

# **NURSING PRACTICE COUNCIL WORKSHOP 2019**

## **DEATH FOR BREAKFAST:**

## AN UPDATE ON

## MEDICAL ASSISTANCE IN DYING

**Chris Parker**

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Queen's University

## Hot Topics in Clinical Practice

>> We welcome all health care professionals to join us **2019 April 25<sup>th</sup>** for a morning of invaluable, informative talks; an opportunity for knowledge-sharing, professional development and networking.

### Hot Topics

- Cannabis 101 (Erin O'Shaughnessy)
- Death for Breakfast: An Update on Medical Assistance in Dying (Dr. Chris Parker)
- The Trauma Factors: Primary and Secondary Traumatic Stress – What's the Difference? (Romney Pierog)



Erin O'Shaughnessy



Dr. Chris Parker



Romney Pierog

Visit <http://www.kgh.on.ca/learning/kghnpcworkshop> for more detail / registration.

### REGISTRATION DEADLINE – 2019 April 17<sup>th</sup>

Registration fees:

- Regular \$10.00
- KGH NPC alternates \$5.00
- KGH NPC rep \$Free

Light refreshment provided by

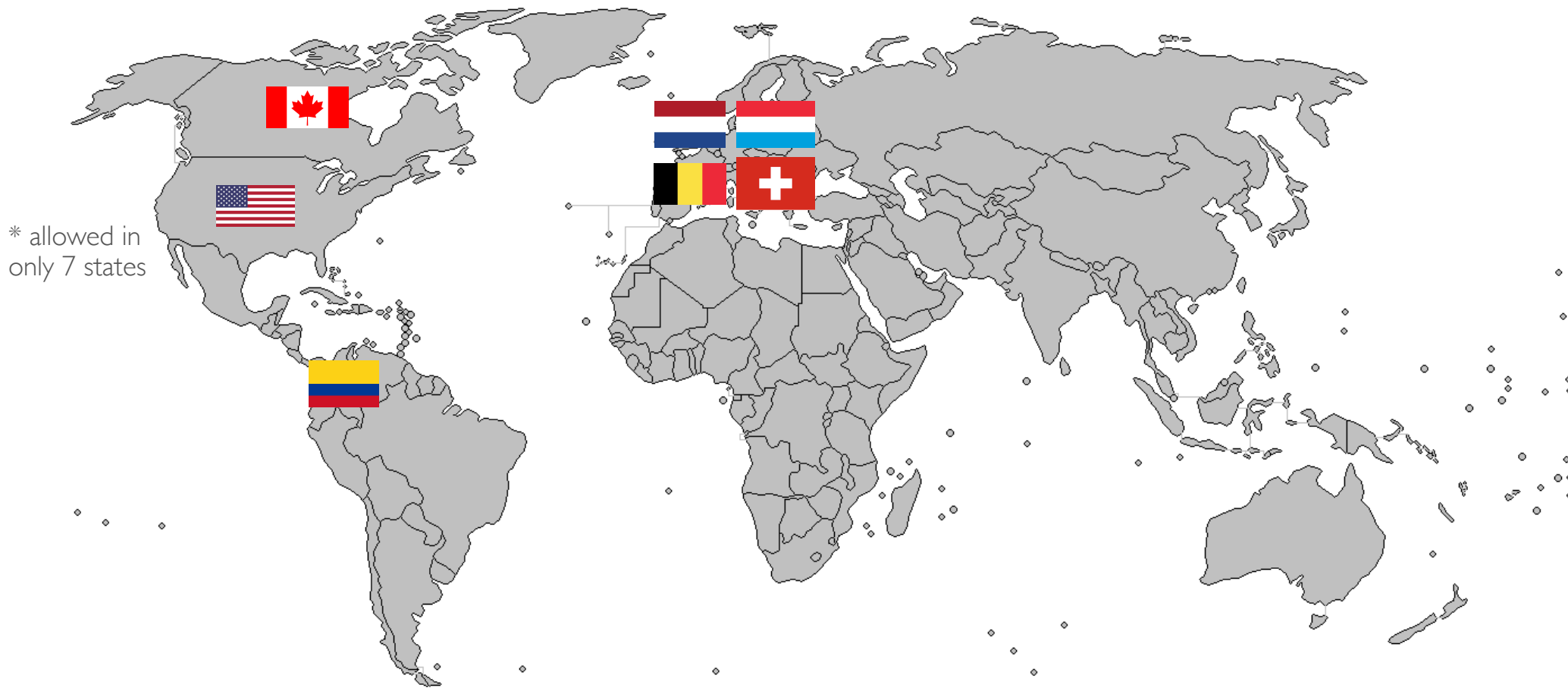


# OVERVIEW

- History of assisted death in Canada
- Eligibility for Medical Assistance in Dying (MAID)
- Experience in Canada/Ontario so far?
- My humble experience (and the experiences of those in the room)



# COUNTRIES ALLOWING ASSISTED DEATH



Colombia (1997)    Netherlands    Belgium    Luxembourg    Switzerland    The (less than) United States    Canada

# HISTORY OF MAID

- 1993: Rodrigues v. Canada (SCC ruled 5-4 against)
- 1991-2010: 6 Private Member's Bills to House of Commons— all defeated
- Feb. 2015: Carter v. Canada (SCC)
  - **existing laws prohibiting assisted death were ruled unconstitutional**

# HISTORY OF MAID

- February 29, 2016: first case of Assisted Death
- Bill C-14: Enacted into law June 17, 2016

# TRUE OR FALSE?

- In Canada, the act of administering a lethal dose of medication to a person with a grievous and irremediable medical condition for the purposes of ending intolerable suffering is considered homicide under the *Criminal Code*

**TRUE**

**(exceptions made to Criminal Code for HCPs providing MAID)**



# ELIGIBILITY FOR MAID

## **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 irremediable medical condition



# ELIGIBILITY FOR MAID

**A person with a *grievous and irremediable medical condition* is defined as:**

- having a serious illness, disease or disability, *and*

2. As an aid to clarity, clinicians can consider interpreting “reasonably foreseeable” as meaning “reasonably predictable” from the patient’s combination of known medical conditions and potential sequelae, whilst taking other factors including age and frailty into account.

3. Clinicians should not employ or support rigid timeframes in their assessments of eligibility for MAID. Bill C-14 contains no requirement for a prognosis having been made as to the length of time the patient has remaining.

**Canadian Association of MAID Assessors and Providers CPGs**

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

# ELIGIBILITY FOR MAID

- To apply for MAID, the patient must complete an application form witnessed by two independent arms-length witnesses
- provisions for individuals who are capable and able to make this decision but cannot sign

# ELIGIBILITY FOR MAID

- Patients requesting MAID are assessed by two independent healthcare providers (MD or NP)
  - assess if patient meets eligibility criteria
  - inform the patient of the process
  - remind the patient of the right to withdraw consent at any time



# SAFEGUARDS

- Witnesses and healthcare providers must be independent
- “Clear Period”
  - 10 full days between when patient signs the application form and the provision of the service
  - may be shortened for patients at imminent risk of death or losing capacity

# OVERSIGHT

- Understandable need to protect vulnerable populations
- Provincial authorities charged with providing oversight to MAID
  - in Ontario: Office of the Chief Coroner
- **NOV. 1/18:** Mandatory Federal reporting of ALL MAID cases (including referrals, denials, MAID deaths, etc.)

# CONSCIENTIOUS OBJECTION

- Patients
- Healthcare Practitioners
- Institutions (including Hotel Dieu, Providence Care Hospitals)



# SINCE JUNE 17, 2016:

## **In Canada:**

- 3,714 MAID Deaths reported as of Dec. 31, 2017
- increasingly, people are choosing MAID
- BC has highest reported rate of MAID

Source: GOC Third Interim Report on Medical Assistance in Dying in Canada, June 2018

# SINCE JUNE 17, 2016:

**In Ontario:**



## Office of the Chief Coroner/Ontario Forensic Pathology Service MAiD Data

Statistics as of March 31, 2019:

• <b>Total number of cases completed in Ontario:</b>	<b>2,897</b>	• <b>Sex:</b>	
		– <b>Female:</b>	<b>50%</b>
		– <b>Male:</b>	<b>50%</b>
• <b>Type:</b>		• <b>Age:</b>	
– <b>Clinician-administered:</b>	<b>2,896</b>	– <b>Average Age:</b>	<b>74</b>
– <b>Patient-administered:</b>	<b>1</b>	– <b>Youngest:</b>	<b>22</b>
		– <b>Oldest:</b>	<b>105</b>
• <b>Setting of death:</b>		• <b>Underlying conditions:</b>	
– <b>Hospital:</b>	<b>48%</b>	– <b>Cancer-Related:</b>	<b>63%</b>
– <b>Private Residence:</b>	<b>43%</b>	– <b>Circulatory/Respiratory:</b>	<b>16%</b>
– <b>LTC Facility/Nursing Home:</b>	<b>4.5%</b>	– <b>Neurodegenerative:</b>	<b>12%</b>
– <b>Retirement Home/Seniors Residence:</b>	<b>4.5%</b>	– <b>Other:</b>	<b>9%</b>
• <b>Number of Unique MAiD Providers:</b>			
– <b>Clinicians:</b>	<b>420</b>		
– <b>Physicians:</b>	<b>392</b>		
– <b>Nurse Practitioners:</b>	<b>28</b>		
– <b>Hospitals:</b>	<b>127</b>		

SOURCE: Office of the Chief Coroner; MAiD Reporting Data, March 2019

# SINCE JUNE 17, 2016:

**In Ontario:**



## Office of the Chief Coroner/Ontario Forensic Pathology Service MAiD Data

Statistics as of March 31, 2019:

- **Clinician Specialty:**
  - **Family Medicine:** 59%
  - **Internal Medicine:** 10%
  - **General Practitioner:** 10%
  - **Anesthesiology:** 8%
  - **Emergency/Critical Care Medicine:** 7%
  - **Surgery:** 2%
  - **Other:** 2%
  - **Oncology:** 2%
  
- **Reflection Period**
  - **% Cases with < 10 clear days:** 24%
  - **Rationale:**
    - **Imminent Loss of Capacity:** 13%
    - **Imminent Death:** 3%
    - **Both:** 8%



# MAID AT KHSC

- First case in July 2016
- ~60 cases so far
- Limited number of assessors and providers
  - Only 3 (maybe 4) current inpatient providers

# WHY DO PATIENTS CHOOSE MAID?

**Table 3. First and second most important reasons for request by diagnosis in patients with completed assisted deaths: N = 112; 12 charts had only 1 reason.**

REASONS	MALIGNANCY (N=48), N (%)	NEUROLOGICAL DISEASE (N=25), N (%)	END-ORGAN FAILURE (N=27), N (%)	OTHER (N=12), N (%)	TOTAL (N=112), N (%)
Loss of control and independence	25 (52.1)	14 (56.0)	13 (48.1)	7 (58.3)	59 (52.7)
Loss of ability to do enjoyable and meaningful activities	21 (43.8)	16 (64.0)	14 (51.9)	4 (33.3)	55 (49.1)
Illness-related suffering (pain, nausea, etc)	35 (72.9)	7 (28.0)	15 (55.6)	10 (83.3)	67 (59.8)
Fear of future suffering	11 (22.9)	9 (36.0)	6 (22.2)	1 (8.3)	27 (24.1)
Previous negative experience around death and dying	1 (2.1)	1 (4.0)	1 (3.7)	1 (8.3)	4 (3.6)

Wiebe E et al. *Can Fam Physician* 2018, 64:674-679.

# EXPERIENCES OF HEALTHCARE PROVIDERS

- Themes emerge:

## **Providing MAID is rewarding work**

I think when you see the patients that are...  
To be able to fulfil someone's dying wish—to be able  
Another participant stated the following: “[The] work  
is so wonderful ... to offer something that these patients  
really, really want and deserve and have the right to. And  
they are so grateful. Oh, my heavens, they're so grateful.”  
the families, the patients—it's a bit overwhelming.”  
and as I say, it's incredible work, really, for the patient.



# HURDLES TO OVERCOME

**Access Barriers**

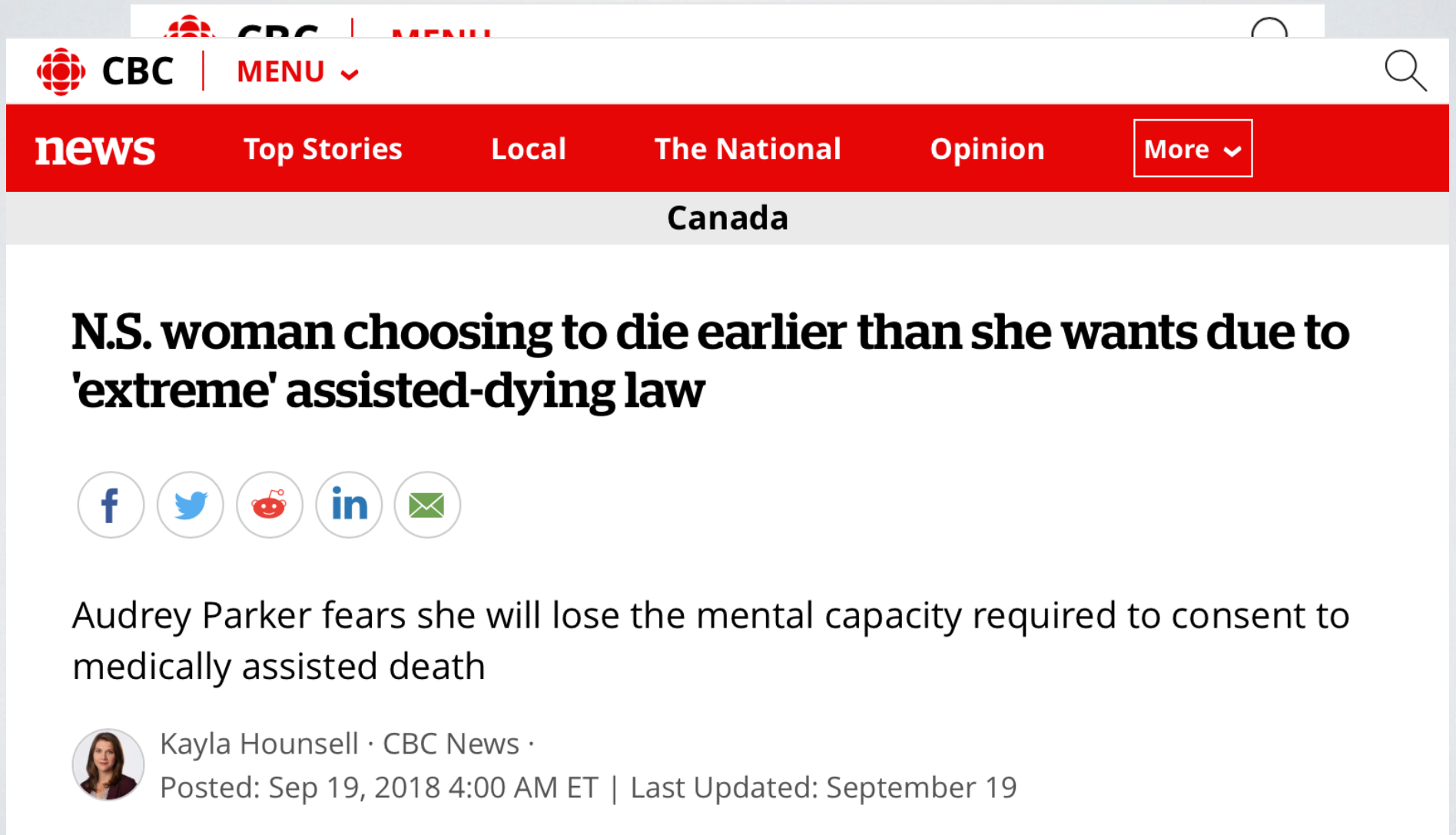
**Remuneration for Time/Services**

**Streamlining/Standardizing Reporting**

**Coordination of resources**

**Revisiting Bill C-14**

# CONTROVERSIES...



The image shows a screenshot of a CBC News article. At the top, there is a navigation bar with the CBC logo, the word "news" in a red box, and links for "Top Stories", "Local", "The National", "Opinion", and a "More" dropdown menu. Below this is a grey bar with the word "Canada". The main headline reads "N.S. woman choosing to die earlier than she wants due to 'extreme' assisted-dying law". Underneath the headline are social media sharing icons for Facebook, Twitter, Reddit, LinkedIn, and Email. The sub-headline states "Audrey Parker fears she will lose the mental capacity required to consent to medically assisted death". At the bottom, the author's name "Kayla Hounsell · CBC News" and the post date "Posted: Sep 19, 2018 4:00 AM ET | Last Updated: September 19" are visible.

**news** Top Stories Local The National Opinion More ▾

Canada

## N.S. woman choosing to die earlier than she wants due to 'extreme' assisted-dying law

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Audrey Parker fears she will lose the mental capacity required to consent to medically assisted death

Kayla Hounsell · CBC News ·  
Posted: Sep 19, 2018 4:00 AM ET | Last Updated: September 19

# AND (LEGAL) CHALLENGES

- Currently:
  - cases before the courts challenging C-14



# THE MAID PROCEDURE

- MAID may be provided in the in- or out-patient setting (shifting towards outpatient provision)
- there is an option for patients to self-administer oral medications (rarely used)
- no set “recipe”

# INPATIENT MAID PROVISION

- Admit to private room
- 2 IVs
- Importance of symptom control pending MAID
- Patient decides who's in the room

# A RECIPE FOR MAID

## **Pharmacy to prepare:**

- lidocaine for each IV
- anxiolytic (e.g. midazolam 10 mg)  $\pm$  narcotic (e.g. fentanyl)
- coma-inducing agent (e.g. propofol 1000 mg)
- paralytic agent (e.g. rocuronium 200 mg)
- cardioplegic agent (e.g. bupivacaine 400 mg)



# THE MAID PROCEDURE

## **Provision of MAID:**

- prior to receiving the lethal dose of medications, the patient **MUST** be able to provide explicit consent to proceed and **MUST** be reminded of their right to withdraw consent

# CONSIDERATIONS FOR THE FUTURE...

- advance directives for MAID
- mature minors
- further clarification on the role of MAID for single-system mental illness

**Report from the Canadian Council of Academies:  
December 2018**



## **William Richard Price**

*November 27, 1944 - June 12, 2018*

On June 12th, surrounded by his wife Keitha, his son Sean and daughter-in-law Kim, his brothers, and his extended family, Rick Price passed away. Rick was always a strong, independent man and just as he chose to live his life, Rick chose his death with medical assistance in dying (MAID). In his final hours, his family and friends toasted him and his life with a shot of his favourite scotch and champagne. With his favourite ABBA music playing, a few tears and some laughs he left us. A huge hole has been left in our world, but the memories of him and our love will always be with us.

Rick was a retired teacher and administrator with the Kingston district school board. During his time with the Board, he served as a teacher, a vice principal, the coordinator of continuing Ed program and coordinator of the education programs offered at the local penitentiaries. Rick was the father of three, and he and Keitha extended their love of kids and family by adopting many hockey players, students, and friends who became a part of their extended family.

Rick loved to try to play golf. Although he thought he was very good, most of his friends will attest to the fact that he could probably throw his clubs further than we could hit a golf ball. He did, however, enjoy many golf trips with the boys, Keitha, and other family members.

Rick was always the captain of his ship and was still the captain when he decided that it was time to head into port. Over the past several weeks, Rick celebrated his life at home and shared his fondest memories with his many friends and family. This was his celebration of life. Over the coming months, Rick's ashes will spread in his favourite places and where he had his fondest memories.

A very special thank you to Kelvin and Cherrill Napier. There are no words to express our love and gratitude. Many thanks to all our family and friends for their support over these past few months and for supporting Rick's final decision to control his own destiny. Donations may be made in Rick's memory to the Kingston General Hospital Foundation.





# RESOURCES

The image shows a browser window displaying the website [camapcanada.ca](http://camapcanada.ca). The browser's address bar and navigation controls are visible at the top. The website's header is dark with the CAMAP logo on the left, which includes the text "CAMAP" and a stylized leaf icon. To the right of the logo, the text "Canadian Association of MAID Assessors and Providers" is displayed. A hamburger menu icon is located in the top right corner of the header.

The main content area features a video player. The video has a dark, moody background showing a lighthouse on a rocky shore under a cloudy sky. The text "MAID" is overlaid in large, semi-transparent letters across the middle of the video. Below this, the text "Medical Assistance in Dying" is written in a bold, white, sans-serif font. Navigation arrows (left and right) are visible on the video player interface, along with a progress indicator in the top right corner.

# RESOURCES

- [www.camapcanada.ca](http://www.camapcanada.ca)
- <http://www.ocpinfo.com/regulations-standards/policies-guidelines/assisted-death/>
- <http://www.cno.org/en/trending-topics/medical-assistance-in-dying/>
- <http://www.cpso.on.ca/Policies-Publications/Policy/Medical-Assistance-in-Dying>