



MAiD WEBINAR FAQ

*This document contains answers to participant questions asked at the webinar **Discussing MAiD: Compassionate Conversations on End-of-Life Care**. For more information on MAiD, please refer to the webinar resources.*

Q1: How far in advance can patients plan for MAiD?

Patients can plan as far in advance as they want. Check with your local health authority as some health authorities have waitlists and prioritize according to patient time-frame/urgency of request/concern about loss of capacity

Q2: I care for many patients with neurodegenerative disorders and they want to start planning early on in the disease process. How would this work? What if they lose capacity after completing the MAiD assessments?

With Neurodegenerative disorders like ALS or Huntington's, we know what the patient's health decline will look like and it's good to start discussions about what the patient wants, or does not want, and what options they might want to consider. Their cognitive capacity might wane. If they're interested in pursuing MAiD, one component that will help with planning is knowing that there is a Waiver of Final Consent (WOFC). However, a WOFC requires setting a date to induce MAiD, and patients are often not prepared to do this. For that reason, it's important to check in with these patients periodically. As their health declines, they will feel more ready to set a date. A WOFC is also dependent on the provider so encourage your patients to have a discussion with the provider once they have been assessed

Patients always have the option to push their date further into the future or decide not to go through with assisted dying at all if their scheduled date arrives and they aren't ready.

Q3: How do we protect those most vulnerable? I know that suffering/tolerability is defined by the patient, but what happens if opportunities for improvement are something the patient can't afford but is available to others (extended benefits, stable housing, etc.)?

This is a very difficult situation; it comes back to the MAiD criteria. Does this person have a grievous and irremediable disease? Is their health declining? Are they suffering intolerably? If so, where are they in this process?

All we can do is give our best efforts to relieve the suffering in a way that's possible and acceptable for the patient. Connecting patients from a vulnerable population with a skilled healthcare professional can be key. Having someone to rely on that is involved in their care can make a big difference.

Q4: Which members of the healthcare team can legally complete a MOST/Code Status? (E.g. MD, RN, NP, PT, OT, SLP)

The answer varies for the different health authorities. For Island Health, it must be a healthcare practitioner or provider.

Q5: Can patients apply for MAiD in advance so they're prepared when their suffering becomes unbearable?

Yes. If the patient has a grievous and irremediable medical condition, but they aren't ready to go through with MAiD yet, they may apply to be assessed so they're prepared when their suffering becomes too much.

Some patients complete their first MAiD assessment and stop at that point. Knowing that they are eligible for MAiD gives them a sense of relief and peace. This allows them to enjoy the quality of life they have at that time. When their quality of life starts to decline, they are closer to deciding if they want to proceed with the next steps in MAiD, or change their mind and proceed with another path like palliative care.

Q6: I hear there's a long waiting list at the MAiD Coordination Centre and many people are dying before provision. Is that true?

That's hard to know. When people call the MAiD Coordination Centre, they try their best to attach those patients for assessments, and they will do this more quickly for urgent situations. If it's not possible, they will make sure the patient has the resources they need to support them to a natural death.

Q7: How do we make sure that seriously ill people aren't repeatedly asked if they want MAiD, potentially inadvertently giving patients the impression that they are a burden and "should" proceed with MAiD?

In the hospital setting, patients are rarely asked directly if they want MAiD. Rather, they're asked more broad questions like "what do you see as the next steps?" or "how can we help you?" or "what is important to you at this time?". Patients are rarely angry when asked a broad question. Usually, they display more feelings of relief as they are given the opportunity to discuss it.

It's important to keep the door open at all times for these discussions. People can be hesitant and apprehensive to start these conversations as they often haven't even had a chance to speak with their family and friends about it. Present yourself as a person who will listen, and meet them where they're at. Even if it's just one or two general curiosity questions.

Encourage your patient to follow up with the local MAiD office if they are concerned about a MAiD conversation they had that they found was inappropriate.

Q8: What are our legal obligations when a patient brings up the topic of MAiD?

Our obligation is to inform patients of the options that are legal in Canada. Assisted dying is a legal option. If a patient brings up assisted dying, healthcare providers need to provide them with information.

Q9: Some patients are extremely frail due to old age and struggle with coping. Is MAiD appropriate for these patients? If yes, how is MAiD then brought up?

It depends on the scale. Clinical frailty can be a stand-alone determination of end-of-life illness. It can be helpful to rely on the clinical frailty scale. It provides a shared understanding of the language around frailty and it resonates with patients. Clinical frailty is often an accumulation of chronic illnesses that have slowly impacted the patient's quality of life. Another recommendation is to use the mortality index to reassure yourself and talk to the patient about life expectancy given the burden of chronic disease and age. It provides information on a reasonable foreseeable death and helps facilitate conversations with the patient when discussing the trajectory of the rest of their life.

The goal of conversations with these patients is not about discussing MAiD. Rather, it's about having a goals of care conversation for this stage of their life. Phrase it as a question: "do you want to talk about what the next stage of life holds for you?" These life goal conversations will help guide you to serious illness/end-of-life conversations where bringing up palliative care and MAiD may be appropriate.

Q10: I'm having trouble wrapping my head around the idea that a patient must have intolerable suffering, but they say they can tolerate it for another 6 months or more until their condition progresses.

It's just part of the process, and there's no absolute right answer to this question. The 6-month delay acts as a safety guard for the patient – they want to have things in place.

Sometimes the suffering is from the anxiety of not knowing what the future holds and what options they have (e.g. do they qualify for MAiD?). The anxiety and stress can be so overwhelming that the patient can't enjoy their life. Once they're told that they do meet the criteria for assisted dying, a lot of that psychological suffering goes away. The patient finds they can put up with their health condition for another few months as they know what options they have at the end.

Q11: If I understand correctly, soon patients suffering from mental health problems will become eligible for MAiD. Mental health patients commonly express thoughts of suicide – how can we manage this?

That will be difficult to answer, as the new legislation is not yet released and there may be additional safeguards that are in place. When patients express suicide, we have to consider that this is serious and

may be imminent, so it's possible an urgent referral for psychiatric assessment and/or admission may be needed.

Q12: For dementia patients with fluctuating capacity, can they still self-refer for MAiD?

All patients must complete a written request for MAiD. They must complete this request on their own. Once the request is completed, they can submit this to their primary care provider or to the MAiD coordinating office. The form is available online. In BC, it is the 1632 MAiD Request Form.

Q13: How do you deal with patients who do not disclose their decision for MAiD to their family because they have opposing views? Is there bereavement support for the family members?

In general, reconciliation between family members is strongly encouraged. Planning the time and date of one's own death allows opportunity to have those conversations, or at least to write a letter, or try and reach out. However, the decision to request MAiD, be assessed for MAiD and ultimately to proceed with MAiD is the patient's decision alone, assuming they meet the criteria.

At the completion of an assisted death, there are the same bereavement supports for family as for a natural death. There is also a MAiD specific bereavement group, currently called [Bridge C-14](#).

Q14: How can a patient ensure that their decision to proceed with assisted dying can't be overruled by opposing family members when they are no longer of sound mind?

If a patient is worried about being overruled by family members, it's helpful to indicate that to the health care provider (NP or MD) doing the assessment. Usually, part or all of the assessment is done with the patient alone, to look for elements of coercion. In most situations, the person must give consent to proceed with MAiD themselves, at the time of the provision. Only when there is a Waiver of Final Consent in place can the practitioner proceed with MAiD when capacity is lost. The person must have set a date in place. In most cases where family members oppose, but the person is determined, they will proceed with MAiD while they still have capacity.

Q15: How do you deal with the blame that family members with opposed views to MAiD can put on you as the healthcare provider?

In most cases, family members are supportive and understanding of their loved one's decision. Even when they first disagreed, they often come around to being able to support and be present on the day of the death. There is more support and gratitude from family than blame. Therefore, in situations where there may be blame, there are most often others who feel differently. In addition, the patient is the one who asked for and received MAiD, and our obligation as healthcare providers is to the patient. Keeping this in mind, the documentation is important. Sometimes it may be necessary to reach out to other MAiD providers.

Q16: Is there a time limit between assessment 1 and assessment 2?

No. In fact, they can be done on the same day if the situation is urgent. Usually, it is done on different days.

Q17: What are the parameters for individuals who are incarcerated to access MAiD?

Incarcerated people can access MAiD, though there are only a few reported cases. They are equally permitted to be assessed and receive MAiD, though there may be fewer options about where MAiD occurs.

Q18: Do you take a different approach to having conversations about assisted dying when the patient is a young adult?

If the person is over 18, they can request MAiD if they meet the criteria. The assessment process is the same.

Q19: How can I introduce the topic of end-of-life care with my patient? I find it hard to start the conversation.

Please refer to the webinar resources. One of the documents includes MAiD introductory phrases that can be helpful when starting these end-of-life care conversations.

Q20: How quickly can MAiD be implemented? If a patient has a date set in 1 month, but their illness takes a turn for the worst, can their date be moved up?

Yes, the date can be changed as often as needed. Encourage the patient to have this conversation with their MAiD provider so they understand what the back-up plan is, if the provider is on holiday or unavailable.

Q21: How do I best approach/introduce the option for MAiD to patients without giving the impression that I'm giving up on them?

Perhaps it may help to reframe that. Offering MAiD may be a way to complete the journey with them, and going with them, rather than giving up. Some patients may feel abandoned if you don't bring it up, or don't do an assessment if you have known them many years.

It may be helpful to say "it seems that we are running out of options to make your life longer – what would you like these final months to look like?" Or "I would be remiss if I didn't let you know about assisted dying. Is it something you want to know about?"