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MEDICINE & DENTISTRY

MAiD in the Community

Medical Assistance in Dying – A Community Lens

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Western

I would like to acknowledge the history of the traditional territory on which this university stands. I would also like to respect the longstanding relationships of the three local First Nations groups of this land and place in Southwestern Ontario. The Attawandaran (Neutral) peoples once settled this region alongside the Algonquin and Haudenosaunee peoples, and used this land as their traditional beaver hunting grounds. The three other longstanding Indigenous groups of this geographic region are: the Anishinaabe Peoples ;the Haudenosaunee Peoples and, the Leni-Lunaape Peoples.

Faculty/Presenter Disclosure

- **Faculty: George P. Kim, MD MClSc(FM) CCFP FCFP**

- **Relationships with commercial interests:**
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<u>Potential for conflict(s) of interest</u>:

No member of the planning committee has disclosed a potential conflict of interest.

Bias

- I am involved with MAiD
- Family physician
  - palliative care and teaching
- St. Joseph’s Healthcare
- St. Joseph’s Hospice

Objectives

1. Review the current state of MAiD access in our community settings since the Carter Decision;
2. Outline the care path from consultation request to procedure for a patient in your office;
3. Discuss professional experiences and personal challenges with the evolution of MAiD in our community.

- TVFHT – Julie Campbell and Willi Kirenko
- Annual Clinical Day in FM – Scott Anderson
- CMA Joule – James Downar
- Canadian College of Health Leaders – Jeff Blackmer
- OCFP – Mentorship Network – PEOLC & MAiD

“I do not want to, but I am going to die; that is a fact. I can accept death because I recognize it as a part of life. What I fear is a death that negates, as opposed to concludes, my life.”

- Gloria Taylor

Jon

67 y.o. M, noticed that he could not grip his tennis racket the same way as he did before. This sensation progressed to twitching his dominant hand; Work up indicated ALS.

Over 12 months became vent-dependent. His wife wants to keep him home.

Rhea

27 y.o. F, with end stage Ovarian Cancer, experiencing recurrent bowel obstructions and worsening pelvic pain.

Trying to balance symptom management with still providing care for her 3 year old twins.

Randy

94 y.o. M with end stage CHF, living alone at home with Oliver his yorkie. Has 3x/day PSW support and 2x/week nursing visits. Prior to this exacerbation, he was still driving. He has been in hospital 3x/year.

Yrsa

41 y.o. F, a new Canadian, who suffers from complex PTSD, as survivor of a traumatic childhood. She reports feeling gripped by vivid nightmares and a sense of loss of control. She fears that the people who hurt her, will return to hurt her again. She has already tried to commit suicide twice.

From Carter to Now

- Eligibility Criteria (Bill C14, 2016)
  - » OHIP Coverage
  - » > 18 years of age
  - » Grievous and Irremediable
  - » Voluntary request
  - » Informed consent following information regarding means to relieve suffering (Palliative Care)

Grievous and Irremediable

- Also from Bill C14
  - » Serious and incurable illness, disease or disability
  - » Advanced state of irreversible decline in capability
  - » Enduring physical or psychological suffering
  - » **Foreseeable** death (no strict timelines)

"Reasonably foreseeable"

- From the AB judgment:

"Physicians, of course, have considerable experience in making a prognosis, but the legislation makes it clear that in formulating an opinion, **the physician need not opine about the specific length of time that the person requesting medical assistance in dying has remaining in his or her lifetime**"

Forseeable…

- Predictable?

  1. Is it reasonable to predict that death will result from the patient's medical conditions and sequelae, taking into account age and other factors?

  2. Is it likely that death will be “remote” or in the “too distant future” in the ordinary sense of these words?

Ontario Data

- As of May 31, 2018

  - » 1587 patients have received MAiD
  - » 330 different providers
  - » 63% had cancer diagnosis
  - » 51.5% occurred in a hospital

  - » CCS receives 15 referrals a week, average wait time is 2.6 days

Geographic Breakdown by LHIN	
	Number of Registrations
Ontario	80
Central	5
Central East	11
Central West	0
Champlain	<5
Erie St Clair	<5
HNHB	10
Mississauga Halton	<5
North East	9
North Simcoe Muskoka	<5
North West	<5
South East	5
South West	13
Toronto Central	7
Waterloo Wellington	<5

477
230 (48%) Hospital 216 (45%) Patient's home 15 (3%) LTC/nursing home* (Less than 7) Hospice 10 (2%) Other^
74.2

Age Range	# of Cases
18–45	11
46–55	24
56–64	70
65–70	69
71–75	68
76–80	68
81–85	75
86–90	57
91+	35
Unknown‡	-

222 (47%) Male 255 (53%) Female
297 (62%) Large centres 180 (38%) Smaller centres
294 (62%) Cancer-related 57 (12%) Neuro-degenerative 83 (17%) Circulatory/ Respiratory 43 (9%) Other causes

Another View of the Data

3rd interim report on MAiD in Canada, Health Canada June 2018

Locally

- Julie Campbell (SWLHIN)
  - » sw.maid@lhins.on.ca
- Sue Miller (LHSC)
  - » Sue.miller@lhsc.on.ca

A patient asked me…now what?

- Assess or refer (see previous slide or call me)
- Information
  - » Outline eligibility criteria
  - » It can happen in the hospital or in the community (as long as the nurses and provider can get to you)
  - » You can have whomever you want in the space
  - » You need 2 witnesses to the request (Clinician Aid A) - DD
  - » There needs to be 2 assessments

Information cont'd….

- Assessors can be arranged by the aforementioned team
- 10 day period (12 days)
- This can be waived
- Approval does not mean you have to go through with it
- If there has not been a palliative care consult…
- Assessments can happen in a location of the patient's choosing
- All procedures are investigated by the office of the coroner
- Insurance Policies will not be impacted by a MAiD procedure (it is not listed on the death certificate)
- No one needs to know

Information cont'd…

- Once approved, they have a "ticket"
- Arrange the date, when ready, coordinate with provider

- For assessors/providers, dialoguing with others over challenging situations is reasonable, consider CMPA
- If deemed not eligible, can ask for assessment again

- Forms can be found on the MOHLTC website to guide the assessment process (Clinician Aid A, B, C)

What do I do when I get a call…

- Call the patient
- Invite them to the office or offer to meet them in their home
- Ask for their permission to talk to their care team

- Questions to ask patients during assessment:
  - When did you first think about assisted dying as something you might want for yourself?
  - Why now and not 3 months ago, 3 months from now?
  - Who are the important people in your life?
  - With whom have you discussed your desire to have MAiD?
  - What did you used to enjoy that you can no longer do?
  - What is most important in your life right now?
  - What are you most afraid of?
  - What do you want to do or get done before you die or become more disabled?

“To cure sometimes, to relieve often, to comfort always,” which originated in the 1800s with Dr. Edward Trudeau, founder of a tuberculosis sanatorium.

Where can I learn more…

- OCFP – Mentorship Network
- CAMAP
- CMA JOULE
- CPSO, CMPA
- Colleagues

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- MAPSO

Available anytime…

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