

Medical Assistance in Dying: What's old and new.

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Aim: After this session you will have an understanding of MAiD as an End-of-life care option:

- ▶ Legislation
- ▶ Eligibility & safeguards
- ▶ Process
- ▶ Current reality & issues
- ▶ Proposed changes
- ▶ Resources

LEGISLATION

- ▶ MAiD is a legal option
- ▶ June 17, 2016. Bill C-14
“An Act to amend the Criminal Code and to make related amendments to other Acts MAiD)
- ▶ **MAiD is unique**: assisted suicide (oral) and euthanasia (IV) option

IMPORTANT TIME IN CANADIAN HISTORY...

- ▶ Sue Rodriguez, ALS 1993: SCC decision denied right to assisted suicide (5-4 decision)
- ▶ Gloria Taylor, ALS 2012: BC Court of Appeal approved exemption; died later that year from an infection
- ▶ Kay Carter, Adv. Spinal Stenosis (died Switzerland 2010)
- ▶ Feb 6, 2015: Carter v. Canada: Supreme Court of Canada struck down prohibition of assisted suicide

Started a new movement in Canada

“If I cannot give consent to my own death, whose body is this?
Who owns my life?”

The philosophical question:

*What role may the individual play
in his or her own death?*



Who is Eligible:

- ▶ eligible for health services in Canada
- ▶ at least 18 & capable of making this decision
- ▶ a voluntary request
- ▶ a *grievous and irremediable** medical condition
- ▶ consent after receiving information about dx, available tx and options to relieve suffering (including Palliative Care)

Grievous & Irremediable:

- ▶ a serious illness, disease, or disability
- ▶ an advanced state of decline that cannot be reversed
- ▶ suffering unbearably
- ▶ be at a point where natural death has become “reasonably foreseeable”

Case Law Precedents:

➤ Reasonably foreseeable: Superior Court, Ontario (June 19, 2017). **Case of AB**, age 77, severe osteoarthritis. Judge ruled that reasonably foreseeable does **NOT** require a specific time frame.

Downie, J. (July 28, 2017). In a Nutshell II: Ontario Court Decision & MAiD. Impact Ethics. <https://impactethics.ca/2017/07/28/in-a-nutshell-ii-ontario-court-decision-maid/>

➤ Court ruling (Quebec, Sept 11, 2019)
(**Jean Truchon & Nicole Gladu**) (**Julia Lamb, BC**)

A watershed month for medical assistance in dying <https://policyoptions.irpp.org/magazines/september-2019/a-watershed-month-for-medical-assistance-in-dying/>

2 Landmark Rulings on Outstanding Legal Issues:

Julia Lamb: spinal muscular atrophy

- BC Govt case: ruled she was eligible in Sept 2019

Quebec Superior Court ruling, Sept 2019: Ruled parts of Quebec & Ottawa's MAiD laws **unconstitutional** (too restrictive).

- ▶ Judge struck down the requirement that a person's natural death must be "reasonably foreseeable" before they could be eligible for MAiD.
- ▶ Mr. Truchon, age 51, suffered from spastic cerebral palsy with tripareisis since birth. Paralyzed with exception of his left arm, which was functional, until 2012 (had allowed him to perform certain everyday tasks and move about in a w/chair. **Chose his assisted death in April 2020**: said COVID-19 forced him to push up his death.
- ▶ Ms. Gladu, age 73, an acute paralyzing form of polio at age 4, coma, emerged with paralysis and severe scoliosis. Later developed post polio (degenerative neurological disease).



Safeguards:

- ▶ Make the request in writing
- ▶ Give consent & able to make this health care decision for self
- ▶ Request the service of their own free will
- ▶ 10 clear days between day request is signed & day chosen
- ▶ Able to give consent, or withdraw, immediately before MAiD
- ▶ Two independent witnesses (Dying with Dignity volunteers)



Process* for patient:

- ▶ Complete “Patient Request” Record
 - ▶ All forms on website. Google: MOH MAID BC
- ▶ Two assessments (Physician or NP):
 - Assessor (role)
 - Prescriber (role)
 - maybe a “Capacity assessment”
- ▶ Advised if eligible (therapeutic relief)
- ▶ Plan....

* it takes time; do not want to chase death



Federal data

- ▶ First Annual Report on MAiD in Canada 2019, report (July 2020) provides overview of current state
- ▶ Average age **75.2 years**
- ▶ Underlying condition: Cancer-related (67.2%), respiratory (10.8%), neurological (10.4%), and cardiovascular (10.1%) conditions.
- ▶ Location: hospitals (36.3%), at **home (35.2%)**.

Reality on Vancouver Island: today:

- Age: **78**
- location: **home (51%)**
- Underlying condition: cancer 63%
- IV most common

Example of provincial data:

▶ Jan 1, 2016 - Dec 30, 2020 - MAiD Deaths in **British Columbia**

▶ Island Health	1856
▶ Interior Health	903
▶ Fraser Health	732
▶ Northern Health	193
▶ Vanc. Coastal	990
Total:	4674

*Data subject to change

Current Issues ...

- ▶ Age
- ▶ Advance requests
- ▶ Advance consent
- ▶ Mental Illness
- ▶ Palliative care access
- ▶ Conscientious objection by faith based facilities



PROPOSED CHANGES:

- ▶ Gov Surveyed Canadians Jan/2020
- ▶ Amendments expected by March/20 (Govt had 6 mos.)
- ▶ Feb 24/20: Ministers of Justice and Health tabled the proposed new legislation: Bill C-7.
- ▶ 3 extensions because of COVID-19
- ▶ Expect Feb 26, 2021....



C-7 Proposed Changes:

- ▶ Safeguards eased:
 - ▶ One witness for Request form
 - ▶ A paid HC personnel can be a witness
 - ▶ Remove 10 day waiting/reflection period
 - ▶ Can give “advance consent” if approved...
- ▶ “Reasonably Foreseeable” natural death (RFND) criterion will be repealed.
- ▶ Two pathways?
- ▶ In near future: review of age of minors, mental illness as sole dx, & advance requests
- ▶ Review of Palliative Care in Canada.

2 pathways: RFND not RFND

- ▶ If NOT RFND:
 - ▶ 90 day assessment period
 - ▶ Expertise sought

- ▶ Example....
 - ▶ Long standing chronic pain
 - ▶ Chronic fatigue

Future ...

- ▶ Bereavement support
- ▶ Experience (++ stories)
- ▶ Organ donation
- ▶ MAiD “House”
- ▶ Emergent rituals
- ▶ Couples
- ▶ Frailty



Medically assisted deaths prove a growing boon to organ donation in Ontario

Ontario's waiting list for organs typically hovers around 1,600 without any great headway made to eliminate that number.

Bruce Deachman

Jan 06, 2020 • Ottawa Citizen

Ontarians who opt for medically assisted deaths (MAiD) are increasingly saving or improving other people's lives by also including organ and tissue donation as part of their final wishes.

According to Trillium Gift of Life Network, the 113 MAiD-related donations in 2019 accounted for 5% of overall donations in Ontario, a share that has also been increasing.

Medical Assistance in Death (MAiD)

A Guide to Support Patients & Families

Thinking about the end of your life and about saying goodbye to those you love, you may feel a deep sense of grief and sadness. You may also feel relieved to have some control over when and how you will die, and in knowing that this plan is in place.

This brochure aims to answer any questions you may have, provide practical information, and ease your concerns on your Medical Assistance in Death (MAiD) journey.

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Before MAiD

You have likely put a great deal of thought into your decision to request MAiD. Faced with advanced, incurable disease and disability, you have determined that at some point your symptoms and decline will become intolerable

and you wish to have an assisted death.

By this time, you have had a formal assessment with one or more physicians or nurse practitioners (NPs), are aware of the options available to you, and have also completed the Patient Request Record form.

Period of Reflection

Typically there is a 10-day minimum waiting period between your request date and the day you may receive MAiD. This time is formally referred to as the Period of Reflection and is meant to ensure that you have time to carefully consider your decision.

It may be reassuring to know that even though you have been approved, you may still have questions, fears, and worries to work through. Living with dying may be new to you and you may also experience anticipatory grief.¹ You may decide to hold off on setting the date for MAiD to wait and see how things progress. Or, you may have been thinking about this a long time and want to proceed.

During this period of reflection, you may want to focus on the people and activities that you enjoy most and consider:

- ▶ What do I most want to do (practical tasks, outings, projects, bucket list activities)?
- ▶ How would I like to spend this time (alone or with others or a combination)?

- ▶ Who should I see and what is important for me to say to these people?
- ▶ What memories or stories do I want to share (highlights, achievements, regrets)?
- ▶ Share information and memories with your family and friends in a way that works for you, whether written or recorded.
- ▶ Do not postpone difficult decisions or conversations; talking about hard things will resolve anxiety and contribute to your peace of mind.
- ▶ What do I need and want help with, and who can help me?
- ▶ Those close to you may experience anticipatory grief; talk with each other and/or a professional if needed.
- ▶ If you have questions or concerns, talk with your family, friends, physician or NP.
- ▶ This is naturally a time of reflection but also take the time to enjoy yourself.

¹ An exception may be made to the reflection period if both your first and second medical or nurse practitioner agree that:

- your death is fast approaching, or
- you might soon lose your capacity to provide informed consent.

² Anticipatory grief is defined as "a feeling of grief occurring before an impending loss."

Medically assisted death allows couple married 73 years to die together

The Brickendens are one of the few couples in Canada to receive a doctor-assisted death together, and the first to speak about it publicly

(April 1, 2018
GLOBE & MAIL)



While the topic is complex, it can be said with certainty: “Neither those who are strongly supportive, nor those who are opposed, hold a monopoly on integrity or a genuine concern for the well being of people contemplating end of life.” Chochinov, 2016



RESOURCES

- ▶ VIHA MAiD website - contact info, bereavement
 - ▶ 250-727-4382
 - ▶ 1-877-370-8699
 - ▶ maid@viha.ca
- ▶ VIHA website for palliative care, adv care planning
- ▶ MOH website (MAID BC MOH) - forms
- ▶ Dying with Dignity Canada
- ▶ Bridge C-14 (Bereavement Support)

Have conversations about hopes and wishes for your end of life...early conversations.

Striving for a system of high quality EOL care.



thank you!