohibiting aiding suicide for defined populations.
  - 1 year stay in order to establish federal legislation and provincial regulations
- February 6, 2016
  - Supreme Court granted four month extension to establish legislation and regulations
  - During the extension a judicial option made available
- June 17, 2016
  - Bill C-14 passed (Federal)
- May 9, 2017
  - Bill 84 passed

BILL 84 HIGHLIGHTS

- Coroner must be notified
- Death certificate
- Protection against litigation
- Person receiving MAID cannot denied a right or refused a benefit
- Minister to establish a care coordination service
- Freedom of Information and Protection of Privacy Act – doesn't apply to identifying information relating to MAiD
- Workplace Safety and Insurance Act – patient died as a result of injury or disease (not MAiD)

TOH MAID PROCESS OVERVIEW

Adult patient request for MAID in writing with two independent witnesses

Entry into TOH Pathway:

1. Referred by TOH or non-TOH MRP
2. Self referral

Assessment by 2 independent MD's/NP's (at least 1 TOH active/associate)

MAID approved and request to fulfill at TOH

Fulfill MAID request (1 of assessing MD's to perform)

At Maximum - 28 Day Process

Minimum waiting period from written request – 10 clear days

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WRITTEN REQUEST

- Independence and capacity (physical and mental) to make request
- Attestation and independence of witnesses
- Form for request
  - MOHTLC – **Clinician Aid A**

ASSESSMENTS

- **Clinician Aid B** (1st assessment)
- **Clinician Aid C** (2nd assessment)
- Review of the medical history ONLY – no investigations
- Assessment of eligibility and capacity for decision-making
  - 18 y.o. or older
  - Capable of making health decisions
  - Voluntary request
  - Informed consent
  - Grievous and irremediable medical condition…

ASSESSMENTS

- GRIEVOUS AND IRREMEDIABLE

- Serious and incurable disease, illness or disability
- Advanced state of irreversible decline
- Physical or psychological suffering
  - Caused by the condition or state of decline
  - Is intolerable to the person
- Natural death is reasonably foreseeable

ASSESSMENTS

- Further discussion points

- Informed consent for procedure
  - Discussion of alternatives
  - Risks and benefits
  - Timing
- Coroner notification (province specific)
- Trillium Gift of Life Network notification (possible organ donation
- Timing, setting, staffing for assessment

MAID PROCEDURE FURTHER DEFINED

1. Assisted Suicide
    - Individual performs *final act* through self administration of prescribed medications
    - Commonly administered through oral medications
        - ** Usual oral medication not available in Canada
        - ** Mechanisms for IV administration not established

1. Voluntary Euthanasia
    - Physician performs the *final act* to fulfill MAiD
    - Usually through intravenous injection of medications
    - Preferred in jurisdictions that allow both forms

PROCEDURES

- Planning with the patient
- Home vs hospice/long-term care vs hospital
- Staffing
- Pharmacy
- Confirm consent
- Confirm patient retains capacity to withdraw consent
- IV access
- Declaration of death
- Coroner

IV DRUGS

- (Midazolam – 2.5 to 20 mg)

- Lidocaine – 40 to 60 mg
- Propofol – 1000 mg
- Rocuronium – 200 mg
- Bupivacaine – 400 mg

ORAL DRUGS

- Metoclopramide – 20 mg
- Ondansetron – 8 mg
- Haloperidol – 5-10 mg SQ or 2 mg oral

- Diazepam – 1 g
- Morphine sulphate – 3 – 15 g
- Digoxin – 50 mg
- Propranolol - 2 g

ONTARIO (AS OF JULY 31, 2017)

- 617 deaths (Only one MAID death in Ontario involved self-administration of medication)
  - 192 “unique” MAID Providers (188 MD, 4 NP)
  - 74 Hospitals
- 55% in hospitals
- 36% in private residences
- 5% in LTC
- 4% in retirement homes/seniors residence
- Average age 73, 52% men, 48% women
- 66% cancer, 15% neurological, 12% circulatory/respiratory, 7% other cause

TOH (AS OF JULY 31, 2017)

- 103 formal requests for MAID
- 55 MAID procedures
    - 12 inpatient procedures
    - 21 outpatient procedures
    - 19 community procedures
- 118 assessments by TOH MAID MDs (32 by community MDs)
- 37 Social Work assessments
- Average age 67 (as of June 30th) – range from 24 to 96
- 78% cancer, 10% neuro, 3% respiratory, 2% cardiac, 7% other (as of June 30th)

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LESSONS LEARNED

- Critical role of the pre-procedure ‘huddle’
- Team approach
- Importance of resiliency training for staff
- Having a support network for staff
- Support for the family
- Coordination
- Good IV access is key

ONGOING CHALLENGES

INTAKE

- Patients' understanding of the process
- Families' understanding of the process
- Lack of published information
- Challenges in access
  - Provincial registry
  - TOH/LHIN
  - Geography
  - Conscientious objectors
- Timeliness

ONGOING CHALLENGES

ASSESSMENT

- Voluntary
- Capable
  - Dementia/delirium
  - At each assessment and at procedure
  - Consequences
  - Awareness/access to other options
- Grievous and irremediable
  - Serious and incurable
  - Advanced state of irreversible decline
  - Natural death reasonably foreseeable
  - Suffering – physical or psychological

ONGOING CHALLENGES

PROCEDURES

- Oral administration
- Geography
- Faith-based institutions (hospitals, hospices)
- To be carried out by one of the assessors

ONGOING CHALLENGES

OTHER

- Remuneration
- Volume of cases
- Burnout
- Recruitment
- Regional access
- Palliative care access
- Palliative care providers
- Regional variability in application of eligibility criteria
- Support for family post-procedure

FUTURE CHALLENGES

- Mature minors
- Advanced directives
- Mental illness as sole diagnosis