The background of the slide is a light gray gradient with several realistic water droplets of various sizes scattered across it. The droplets have highlights and shadows, giving them a three-dimensional appearance.

Medical Assistance in Dying (MAID): What every PSW needs to know

VALERIE COOPER MN, NP-ADULT, CHPCN(C)

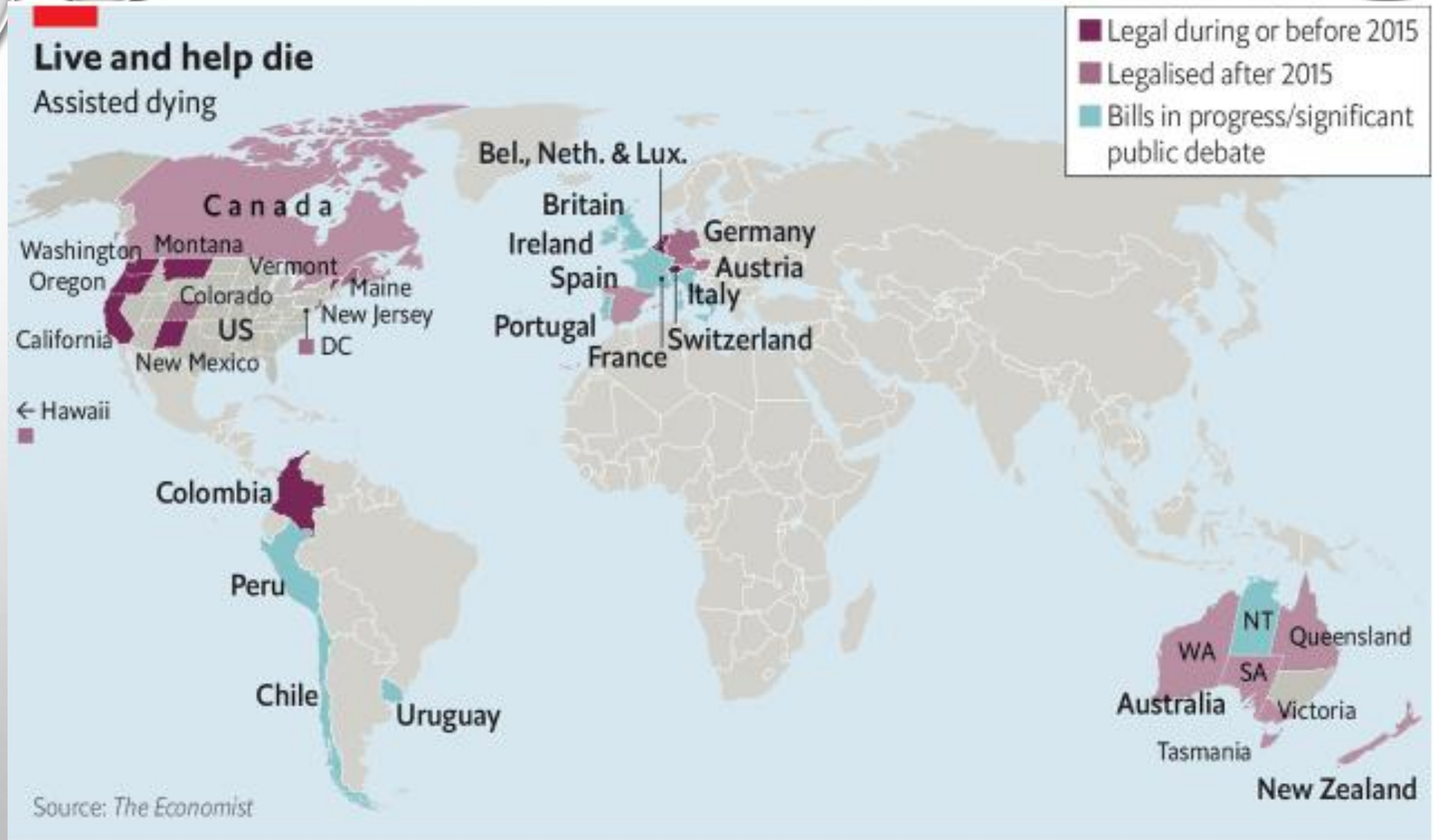
HOSPICE PALLIATIVE CARE NURSE PRACTITIONER

QUESTIONS WE WILL ANSWER TODAY

- WHAT IS MAiD?
 - WHERE WE HAVE COME FROM AND WHERE WE ARE NOW
- WHAT DOES THE MAiD PROCESS LOOK LIKE?
- FAQs ABOUT MAiD
- WHAT ROLE COULD PSWs HAVE IN THE MAiD PROCESS?
 - THE IMPORTANCE OF GOOD COMMUNICATION SKILLS

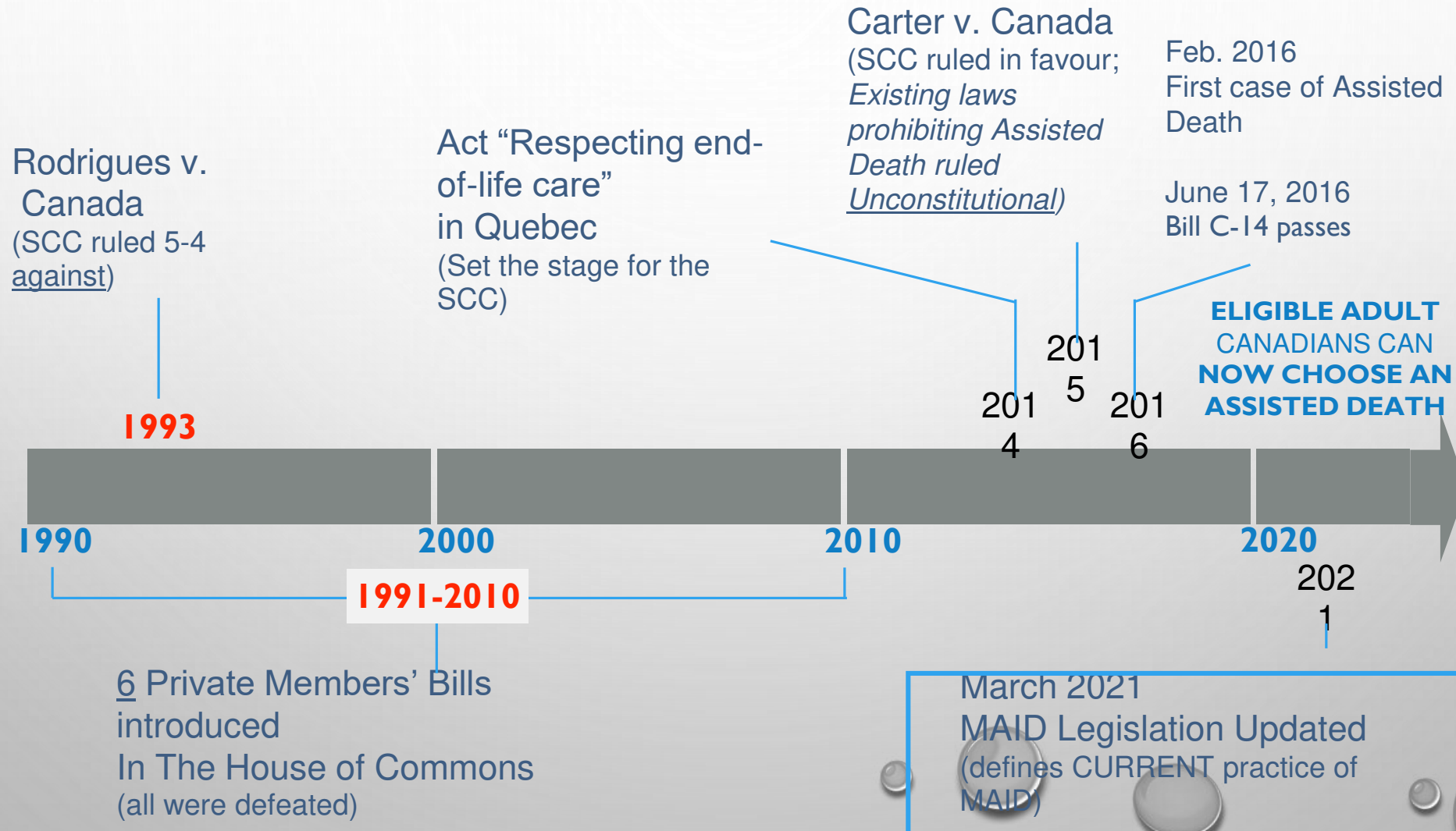
Live and help die

Assisted dying



Source: *The Economist*

HISTORY OF MAiD



WHAT IS MAiD ACCORDING TO THE CRIMINAL CODE?

“(A) THE ADMINISTERING BY A MEDICAL PRACTITIONER OR NURSE PRACTITIONER OF A SUBSTANCE TO A PERSON, AT THEIR REQUEST, THAT CAUSES THEIR DEATH; OR

(B) THE PRESCRIBING OR PROVIDING BY A MEDICAL PRACTITIONER OR NURSE PRACTITIONER OF A SUBSTANCE TO A PERSON, AT THEIR REQUEST, SO THAT THEY MAY SELF-ADMINISTER THE SUBSTANCE AND IN DOING SO CAUSE THEIR OWN DEATH” (S. 241.1)

WHAT IS *NOT* MAiD...

- WITHDRAWAL OF LIFE SUPPORT
- WITHDRAWAL OF LIFE-SUSTAINING TECHNOLOGY OR THERAPY
- CONTINUOUS PALLIATIVE SEDATION THERAPY

WHY DO PEOPLE MAKE THIS REQUEST?

- Patient choice and control over how, when, where, and who is present when they die
- Fear of poor pain and symptom management
- Loss of independence and/or control over their life
- Loss of quality of life as disease progresses
- Fears of prolonged dying

[Third annual report on Medical Assistance in Dying in Canada 2021 - Canada.ca](#)

MAiD: ORIGINAL ELIGIBILITY BILL C14 JUNE 2016

IN ORDER TO RECEIVE MAID, THE PERSON MUST:

- BE ELIGIBLE FOR HEALTH SERVICES FUNDED BY THE FEDERAL GOVERNMENT, OR A PROVINCE OR TERRITORY
- BE AT LEAST 18 YEARS OLD AND MENTALLY COMPETENT (AND ABLE) TO PROVIDE INFORMED CONSENT TO RECEIVE MEDICAL ASSISTANCE IN DYING
- MAKE A VOLUNTARY REQUEST FOR MEDICAL ASSISTANCE IN DYING THAT IS NOT THE RESULT OF OUTSIDE PRESSURE OR INFLUENCE
- HAVE A **GRIEVOUS AND IRREMEDEABLE MEDICAL CONDITION**

MAID: ORIGINAL ELIGIBILITY BILL C14 JUNE 2016

A PERSON WITH A GRIEVOUS AND IRREMEDEABLE MEDICAL CONDITION IS DEFINED AS:

- HAVING A SERIOUS ILLNESS, DISEASE OR DISABILITY, *AND*
- BEING IN AN ADVANCED STATE OF DECLINE THAT CANNOT BE REVERSED, *AND*
- EXPERIENCING UNBEARABLE PHYSICAL OR MENTAL SUFFERING FROM THE ILLNESS, DISEASE, DISABILITY OR STATE OF DECLINE THAT CANNOT BE RELIEVED UNDER CONDITIONS CONSIDERED ACCEPTABLE TO THE INDIVIDUAL, *AND*
- BEING AT A POINT WHERE THE PERSON'S NATURAL DEATH HAS BECOME **REASONABLY FORESEEABLE**, TAKING INTO ACCOUNT ALL OF THE MEDICAL CIRCUMSTANCES AND DOES NOT REQUIRE A SPECIFIC PROGNOSIS AS TO HOW LONG THE PERSON HAS LEFT TO LIVE

MAiD: CURRENT CRITERIA (SINCE MARCH 2021 BILL C7)

A PERSON WITH A GRIEVOUS AND IRREMEDEABLE MEDICAL CONDITION IS DEFINED AS:

- HAVING A SERIOUS ILLNESS, DISEASE OR DISABILITY, *AND*
- BEING IN AN ADVANCED STATE OF DECLINE THAT CANNOT BE REVERSED, *AND*
- EXPERIENCING UNBEARABLE PHYSICAL OR MENTAL SUFFERING FROM THE ILLNESS, DISEASE, DISABILITY OR STATE OF DECLINE THAT CANNOT BE BELIEVED UNDER CONDITIONS CONSIDERED ACCEPTABLE TO THE INDIVIDUAL, *AND*
- BEING AT A POINT WHERE THE PERSON'S NATURAL DEATH HAS BECOME **REASONABLY FORESEEABLE**, TAKING INTO ACCOUNT ALL OF THE MEDICAL CIRCUMSTANCES AND DOES NOT REQUIRE A SPECIFIC PROGNOSIS AS TO HOW LONG THE PERSON HAS LEFT TO LIVE

CURRENT ELIGIBILITY FOR MAiD

- TO APPLY FOR MAiD, THE PATIENT **MUST** COMPLETE A WRITTEN APPLICATION WITNESSED BY ONE INDEPENDENT WITNESS WHO *CAN* BE A HEALTHCARE PROVIDER BUT WHO *CANNOT* BENEFIT FROM THE DEATH
- THEIR DISEASE OR DISABILITY HAS BEEN OPTIMIZED BY MEANS *DEEMED ACCEPTABLE* BY THE PATIENT, INCLUDING ACCESS TO DISABILITY SUPPORT SERVICES AND PALLIATIVE CARE

WHAT ARE THE STEPS INVOLVED FOR TRACK 1?

- A patient makes a request to a health care provider, usually their most responsible NP or MD, after they have been informed of their grievous and irremediable medical condition
- The patient completes their written request in front of one independent witness
- The patient undergoes two independent assessments by two NP/MDs to determine eligibility
- The patient determines date/time and location of MAiD procedure with the provider*
- The patient is given the option to withdraw their request at any time

PHARMACOLOGY

3 (or 4 or more) IV drugs:

- Sedative to induce relaxation/sleep
- (Local anesthetic)
- Anesthetic agent to induce coma
- Neuromuscular blocker to cause respiratory arrest
- (Bupivacaine)

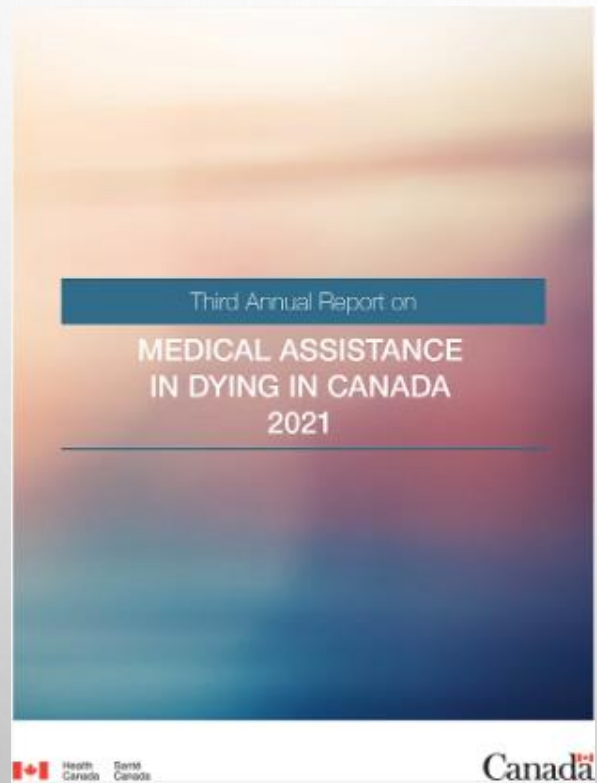
Other considerations:

- Provider must inform pharmacist that the medications are for MAiD
- Important to have two sets of drugs
- Check IV lines
- Medication pick up or delivery
- Patients do not pay for medications

CURRENT SAFEGUARDS

- WITNESSES AND ASSESSORS MUST BE INDEPENDENT FROM PATIENT AND EACH OTHER
- WHEN NATURAL DEATH IS REASONABLY FORESEEABLE (TRACK 1), THERE IS **NO LONGER A MANDATORY WAITING PERIOD**
- **90 DAY *ASSESSMENT PERIOD*** IN PLACE FOR PATIENTS WHOSE NATURAL DEATH IS NOT REASONABLY FORESEEABLE (TRACK 2)

WHAT'S OUR EXPERIENCE SO FAR?

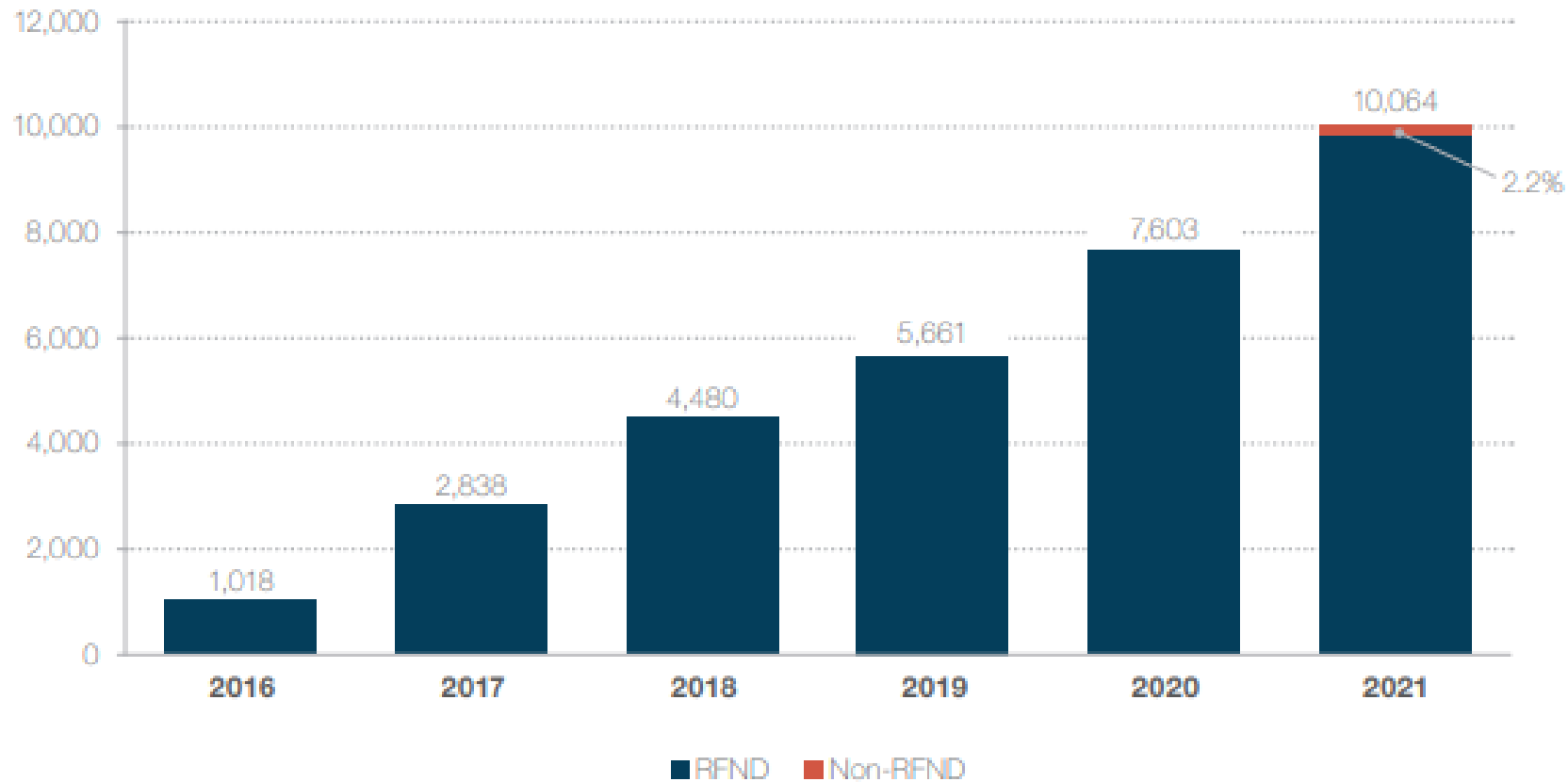


July,
2022

<https://www.canada.ca/en/health-canada/services/medical-assistance-dying/annual-report-2021.html>

SINCE JUNE 17, 2016

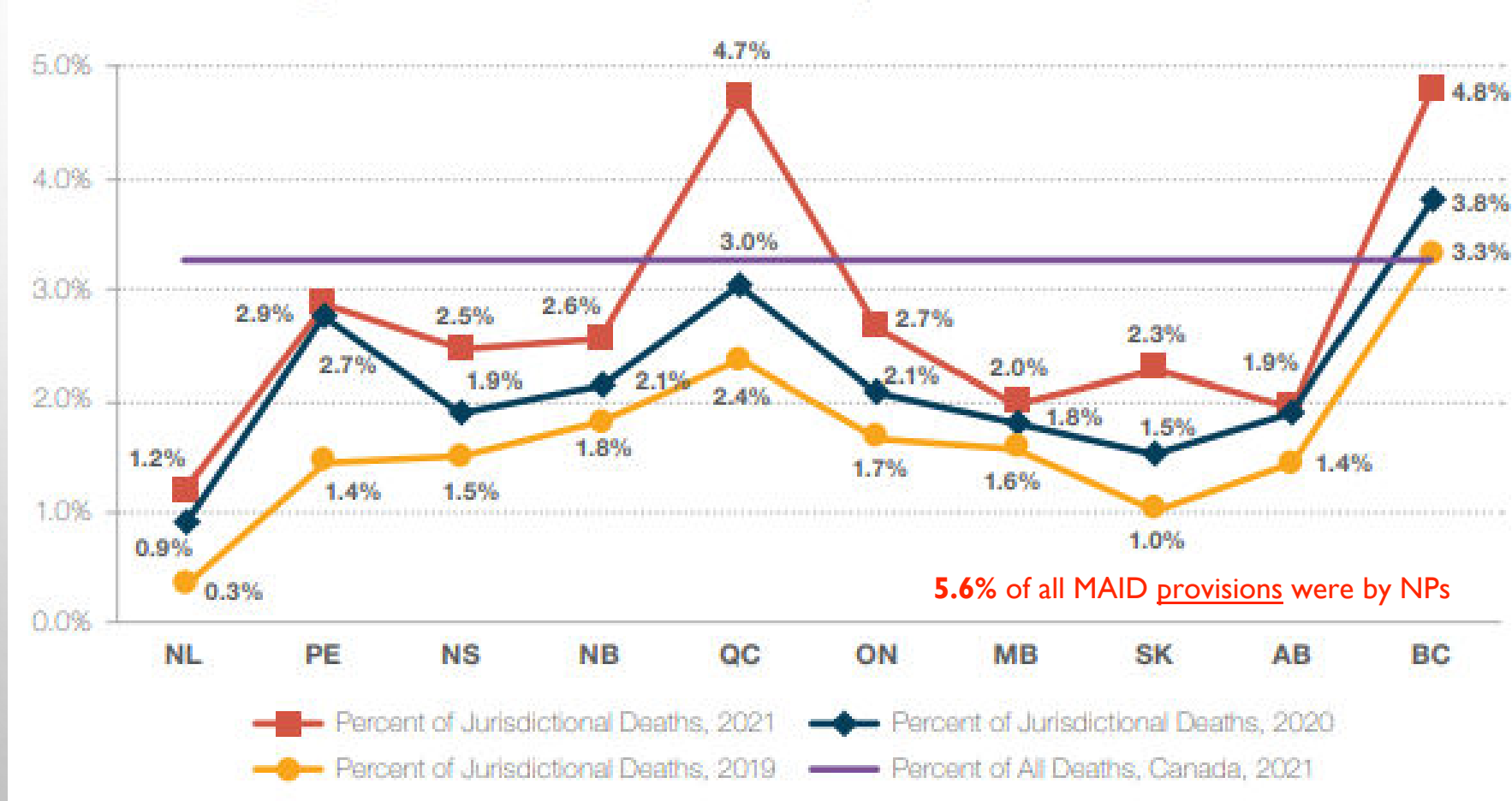
Chart 3.1: Total MAID Deaths in Canada, 2016 to 2021



Source: Third Annual Report on Medical Assistance in Dying 2021

MAID IN CANADA, 2021

Chart 3.2: Percentage of Total Deaths Attributed to MAID by Jurisdiction, 2019–2021



Source: Third Annual Report on Medical Assistance in Dying 2021

WHO HAS CHOSEN MAiD?

Chart 4.2: MAiD by Age Category, 2021

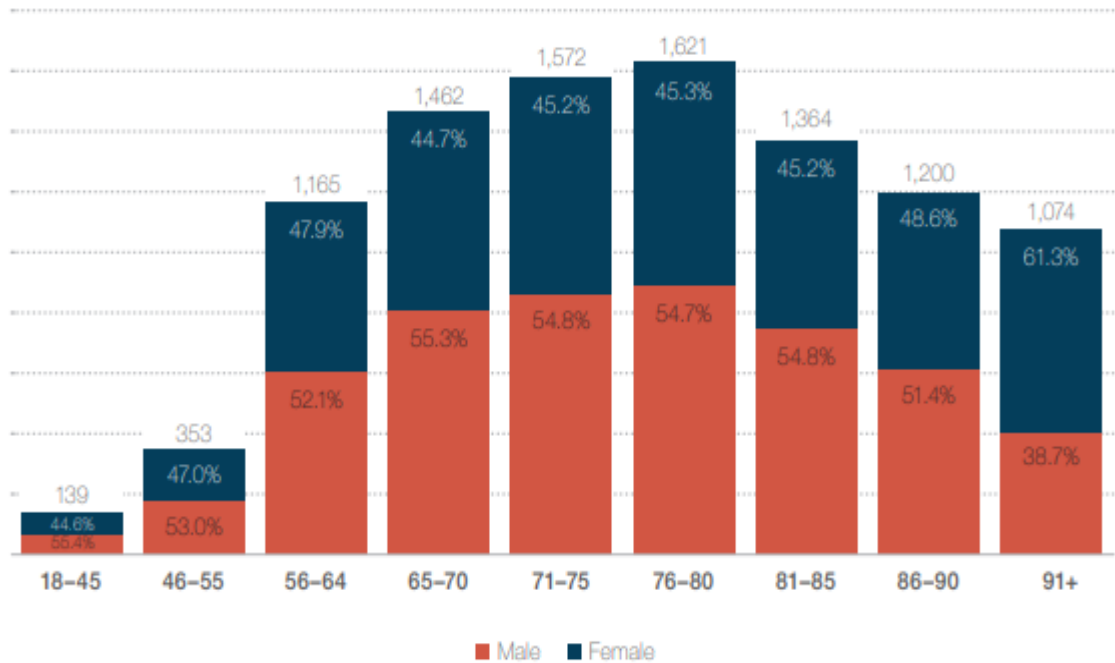
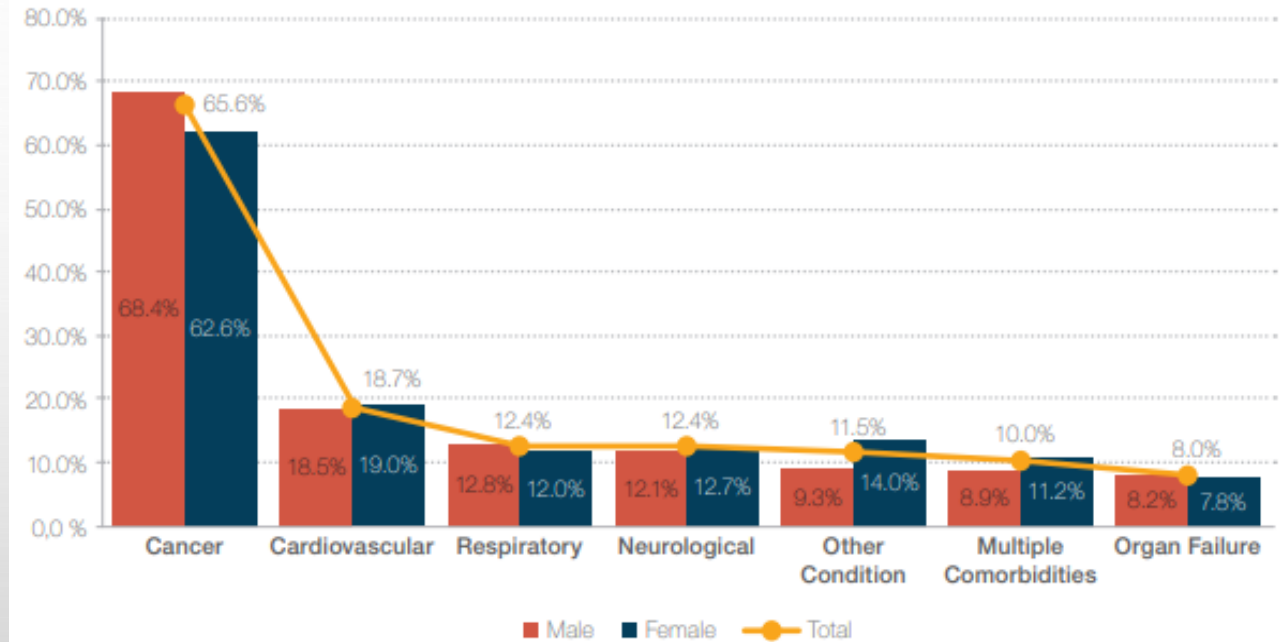


Chart 4.1A: MAiD by Main Condition, 2021



82.8% of MAiD recipients also received Palliative Care

90% of MAiD recipients who required Disability Support Services received them

WHO DIDN'T RECEIVE MAiD?

(EVEN THOUGH THEY APPLIED)

Chart 7.1: Requests and Outcomes, 2019 to 2021

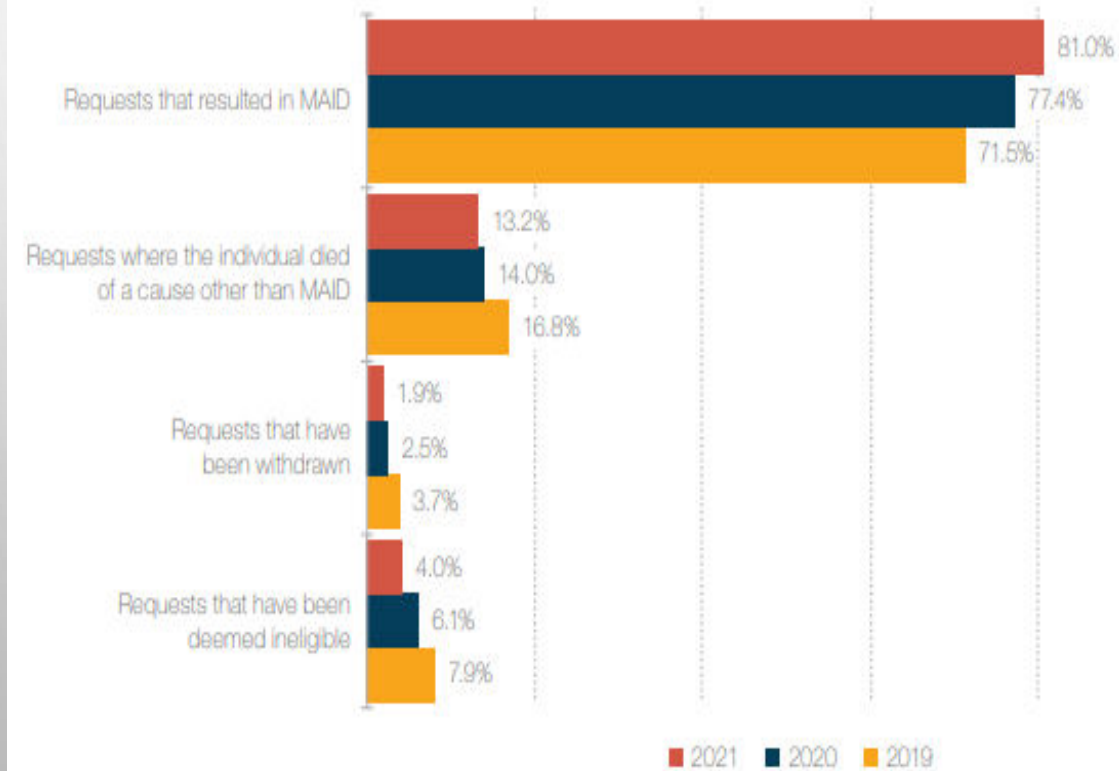


Chart 7.2: Reasons for Ineligibility for MAiD, 2021

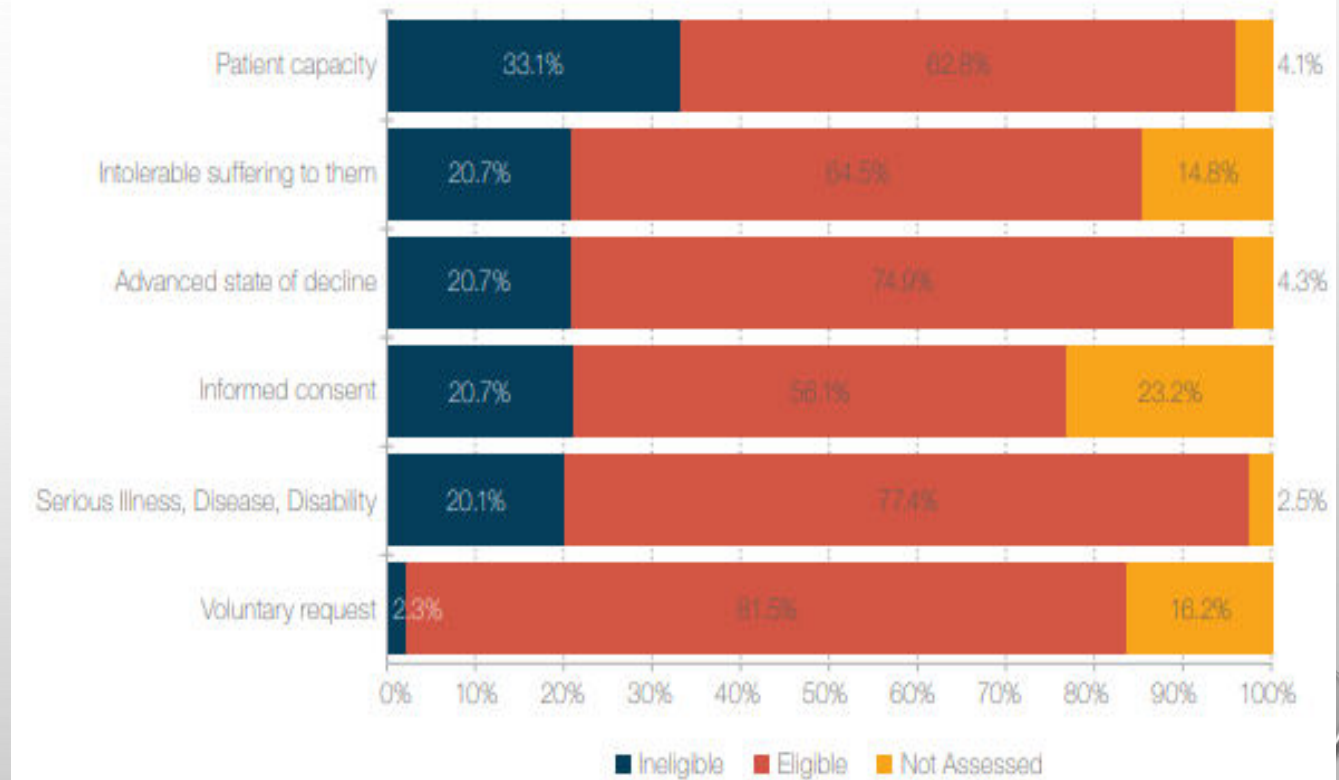


Table 7.3: Reason for Withdrawal of MAID Request, 2021

What were the patient's reasons for withdrawing the request? Select all that apply.	
Changed their mind	62.3%
Palliative care measures are sufficient	38.5%
Other	12.1%
Family does not support MAID	7.4%
Unknown	4.3%
Withdrawal immediately before MAID	12.1%

Source: Third Annual Report on Medical Assistance in Dying 2021

FAQ:

- **Can health care providers opt out?**

- According to the CNO:

“A nurse may have beliefs and values that differ from those of a client, and may not be comfortable providing or participating in medical assistance in dying..... Nurses who conscientiously object must transfer the care of a client who has made a request for medical assistance in dying to another nurse or health care provider who will address the client’s needs. Nurses can work with their employers to identify an appropriate, alternative care provider. Until a replacement caregiver is found, a nurse must continue to provide nursing care, as per a client’s care plan, that is not related to activities associated with medical assistance in dying.”

- Referred to as “Conscientious Objection”

Conscientious Objection

- The College of Physicians and Surgeons of Ontario requires that when a physician is unwilling to provide certain elements of care for reasons of conscience or religion, an effective referral to another healthcare provider must be provided.
- Effective Referral: a referral made in good faith, to a non-objecting, available, and accessible physician, other health care professional, or agency.
- Referrals must be made in a timely manner
- Similar requirements exist for pharmacists and pharmacy technicians
- Institutions are encourage to develop policies in this context with respect to MAiD

<https://www.health.gov.on.ca/en/pro/programs/maid/#objection>

FAQ:

- **Can requests for MAiD be made through an advance directive, or the patient's substitute decision-maker?**
 - Requests for MAiD must be made by the patient, and not through an advance directive or the patient's substitute decision-maker.
 - In accordance with Ontario's *Health Care Consent Act, 1996*, a substitute decision-maker would only make decisions for a patient in circumstances where the patient no longer has capacity. Similarly, advance directives only take effect if the patient loses capacity.
 - Waiver of Final Consent for Track 1 patients.

FAQ:

- **What is the process around inclusion of family members in MAiD process?**
 - No formal notification process to inform family/caregivers
 - Encourage patients to speak with family/caregivers about choice to pursue MAiD
 - Patients are not obligated to inform their family/caregivers

FAQ:

Can health care providers bring up MAiD?

(5.1) For greater certainty, no social worker, psychologist, psychiatrist, therapist, medical practitioner, nurse practitioner or other health care professional commits an offence if they provide information to a person on the lawful provision of medical assistance in dying.

<https://laws-lois.justice.gc.ca/eng/acts/C-46/section-241.2.html>

- Context is everything

Difficult Conversations

- How do you know when someone might want to talk?
- What are some examples of “Open Ended” questions or statements that are appropriate to use?
- What are some examples of things NOT to say?
- What are some important things to consider when speaking with someone facing a life-limiting illness?

Responding to Suffering

- Encourage talking about and sharing feelings
 - Less isolating, share the burden, “get it off your chest”
- When someone makes a difficult statement don’t close down the conversation or give a knee-jerk response
 - Take a deep breath and ask an open-ended question
- Acknowledge grief and loss throughout the illness journey
- Ask about preferences/desires at end-of-life
 - Avoids guessing and the stress of “getting it wrong”

TALKING ABOUT MAiD

- How do you respond when someone asks about assistance to die?
- Explore your own thoughts and feelings first, before you find yourself faced with this situation
- No matter your own personal opinion on MAiD, we must support our patient's EOL choices, including the option of MAiD
- The legislations allows for Conscientious Objection within the MAiD process

Self Care

- Try to build in recovery time between provisions. Set aside designated time after the MAiD death to reflect and regain your equilibrium.
- Build relationships with those who do understand and set aside time to meet with those individuals to share experiences.
- Working within a supportive team can be one of the most important self-care strategies. Strong interdisciplinary partnerships can greatly assist in providing MAiD-associated work.
- Reflection can be an important part of healthy integration of experiences. Journaling, walking in nature, and listening to music can be important self-care strategies.

<https://www.maidreflectiveguide.ca/>

The image features a light gray background with several realistic water droplets of various sizes scattered in the corners. The droplets have highlights and shadows, giving them a three-dimensional appearance. In the center of the page, there is a faint, circular watermark logo consisting of concentric lines and a central emblem.

WHAT OTHER QUESTIONS DO YOU HAVE?