Medical Assistance in Dying (MAiD)

Windsor Regional Cancer Program
Palliative Education Day

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Nurse Practitioner in Independent Practice

Presentation Objectives

We will learn about:

- The History of MAiD in Canada
- Data from Ontario
- Data from our Region
- The Place of MAiD in End of Life Care
- Conscientious Objection
- The Process & Procedure
- Reporting

The Legislation

- On June 17, 2016, the federal government passed **Bill C-14** which outlined requirements that patients must meet to be eligible to receive MAiD, & establishes safeguards that must be followed to legally provide MAiD
- On May 10, 2017, **Ontario's MAiD Statute Law Amendment Act**, 2017, came into force
  - It provided greater clarity & legal protection for health care providers & for patients navigating MAiD
  - It also established a new role for the coroner in overseeing assisted deaths

Canada is now the <u>first (and only) country in the world</u>
in which
<u>Nurse Practitioners can provide MAID</u>
within their scope of practice in end-of-life care

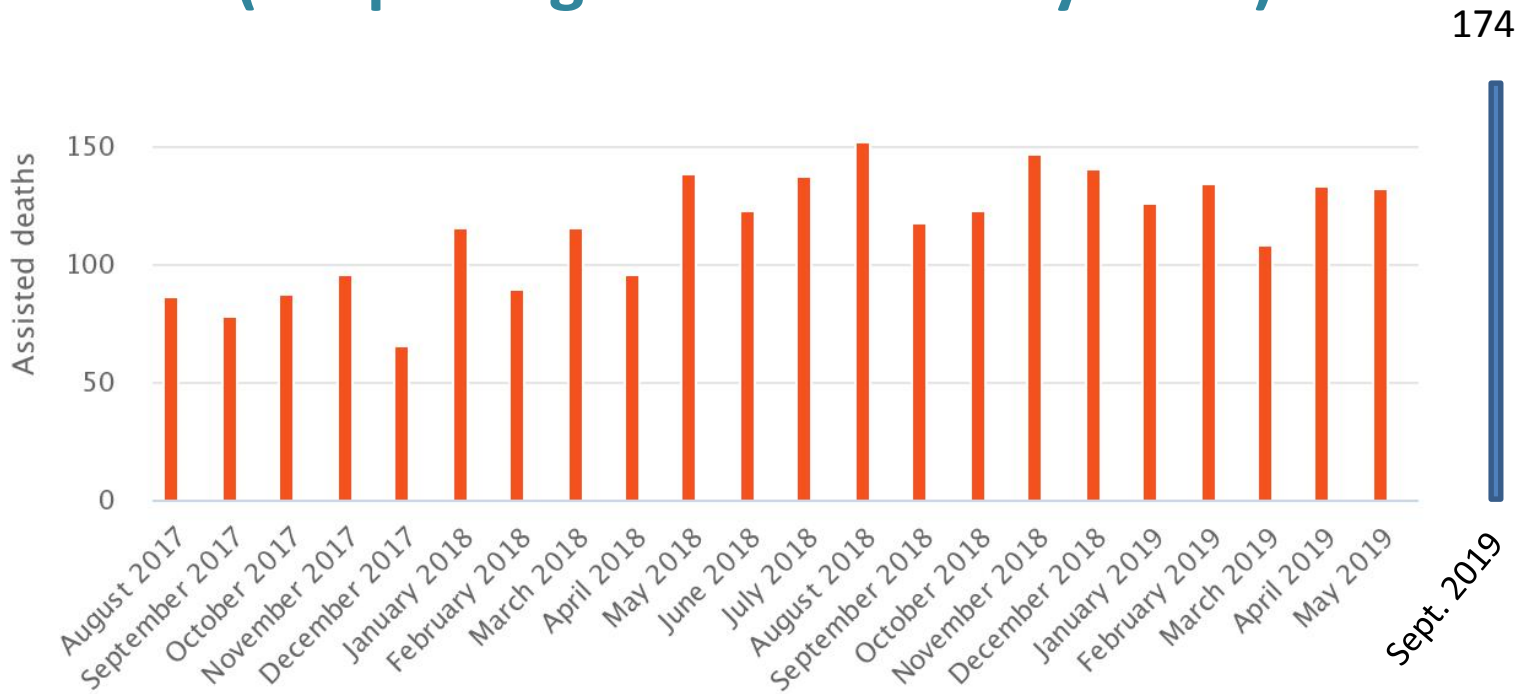
Where are we now?
CIHI Canadian Seniors Survey (n 4549)

- For the first time, survey respondents were asked about MAiD:
  - **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

Canadian Institute for Health Information. *How Canada Compares: Results From The Commonwealth Fund's 2017 International Health Policy Survey of Seniors*. Ottawa, ON: CIHI; 2018.

What Does the Ontario Data Show?

(Graph August 2017 to May 2019)



MAiD Deaths in Ontario

June 2016 to end September 2019:

3,822

Total # of MAiD cases with organ donation: 30!

No ‘Typical’ MAiD Patient

AGE

Average Age

The average age of patients receiving MAID is 75 yrs old.

75

Youngest Age

The youngest patient to receive MAID in Ontario was 22 years old.

22

Oldest Age

The oldest patient to receive MAID in Ontario was 106 years old.

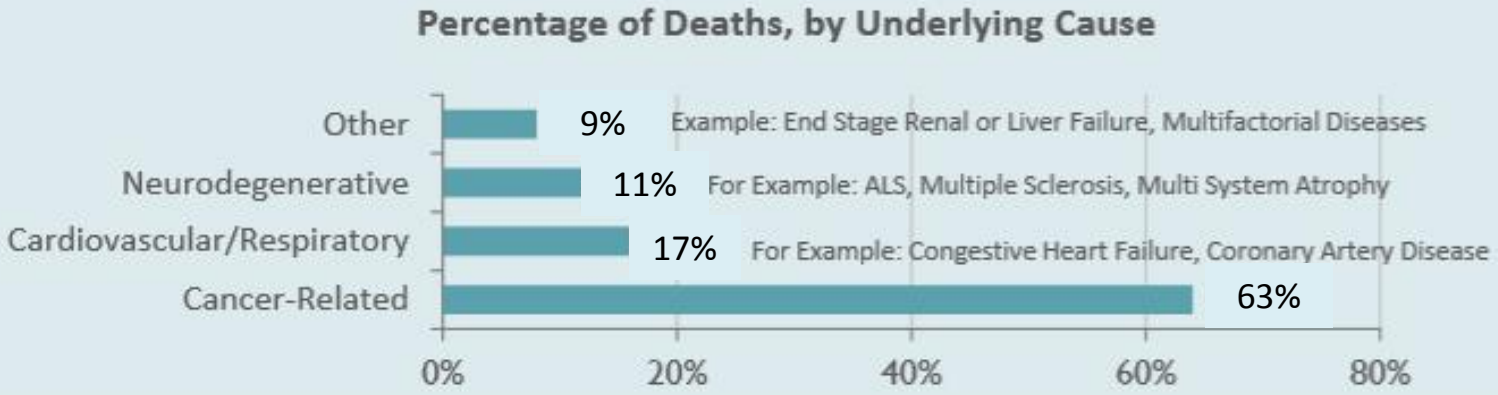
106

GENDER

50% Female

50% Male

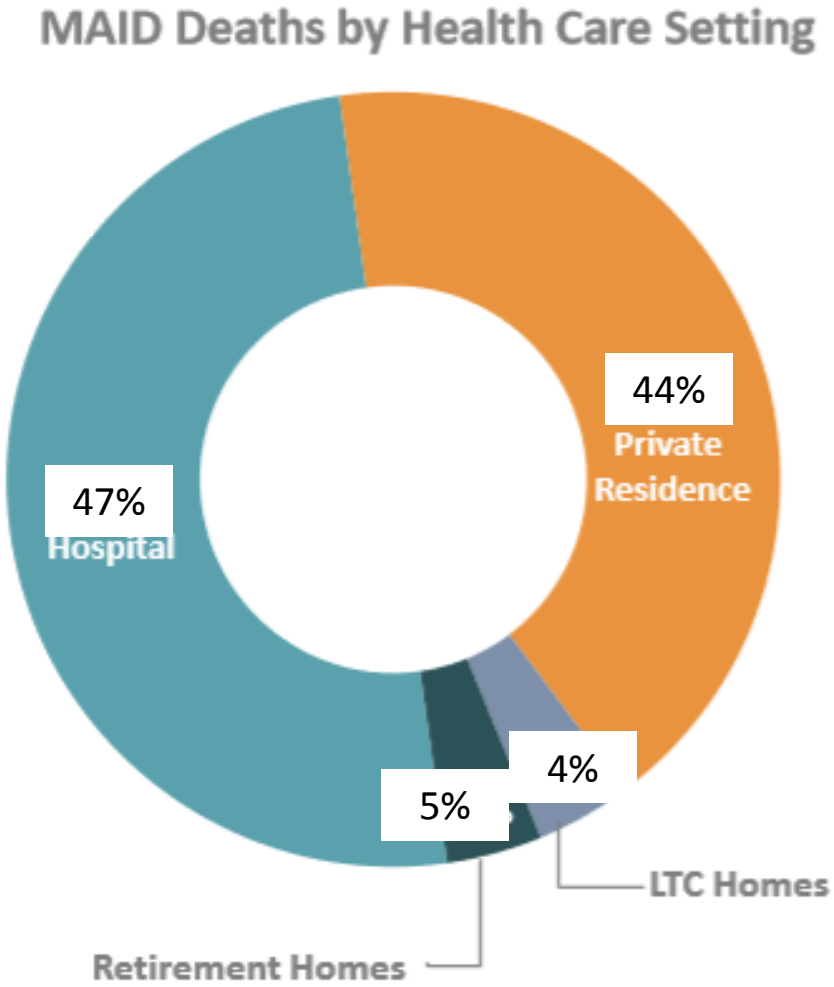
UNDERLYING CAUSE OF DEATH



MAiD Settings

- The majority of medically assisted deaths are provided where they reside with 47% occurring in the Hospital setting

- Of note, the location of the MAID death may not accurately reflect where the patient was living prior to receiving MAID.



Preferred Place of Death

Home/LTCH/RH/Hospice

Pros

- Environment where patient is most comfortable
- Supports for family – familiar environment
- Directed by patient – no rules on celebrations
- De-medicalized

Cons

- Providers must arrange medications & nursing supports
- Less back up in case of PIV failure
- Records sought from multiple sources
- Logistics of making arrangements at a time that works best for patient

Hospital

Pros

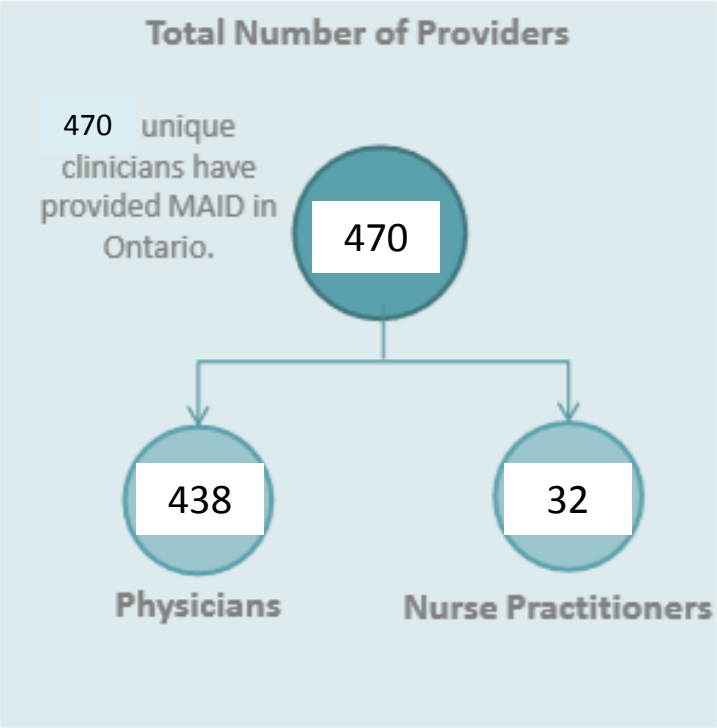
- Pharmacy staff on site / Medications on site
- Specialty nursing support on site
- Electronic medical records
- Organ donation

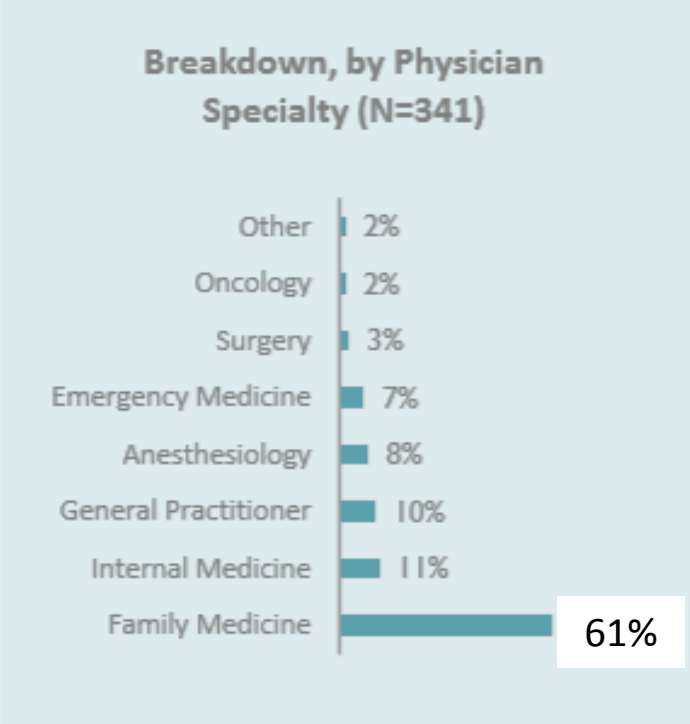
Cons

- Clinical environment
- Organizational barriers
- Clinical procedure

Who is Providing MAiD?

- **The number of MAID providers has grown significantly**
- The majority of physicians who provide MAID are **family physicians** (61%)





MAiD Cases in ESC LHIN Region

June 2016 – September 2019

Location (Population)	Number MAiD Deaths (% MAiD/Population)
Windsor-Essex (233,700)	**80** (0.034%)
Chatham-Kent (105,000)	**36** (0.034%)
Sarnia-Lambton (126,000)	**22** (0.017%)

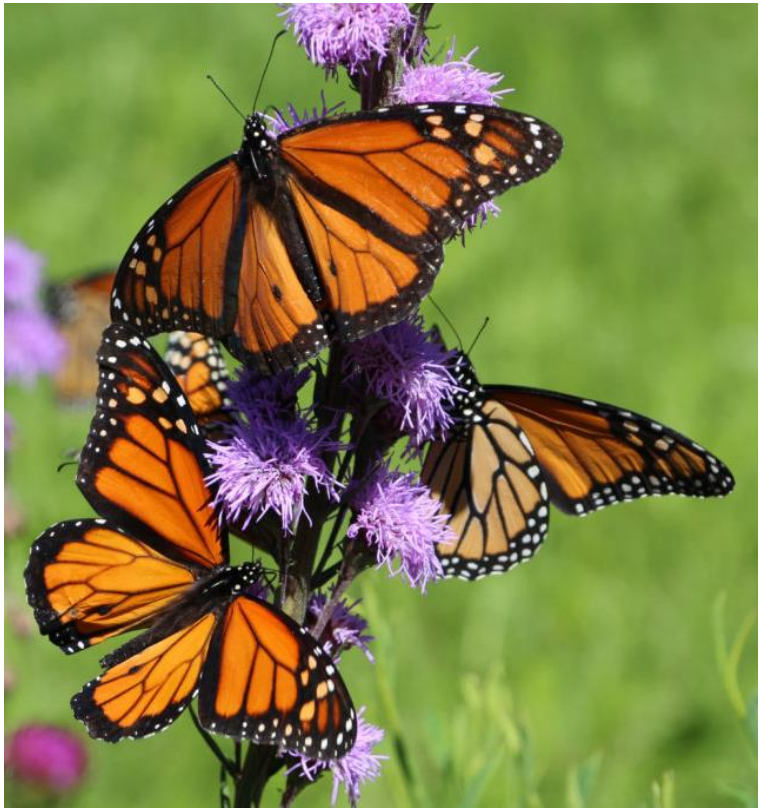
Palliative Care AND MAiD

- Need to avoid competing choice narratives
- MAiD is not an alternative to palliative care, it is an option as part of the spectrum of end-of-life care choices

MAiD AND Palliative Care

- Each of these options is (or ought to be) complementary
- Every patient contemplating MAiD should be offered optimal palliative care
- Even optimal palliative care is not enough for everyone
- That is where there needs to be complementary choices

Does Patient Wanting MAiD Mean Failure?



- No, it means the patient is experiencing suffering that cannot be relieved under conditions they consider acceptable
- They are exercising a choice about a legal care option
- They must have had access to good palliative and other appropriate clinical care

Protection of Patients

- Concern that vulnerable patients (e.g. mental illness, the uneducated, low SES) will select MAiD disproportionally
  - data suggests on average patients choosing assisted death is better educated and has higher than average SES
- Process built into the regulations limits:
  - Impulsive decisions (10 day reflection)
  - Provider bias (2 assessments)
  - Shifting patient desires (consent on day of procedure, no advanced directives)
  - Competency

Protection of Patients

- Subsection 241(a) of the *Criminal Code* makes it a criminal offence to 'counsel' a person to commit suicide. Due to the criminal significance of the word 'counsel' (to encourage, solicit or incite), we must be mindful not to encourage or incite a patient to seek MAID
- See the CAMAP Guidance Document on Bringing up Medical Assistance In Dying (MAID) as a clinical care option: https://camapcanada.ca/

Conscientious Objection: Health Professional (Ontario)

CNO

- A NP should consider their ability to provide these services early in the process to support timely access to care
- NPs who do not personally provide medical assistance in dying must refer the client who requests this to another NP or physician who provides this service

CPSO

- Where physicians are unwilling to provide … care for reasons of conscience or religion, an effective referral to another HCP must be provided to the patient
- An effective referral means a timely referral made in good faith to a non-objecting, available, and accessible MD, NP or agency

Conscientious Objection: Organizations

- Faith based organizations must make other arrangements to respect the law

Conscientious Objection: Individual

- Family members and care givers can have strong view but it is not their decision to make

Making a Referral

- On May 31, 2017, Ontario established a Care Co-ordination Service (CCS) to help patients & clinicians access information & supports for MAiD & other end-of-life options
- Patients, caregivers & clinicians can call the CCS to request to be connected to a doctor or nurse practitioner who can provide MAiD services, such as eligibility assessments
- Doctors, nurse practitioners and pharmacists who are unable or unwilling to provide MAiD services can also contact the care co-ordination service in order to refer their patients to MDs & NPs or other pharmacists who can provide these services

Making a Referral

- The Provincial Care Co-ordination Service (CCS) information line is available 24/7 & may be reached toll free at **1-866-286-4023**
- Referral services are available weekdays 9-5 in English & French (translations for other languages can also be requested)
- TTY services are available at 1-844-953-3350

MAiD Eligibility Criteria

- The eligibility requirements are that the patient must:
  - be **18 years** or older
  - be **capable** of making health care decisions
  - have a **grievous & irremediable** medical condition, which means:
    - the patient has a serious & incurable illness, disease or disability
    - the patient is in an advanced state of irreversible decline in capabilities
    - the patient is enduring physical or psychological suffering, caused by the medical condition or the state of decline, that is intolerable to the person
    - the patient's natural death has become reasonably foreseeable
  - be making a **voluntary** request
  - provide **informed consent** to medical assistance in dying after having been informed of the means that are available to relieve their suffering, including palliative care

MAiD Process Steps

1. **Clinician or self referral** – through Provincial Care Coordination Service, arrangements by colleagues or even word of mouth
2. **First eligibility assessment** – usually Clinician Aid B & consult note are completed by lead assessor who plans to do provision
3. **Formal patient request** – usually Clinician Aid A (formal request form) but can take any form of a written request
4. **Second eligibility assessment** – usually Clinician Aid C & consult note are completed by an 'independent' assessor
5. **10 'clear' day reflection period** – day 1 is the day after the Aid A is signed and witnessed
6. **Procedure when patient ready** - only if the patient maintains capacity
7. **Reporting/notification of Coroner** – Chief Coroner's Office must be notified & information collected by a Nurse Investigator

Oral (Self-Administered) Protocol (current Ontario)

- **Metoclopramide & Ondansetron**
  - Take all 3 tablets by mouth 1 hour prior to taking the lethal medicine

Phenobarbital powder

Chloral hydrate powder

Morphine sulfate powder (plus sweetener to make up 120 mL solution) Shake well. Drink the entire 120 mL solution as quickly as possible (within 4 minutes) and drink another small glass of water immediately following (this may be difficult for some ALS & MS pts.)

- **Average time to sleep** – 7 minutes
- **Average time to death** – 205 minutes
- It is recommended that a peripheral IV is placed ahead of time and that patient is advised that if death does not occur within a set time limit (e.g., 60 min.) that the IV protocol will be initiated at that time.

Oral (Self-Administered) Protocol
Secobarbital (under consideration)

- **Metoclopramide** and **Haloperidol** Take all tablets by mouth 1 hour prior to taking the lethal medicine

  Propranolol Take all tablets 15 minutes ahead of the secobarbital

  Secobarbital powder

  Just before ingestion, Secobarbital powder should be mixed into 2-3 oz. of warmed (not hot) alcohol, water, or other liquid and all the suspension should be ingested immediately and quickly (within 1-2 minutes – this may be difficult for some ALS & MS patients)

  Average time to sleep – 5 minutes

  Average time to death – 41 minutes

- It is recommended that a peripheral IV is placed ahead of time and that patient is advised that if death does not occur within a set time limit (e.g., 60 min) that the IV protocol will be initiated at that time.

The IV (Clinician Administered) Procedure

Medication Administration Record	Dose Administered	Time Administered	Provider Initials
Anxiolytic **Midazolam XX mg IV over 10 seconds followed by a 10 mL NS Flush**	XX mg	Time	WK
Local Anaesthetic **Lidocaine XX mg IV over 30 seconds followed by a 10 mL NS Flush**	XX mg	Time	WK
Coma-inducing Agent **Propofol XX mg (2 syringes of XX mg) IV over 2 min. followed by a 10 mL NS Flush**	XX mg	Time	WK
Neuromuscular Blocker **Cisatracurium XX mg IV over 10 seconds followed by a 10 mL NS Flush**	XX mg	Time	WK

MAiD Reporting

Ontario Chief Coroner's Office

- Any time a **written** request is received and MAiD **IS** provided

Federal Reporting

- Any time a **written** request is received and MAiD is **NOT** provided

Thank You!

Questions or Comments?

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