MAID IN THE RURAL SETTING

Jonathan Reggler: September 29, 2022

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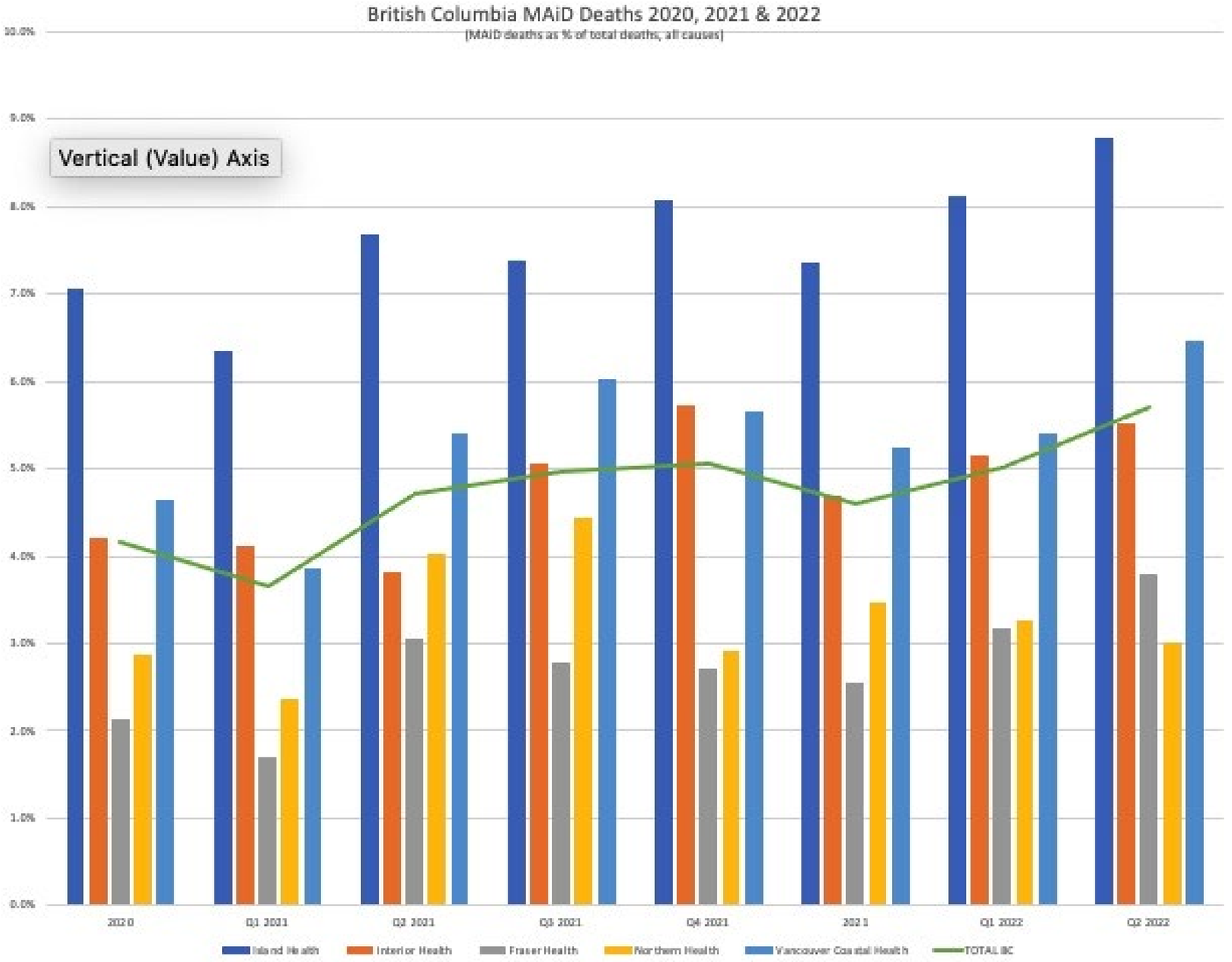
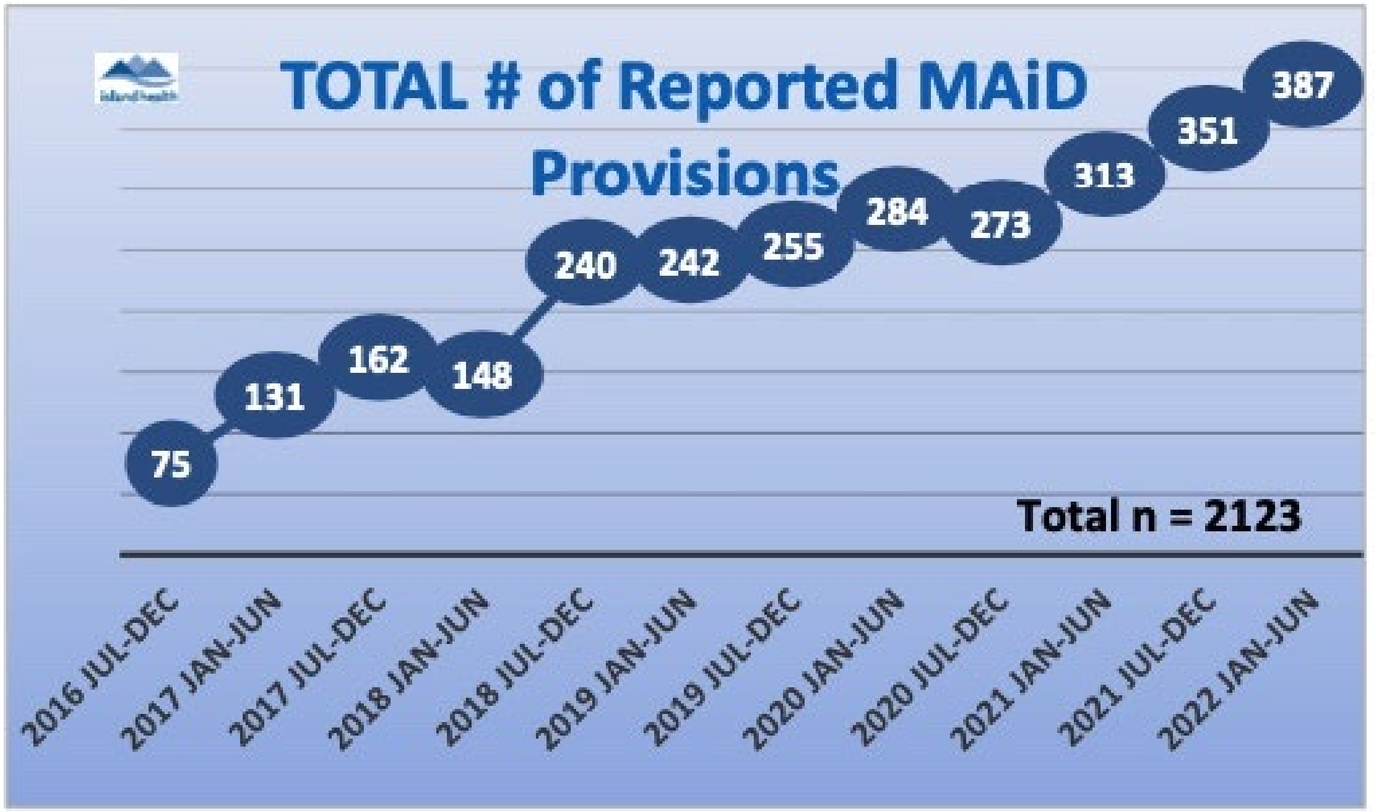
- Family physician, Courtenay, BC
- MAiD Provider since June 2016; 180+ medically-assisted deaths provided
- Founder member and previously Board member of Canadian Association of MAiD Assessors and Providers (CAMAP)
- Previously Board member of Dying with Dignity Canada (DWDC)
- Co-Chair Clinicians Advisory Council DWDC
- No conflicts of interest
- Acknowledgements: statistics and graphs by Jeffrey Brooks and Island Health MAiD Leadership Team

Numbers

MAiD today

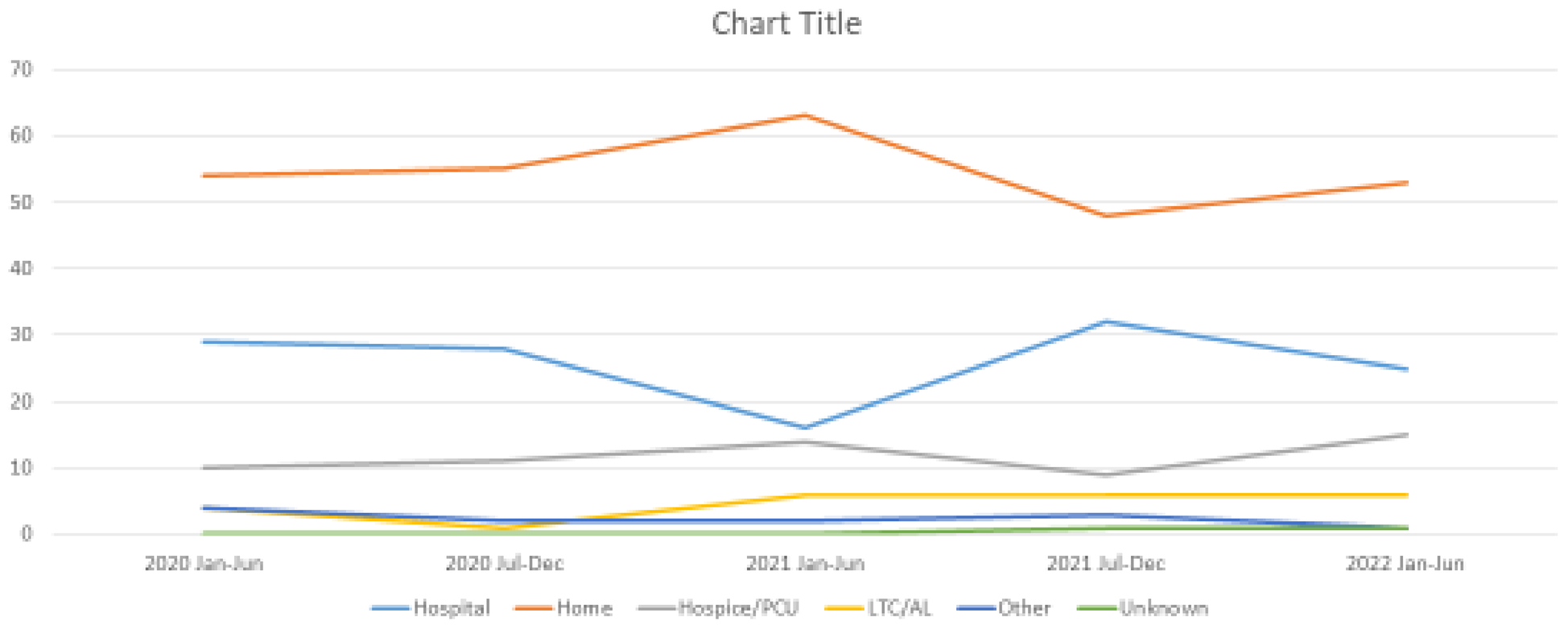
- Netherlands has had legal MAiD for 20 years
  - 4% of all deaths are by MAiD. This figure has been fairly stable over a number of years.
  - in those who have a College degree 11% of deaths are by MAiD.
- In 2021, 3.3% of all deaths in Canada were by MAiD.
- Of all the provinces BC has the highest proportion of deaths by MAiD
  - In BC in 2021, 4.8% of all deaths were by MAiD
    - Island Health - 7.4%
    - Interior Health - 4.7%
    - Fraser Health - 2.6%
    - Northern Health - 3.5%
    - Vancouver Coastal Health - 5.2%
  - Figures continue to rise. Q1-4 figures can be variable within each health authority but latest available (2022 Q2) figures are Island Health 8.8%, Interior Health 5.5%, Fraser Health 3.8%, Northern Health 3.0%, Vancouver Coastal 6.5%, overall BC 5.7%


British Columbia MAiD Deaths 2020, 2021 & 2022
(MAiD deaths as % of total deaths; all causes)
Vertical (Value) Axis
10.0%
9.0%
8.0%
7.0%
6.0%
5.0%
4.0%
3.0%
2.0%
1.0%
0.0%
2020
Q1 2021
Q2 2021
Q3 2021
Q4 2021
2021
Q1 2022
Q2 2022
Island Health
Interior Health
Fraser Health
Northern Health
Vancouver Coastal Health
TOTAL BC


TOTAL # of Reported MAiD Provisions
75
131
162
148
240
242
255
284
273
313
351
387
Total n = 2123
2016 JUL-DEC
2017 JAN-JUN
2017 JUL-DEC
2018 JAN-JUN
2018 JUL-DEC
2019 JAN-JUN
2019 JUL-DEC
2020 JAN-JUN
2020 JUL-DEC
2021 JAN-JUN
2021 JUL-DEC
2022 JAN-JUN

Place of MAID 2020-2022

% of MAID deaths in each location



The Law and Regulations

Bill C-14 (2016)

- Main requirements under Bill C-14:
  - Voluntary request made in front of two independent witnesses
  - Capacity at the time of the request and immediately prior to the provision of MAiD
  - Grievous and irremediable condition - defined then (2016) as:
    - serious and incurable illness, disease or disability
    - advanced state of irreversible decline in capability
    - intolerable suffering: the condition causes enduring physical or psychological suffering that is intolerable to the person and cannot be relieved under conditions the person considers acceptable (i.e. the patient is not required to accept all or any available treatments)
    - reasonably foreseeable natural death (RFND)

Bill C-17 (2020)

- A Quebec court found the inclusion of RFND in the definition of “Grievous and Irremediable condition” to be unconstitutional
- Federal government subsequently introduced Bill C-17 and took the opportunity to include other changes deemed necessary and appropriate

Changes under Bill C-7

- The requirement for a RFND was removed as a criterion for a person to be deemed to have a grievous and irremediable condition
    - RFND is now a safeguarding issue
        - If a person has a RFND they are said to be on “Track 1” (not a term in the Bill but widely used across Canada)
        - If they do not have RFND they are on “Track 2”
- Only one independent witness is now required
- Mental illness is not considered to be an illness, disease or disability for the purposes of MAiD (until March 2023)

Track 1 - RFND

- No waiting period (previously 10 full day wait between request and MAiD, although MAiD could be expedited if death or loss of capacity was thought to be imminent. Happened about 30% of the time)
- Waiver of Final Consent (WFC)
    - Patient may waive the requirement for informed consent on the day of MAiD
    - Date of MAiD is agreed between patient and MAiD provider (NB only that provider). Anything from a few days to 6 months; rarely longer
    - MAiD provider may carry out MAiD on any day up to the agreed date even if the patient has lost capacity
    - If the date on the WFC approaches and patient is not ready for MAiD, new WFC drawn up

Track 2 - no RFND

- 90 full day assessment period from the day that the assessment process starts (usually taken as the day of the first chart review by the first assessor to see the patient)
- One of the assessors must have “expertise” in the condition causing the patient’s suffering. If neither does then a clinician who has that expertise must be consulted. NB Expertise does ***not*** mean a consultant/specialist
- The assessors must ensure that the patient has been informed of the means available to relieve their suffering and has been offered appropriate consultations
- Assessors must agree that the patient has given serious consideration to these means
- No WFC permitted (unless the patient’s condition changes such that loss of capacity appears imminent i.e. patient effectively becomes Track 1 so may sign WFC)

Assessing for MAiD

- Two assessors, one of whom must be the Provider
- Assessors must confirm that all criteria are satisfied, request is voluntary, and patient understands all alternatives to MAiD and has capacity
- Either assessor may refer patient for capacity assessment if this is unclear

Capacity

- The ability to understand one's illness and treatment choices and the consequences of one's decisions. To be able to make an informed choice and give consent

- The more significant the consequences of the decision the greater the degree of capacity needed

- Must have capacity to consent both at the time of the assessments ***and*** at the time that the medically-assisted death is planned to go ahead (unless WFC)

Assessment of capacity

- Existence of capacity is usually obvious during the assessment
- Cases where it is not clear: psychiatric or geriatric assessment needed
- May also needed in presence of significant mental health issues that might be impacting on decision-making
- NB until March 2023 mental health problems may not legally be the primary reason for seeking MAiD, but their presence does not necessarily make someone ineligible for MAiD

Bringing up MAiD as an option

- All patients ought to know all of their options
- Making a person aware of MAID as an option is not counselling suicide
    - CMPA and CNPS are clear on this
- FPs might consider asking all patients over a certain age what their attitude to MAiD is. *“If in the future you and I were having to have an end-of-life discussion about your choices because you had a serious and incurable illness, would you want me to include information about medical assistance in dying?”*

Duties of physicians

College of Physicians and Surgeons of BC

Transfer of care

Registrants who object to MAiD on the basis of their values and beliefs are ***required to provide an effective transfer of care for their patients by advising patients that other practitioners may be available to see them, suggesting the patient visit an alternate physician or service,*** *and if authorized by the patient, transferring the medical records as required.* ***Where needed, registrants must offer assistance to the patient and must not abandon the patient.*** *Any registrant receiving a written request for MAiD who transfers the care of the patient to another provider or care coordinator for any reason must complete the provincial form to report details about this transfer of care.*

Alternatives to MAiD

- Standard palliative care
- Palliative sedation (PS)
    - Does not require patient to have capacity
    - Health representative may ***request/authorize***
    - ***Decision*** to use PS is for the clinicians not the patient or health representative
    - Patient must be within 1-2 weeks of natural death
    - Under-utilized
        - Inexperience?
        - Concerns re legality?

MAiD itself

Rural issues - general

- Lack of MAiD providers: if you practise in an area with no MAiD providers, maybe become one
- Distance between MAiD clinicians and patients: currently in BC both assessments may be via telehealth (changed due to COVID)
- Distance to hospital/hospice: may influence choice of location
- Some faith-based institutions prohibit MAiD: issue especially if sole provider locally of acute, longterm or hospice care
    - Forced transfers
    - Local campaign?
- Access to MAiD drugs: only some pharmacies will dispense, physician must pick up (return may now be delegated): may be great distance away

Rural issues - IVs

- IV issues
  - Two IVs (always, in my opinion)
  - some HAs e.g. VCH are developing plans for Rapid Response IV teams in case of IV failure
  - Consider pre-procedure PICC or Powerglide (U/S guided) insertion as outpatient in nearest hospital
  - Consider intraosseous access
  - Have a plan for transportation to hospital or for postponement: all MAiD providers in Island Health have HA-wide MAiD privileges in all Island Health facilities

Planning the event

- Discuss with the patient and their family
  - Who shall attend? How to invite them. What about children?
  - Location. Home, hospice, hospital, park.
  - Who will be in the room?
  - Ceremonies
  - Saying goodbyes; before and at the time of event
  - Funeral arrangements; expected death at home form (some health authorities?)

Providing MAiD (1)

- Provider and MAiD Support Nurse
- Family and friends present as per patient’s wishes
- Ceremony if wished, pastor, wine, music, etc, etc, etc
- Patient (or proxy) must sign consent form if patient has capacity; WFC if not
- Two IV cannulas sited
- Give patient and family time for last goodbyes
- Encourage family and friends to get physically close to patient (if on a bed, spouse or child will often choose to cuddle up to patient)
- Patient also gives final, verbal confirmation prior

Providing MAiD (2)

- 4 drugs
    - Midazolam - works in 30-60 seconds
    - Lidocaine
    - Propofol - 4 x 30 ml syringes
    - Rocuronium
    - Bupivicaine (optional) - 4 x 30 ml syringes
- Death confirmed by listening to the heart

Providing MAiD (3)

- Things to warn family and friends about:
    - Turn off cellphones (including your own)
    - Snoring with Midazolam
    - Occasional noisy breathing with Propofol
    - Cyanosis with Propofol
    - Pallor after death
- Things for Provider to look out for:
    - Frequently death occurs during Propofol injection - still give Rocuronium
    - Fasciculation after Rocuronium - can take a long time to stop

Providing MAiD (4)

- Funeral home called by family member when ready after patient has died
- Death certificate
    - MAiD as cause of death
    - Main medical condition as the disease leading to MAiD
    - Natural death (***not*** a suicide)
- Coroner informed - minimum 4 forms by fax

Emotions - the person

- Acceptance
- Certainty
- Pleased to have the choice
- Pleasure in surroundings especially if able to be at home
- Calm
- Rarely sad
- Sometimes playful (jokes, teasing, comments to doctor)

Emotions - the family

- Often sad, often grieving already
- Supportive of the person and of the professionals
- Pleased the person has the choice
- Grateful for their loved one’s release from suffering
- Grateful that MAiD is legal
- Sometimes a party; celebratory atmosphere

Emotions - the professionals

- Privilege - being part of such an important part of the person’s life journey
- If the family physician - pleased to be able to offer this final act of care to the patient and their family
- Loss - especially if it is a person one has looked after for years
- Grateful - that we and the family and friends are now allowed to help a person in this way

Controversies

- Track 2: a threat to the disabled?
- Mental Disorder as Sole Underlying Medical Condition (MD-SUMC): legal from March 2023

Track 2 and the disabled

No evidence of a rush to Track 2 by disabled patients

- Prior to Bill C-7
    - Estimated that 15% of all MAiD applications would be Track 2
- Actual:
    - 5% of applications are Track 2.
    - Canada-wide 2-4% of all MAiD provisions are Track 2
    - 2% in BC (0.11% of all deaths)

MD-SUMC (1)

- Legal from March 2023
- No new law expected: will be dealt with as Track 2 cases
- Benelux figures
    - 50-90% rejection rate
    - 3-5% of all provisions

MD-SUMC (2)

An attitude problem: weaker support

- Significant antipathy towards MAiD for MD-SUMC within the psychiatric community
- Less support from general public (Ipsos Mori, 2021)
    - Support for Carter/Bill C-14: 87%
    - Support for removal of RFND requirement: 69%
    - Support for MAiD for those with mental illness: 65%

MD-SUMC (3)

A resource problem: mental health services

- BC is short 200 psychiatrists
- Island Health MAiD Leadership Team points out the following ethical issues:
    - Is it possible to determine that someone's condition is "irremediable" when access to mainstream treatment is difficult or restricted?
    - Is it reasonable to refuse MAiD to someone when the time they will spend accessing or failing to access mainstream treatments is also time spent suffering?
    - Is it fair to prioritize access to treatment or consultation for a particular individual because they have applied for MAiD? (risk of gaming the system?)

MD-SUMC (4)

A resource issue: Track 2 assessors and providers

- Most MAiD assessors and providers do not do Track 2 work. The Island Health MAiD Leadership Team has identified the following reasons:
    - Medical, psychological and social complexity of the cases
    - Amount of work and emotional commitment involved in each case
    - Lack of appropriate and timely remuneration (the pre-C-7 fee caps remain. 1.75 hours for assessors, 2.25 hours for providers)
    - Absence of structured professional support
- In addition, some MAiD providers do not do Track 2 work, and are even less likely to take on MD-SUMC Track 2 cases, because this work crosses their own ethical line: they see MAiD as an end-of-life option not an option to prematurely end a life

Additional Resources

- Health authority MAiD websites
- Forms for MAiD
    - https://www2.gov.bc.ca/gov/content/health/accessing-health-care/home-community-care/care-options-and-cost/end-of-life-care/medical-assistance-in-dying/forms
- CPSBC
    - https://www.cpsbc.ca/files/pdf/PSG-Medical-Assistance-in-Dying.pdf
- CAMAP
    - www.camapcanada.ca
- Third annual report on MAiD in Canada 2021
    - https://www.canada.ca/en/health-canada/services/medical-assistance-dying/annual-report-2021.html
- Final Report of the Expert Panel on MAiD and Mental Illness
    - https://www.canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/expert-panel-maid-mental-illness/final-report-expert-panel-maid-mental-illness.html