Medical Aid in Dying – An Update

Julie Campbell, Lead, MAID Access, MBA, MN, NP

George P. Kim, MD, MClSc(FM), CCFP, FCFP

Sue Miller, LHSC MAiD Navigator, HBSc, RN, LNC

HOME AND COMMUNITY CARE
SUPPORT SERVICES
South West

London Health Sciences Centre

Planning Committee Members

Dr. Stephen Wetmore

Dr. Scott McKay

Dr. Richard Pawliszyn

Sheena Blasing, Program Coordinator

Disclosure of Financial Support

- **This program has received no financial support from any organization or sponsor.**
- **This program has received no in-kind support from any organization or sponsor.**

Mitigating Potential Bias

- **Presenters received a detailed letter from the Organizing Committee outlining the learning objectives and content expectations for each presentation.**
- ***Conflict of Interest* disclosure forms have been completed by all presenters and reviewed by the Organizing Committee.**

Mitigating Potential Bias

- **Presentations have been reviewed by a member of the Organizing Committee to ensure balance in content and the absence of bias.**

Faculty/Presenter Disclosure

- **Planning Committee Member: Dr. Scott McKay**
  - **Financial compensation:**
    - **London Health Sciences Centre**
      - **Stipend for Medical Advisory Committee Chair & Associate Chief of Family Medicine**
      - **Associate Chief of Family Medicine**
    - **Western University, Department of Family Medicine**
      - **Stipend for Undergraduate Education Director**

Faculty/Presenter Disclosure

Presenter: Dr. George Kim

- **No disclosures.**

Presenter: Julie Campbell

- **Employee of Home & Community Care Support Services South West and an employee of Assistance Services Group.**
- **Board member of the Canadian Association of MAID Assessors & Providers and a Clinical Advisory panel member of Dying with Dignity Canada.**

Faculty/Presenter Disclosure

Presenter: Sue Miller

- **Bridge C14.org**
  - **Member of Advisory Committee**

Presentation: Medical Aid in Dying – An Update

Session Learning objectives:

1. **Identify the March 2021 changes to the medical assistance in dying legislation.**
2. **Discuss how and when to refer a patient requesting MAID.**
3. **Discuss reasons why individuals seek MAID as an option.**

References

Request for medical assistance in dying from a geriatric patient in primary care

Understanding eligibility and promoting a patient-centred approach

Rachel Shour and Madeline Li

Canadian Family Physician September 2021, 67 (9) 675-677; DOI: https://doi.org/10.46747/cfp.6709675

References

Early experience with medical assistance in dying in Ontario, Canada: a cohort study

James Downar, Robert A. Fowler, Roxanne Halko, Larkin Davenport Huyer, Andrea D. Hill and Jennifer L. Gibson

CMAJ February 24, 2020 192 (8) E173-E181; DOI: https://doi.org/10.1503/cmaj.200016

Don

88 year old with interstitial lung disease, secondary to a long history of racing pigeons.

Lives on 8L of oxygen by nasal prongs

Stop prednisone due to diabetes and cushing's

Goal is to see his grand-daughter graduate from University

Has been waking up in the middle night with "air hunger episodes”, which scare him and his spouse.

Brenda

62 year old, with Churg-Strauss, Osteoporosis, Congestive Heart Failure and Chronic Mechanical Low Back Pain.

Living in a retirement home, as she needs assistance, but fiercely independent.

Active member of the Medical School as a standardized patient.

Developed fecal incontinence for reasons unknown to medical team.

Has asked for MAiD.

C14 to C7

Understanding the New MAID Legislation

JULIE CAMPBELL, MBA, MN, NP

LEAD, MAID ACCESS

Ontario

Background

Feb 6 2015

- Supreme Court decriminalizes physician assisted death under the Carter Case – moratorium until June 6, 2016

June 17 2016

- Bill C14 (An Act to amend the Criminal Code for Medical Assistance in Dying) comes into effect

Sept 11 2019

- Quebec Superior Court rules in the Truchon case removing the requirement that death be reasonably foreseeable
- Government decides not to appeal
- Deadline for implementation March 11, 2020 then extended x 4 to March 26, 2021

Preparation for Bill C7

- Federal government held roundtable discussions with over 125 experts and stakeholders
- Public online survey with over 300 000 respondents.

Background

Feb 25 2020

- Bill C7 is introduced by federal government
- Parliament is then prorogued
- Bill C7 reintroduced

Dec 10 2020

- Bill C7 Adopted by the House of Commons

Feb 17 2021

- Senate approves C7 66 – 19 – 3
- 5 amendments
- Inclusion of mental health after 18 mo
- Neurocognitive disorders not categorized with mental disorders
- Statistical data collection to include race based data
- Advance requests
- Review committee of HOC & Senate with specific reporting deadlines

Government Response

- Inclusion of Mental Health – After 24 months
- Rejected amendment on neurocognitive disorders
- Expanded upon amendment for statistical information to include indigenous identity and disability
- Rejected amendment on advance requests
- Amended timelines for reporting from committee
- Establishment of an Expert Panel

Final Steps to a New Law

- March 9, 2021 – Notice of Closure at House of Commons
- March 11, 2021 - House of Commons voted in support of C7 with the government amendments. Bill returns to the Senate.
- March 15, 2021 – House of Commons Representative in the Senate, Senator Gold recommends to the Senate that they accept the amended bill.
- March 17, 2021 – The Senate votes in favor of the government recommendations and sends a message to the House of Commons advising of this result. The Senate then receives notice that at 6:38pm Bill C7 received Royal Assent and was immediately inforce (with the exception of mental health as a sole diagnosis)

Who is eligible?

1. Eligible for publicly funded health services in Canada
2. At least 18 years of age and capable of making decisions with respect to their health
3. "Grievous and irremediable medical condition" = all of the following:
   - A serious and incurable illness, disease or disability
   - In an advanced state of irreversible decline in capability
   - The illness, disease or disability or that state of decline causes enduring physical or psychological suffering that is intolerable and cannot be relieved under conditions that they consider acceptable
   - ~~Natural death has become reasonably foreseeable, taking into account all of their medical circumstances, without a prognosis necessarily having been made as to the specific length of time that they have remaining~~.
   - Exception until March 2023 – sole diagnosis mental health not eligible
4. Voluntary request, no external pressure
5. Informed consent, and counseling regarding other means available to relieve their suffering including counselling, mental health, disability support services, community services, and palliative care and referrals to those services. Track 2 patients must give serious consideration to the means to relieve their suffering.

Key Changes

- Two track system
  - Track 1 – Patients with a RFND
    - One witness – can be a care provider
    - Waiver of final consent
    - No reflection period required
    - Additional reporting requirements
    - Must ensure patients have informed consent including palliative care

Key Changes

- Two track system
  - Track 2 – Patients without a RFND
    - One witness – can be a care provider
    - 90 day assessment period
    - One of the assessors must be, or must consult with someone who has expertise in the condition causing the patient's suffering and must share the results of that expertise with the other practitioner
    - Additional reporting requirements
    - Must ensure patients have been informed of all means available to relieve their suffering including where appropriate, counselling services, mental health and disability support services, community services and palliative care and has been offered consultations with relevant professionals who provide those services.
    - Agree that the patient is aware of the reasonable and available means to relieve their suffering and agree that the patient has given serious consideration to those means.

Key Changes

- Collection of race, indigenous and disability data (if patient agrees to collection of this data)

- Establishment of a panel of experts within 30 days of royal assent to study and analyze the suggested protocols, guidelines and protections for MAID requests from patients with mental illness as their sole condition for assessment. This panel would report back in one year. Recommendations from this panel will be tabled in Parliament.

- Establishment of a joint committee of the Senate and House of Commons within 30 days of royal assent to study important issues such as advance directives, mature minors, palliative care, mental illness and the protection of Canadians with disabilities and any other subject they deem important to this work. They will report in one year.

Final Consent - Waiver

- Prior to losing capacity…
  - Met all criteria for eligibility and safeguards
  - Entered into a written arrangement with the MD/NP that the MD/NP will administer a substance to cause their death on a certain day.
  - Were informed by the MD/NP of the risk of losing capacity
  - In the written arrangement they consented to MAID on or before the day specified if they lost their capacity to consent prior to that day.

Patient has lost capacity to consent to MAID

At provision

- The patient does not demonstrate by words, sounds or gestures, refusal to have the substance administered or resistance to its administration (involuntary words, sounds or gestures made in response to contact do not demonstrate a refusal or resistance) and
- The substance is administered to the person in accordance with the terms of the arrangement.

If a patient does demonstrate refusal by sounds or gestures their advance consent becomes invalid.

Advance Consent – Self-Administration

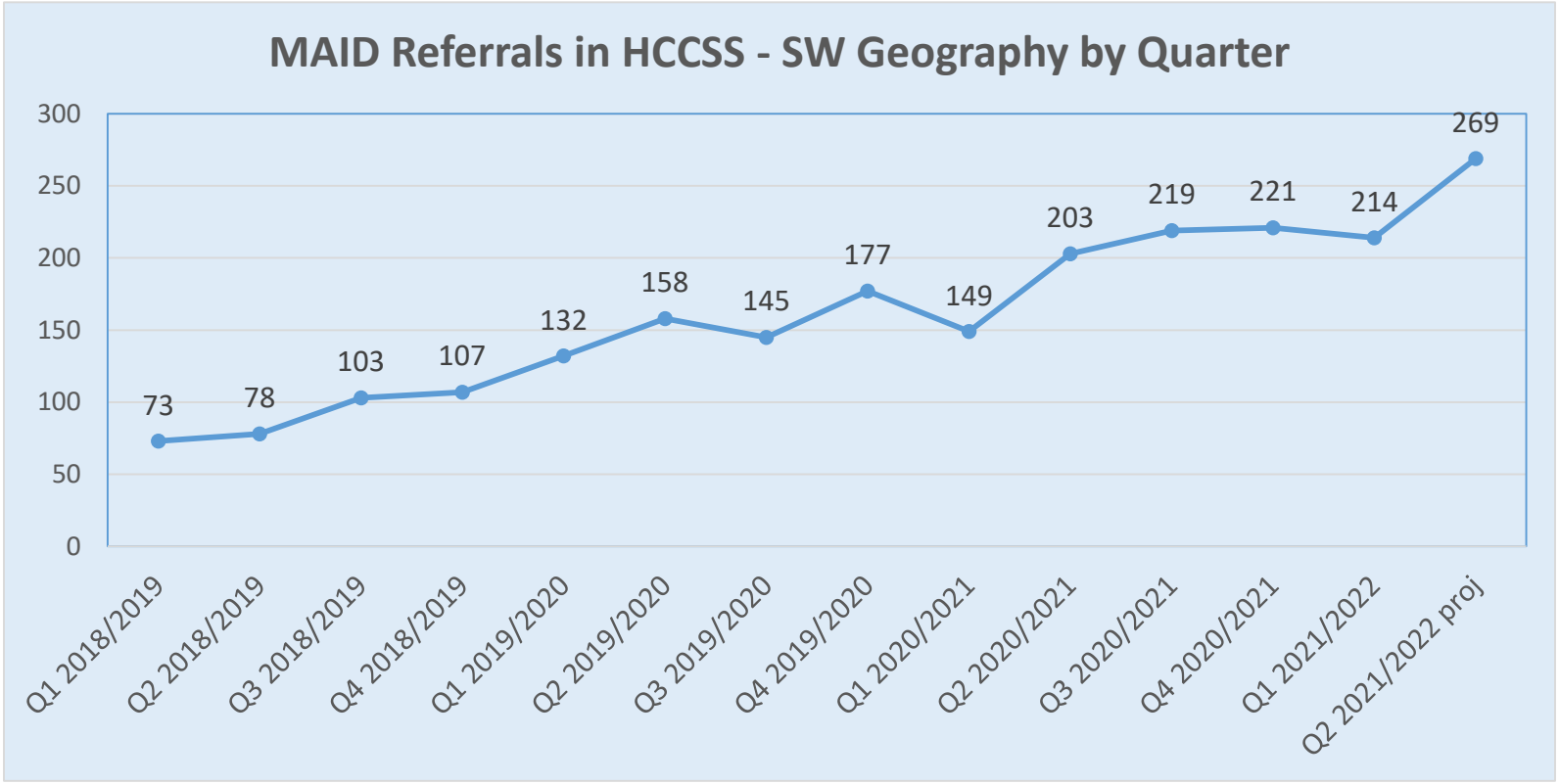
- If a persons loses capacity to consent to MAID after self-administering a substance provided to them under this section to cause their own death, an MD/NP may administer a substance to cause the death of that person if…
  - Before they lose capacity they entered into a written agreement with the MD/NP agreeing that
    - The MD/NP would be present at the time of self-administration
    - Administer a second substance to cause death if they did not die following self-administration in a specified time
  - That they don't die within the specified time period after self-administration and have lost their capacity to consent
  - The second substance is administered in accordance with the terms of the arrangement.

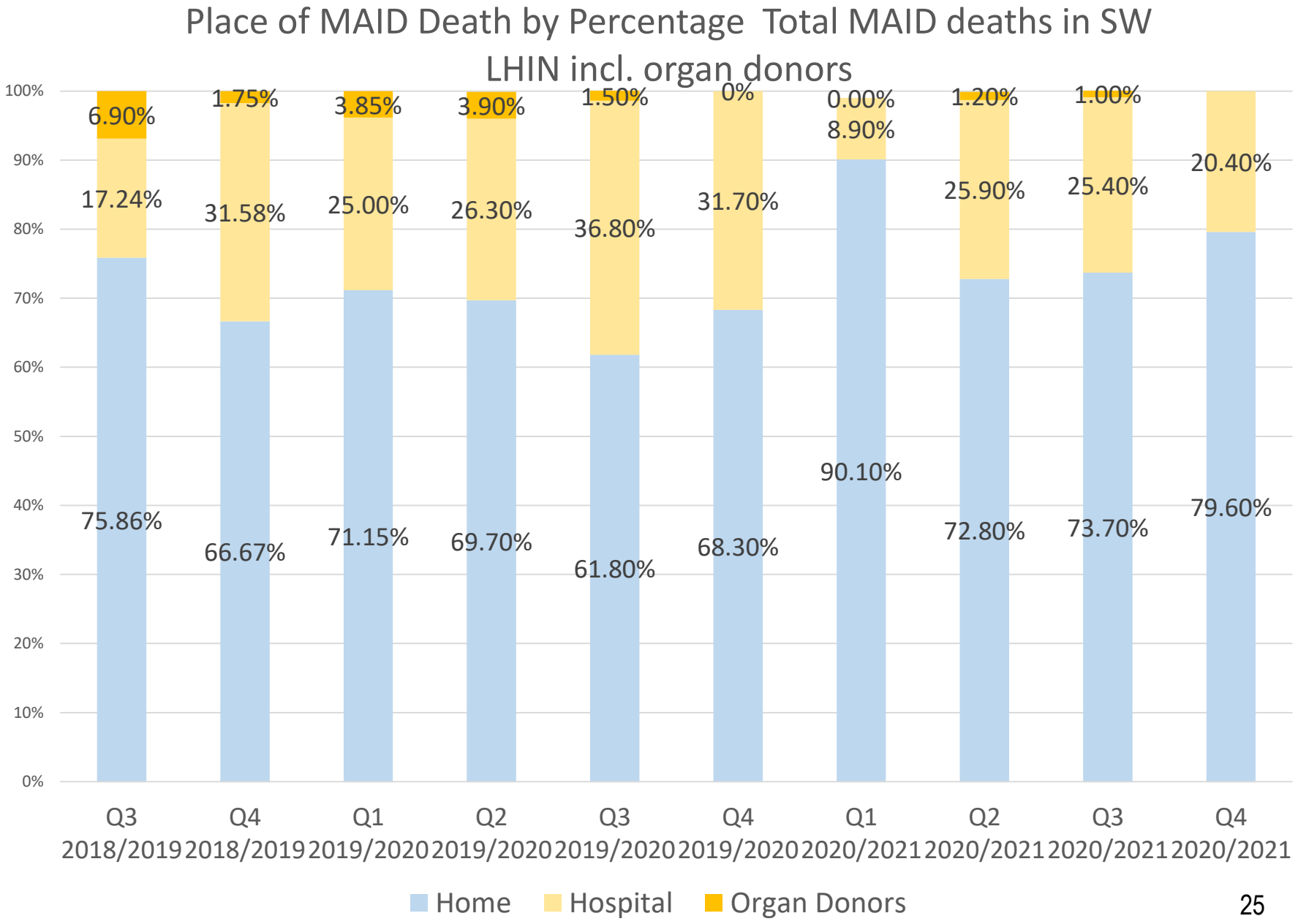
Statistics

Total # Completed Cases in Ontario as of August 31, 2021 8571

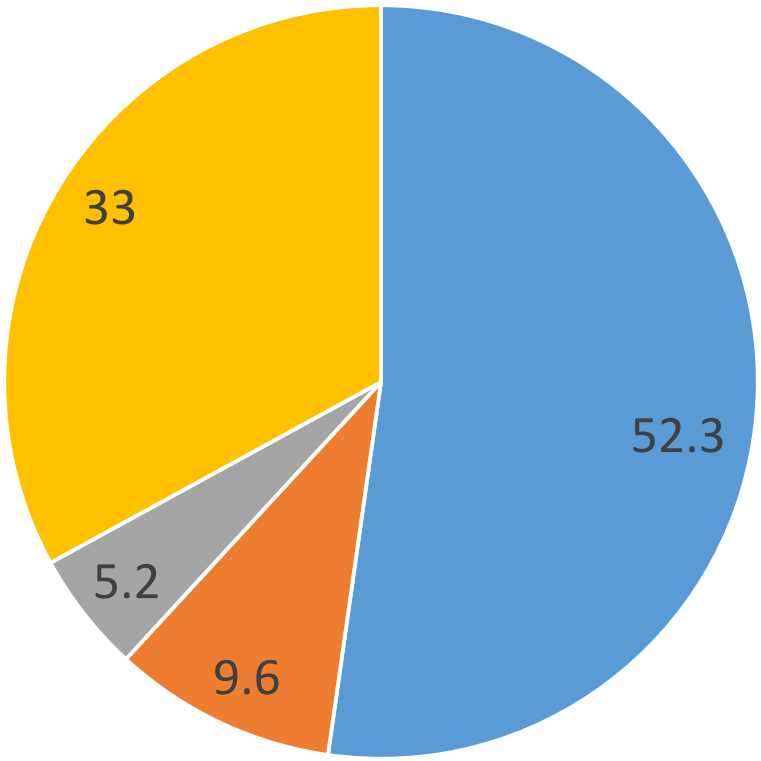
Clinician Administered 8569 Patient Administered 2

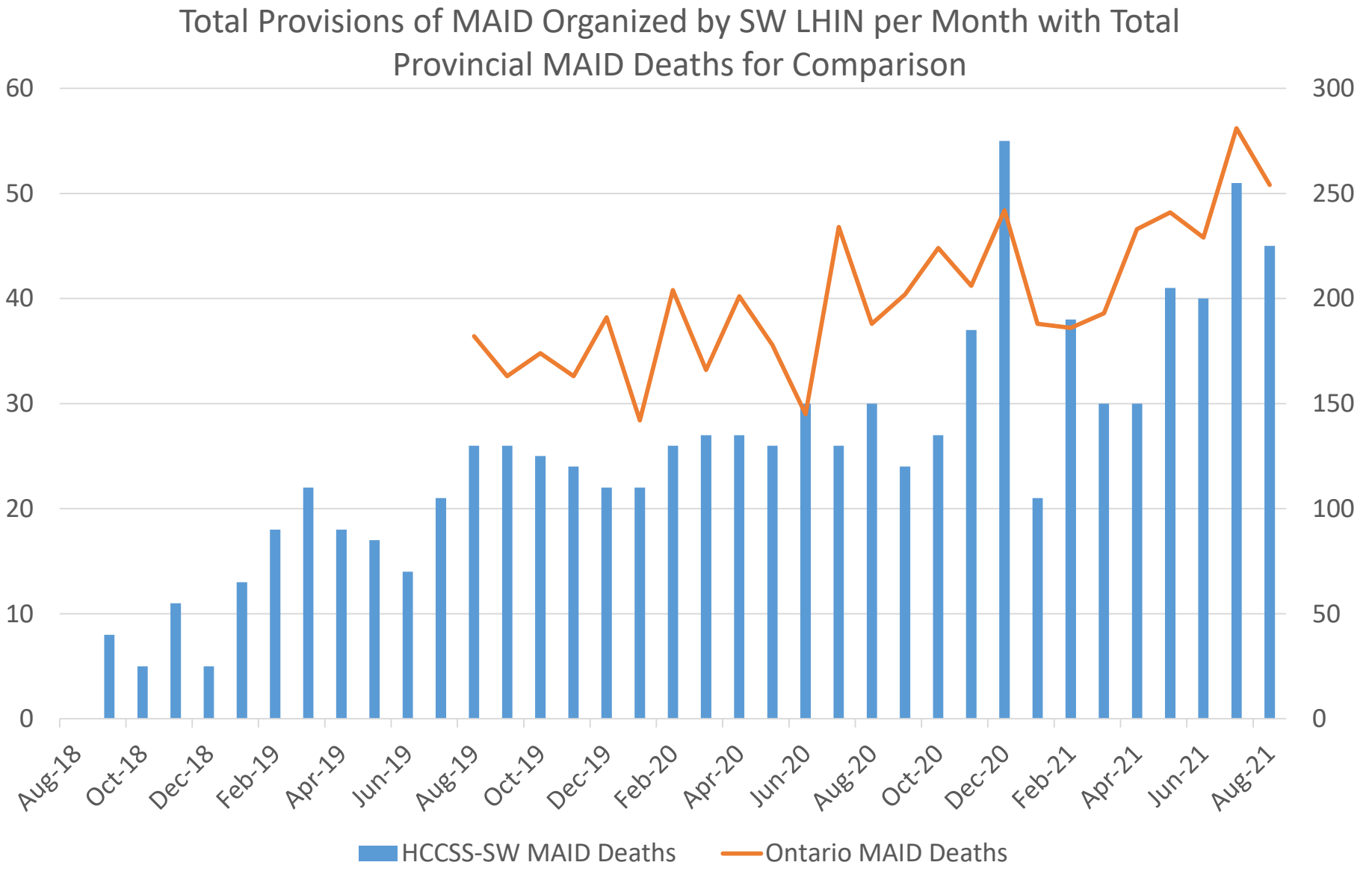
Female 50% Male 50% Youngest 20 Oldest 114 Average Age 75

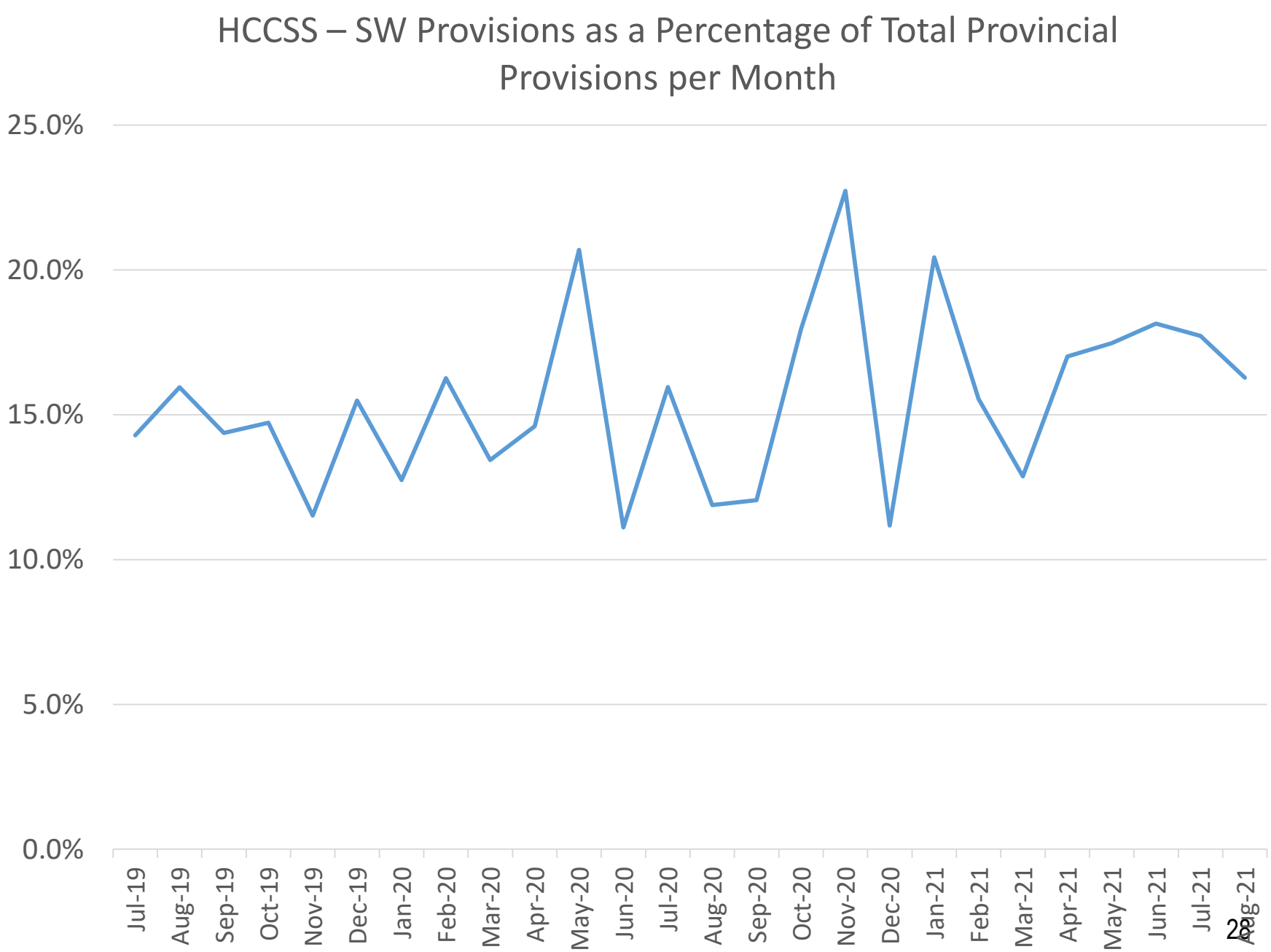



Place of MAID Death by Percentage Total MAID deaths in SW LHIN incl. organ donors
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
6.90%
17.24%
75.86%
1.75%
31.58%
66.67%
3.85%
25.00%
71.15%
3.90%
26.30%
69.70%
1.50%
36.80%
61.80%
0%
31.70%
68.30%
0.00%
8.90%
90.10%
1.20%
25.90%
72.80%
1.00%
25.40%
73.70%
20.40%
79.60%
Q3 2018/2019
Q4 2018/2019
Q1 2019/2020
Q2 2019/2020
Q3 2019/2020
Q4 2019/2020
Q1 2020/2021
Q2 2020/2021
Q3 2020/2021
Q4 2020/2021
Home
Hospital
Organ Donors

Outcome of MAID Referrals in HCCSS - SW August 1, 2018 to August 31, 2021




Total Provisions of MAID Organized by SW LHIN per Month with Total Provincial MAID Deaths for Comparison
60
50
40
30
20
10
0
300
250
200
150
100
50
0
Aug-18
Oct-18
Dec-18
Feb-19
Apr-19
Jun-19
Aug-19
Oct-19
Dec-19
Feb-20
Apr-20
Jun-20
Aug-20
Oct-20
Dec-20
Feb-21
Apr-21
Jun-21
Aug-21
HCCSS-SW MAID Deaths
Ontario MAID Deaths


HCCSS – SW Provisions as a Percentage of Total Provincial Provisions per Month
25.0%
20.0%
15.0%
10.0%
5.0%
0.0%
Jul-19
Aug-19
Sep-19
Oct-19
Nov-19
Dec-19
Jan-20
Feb-20
Mar-20
Apr-20
May-20
Jun-20
Jul-20
Aug-20
Sep-20
Oct-20
Nov-20
Dec-20
Jan-21
Feb-21
Mar-21
Apr-21
May-21
Jun-21
Jul-21
Aug-21

Patient Centered

Thank You!

Questions or Comments?

We would be pleased to connect any time:

Julie.Campbell@lhins.on.ca

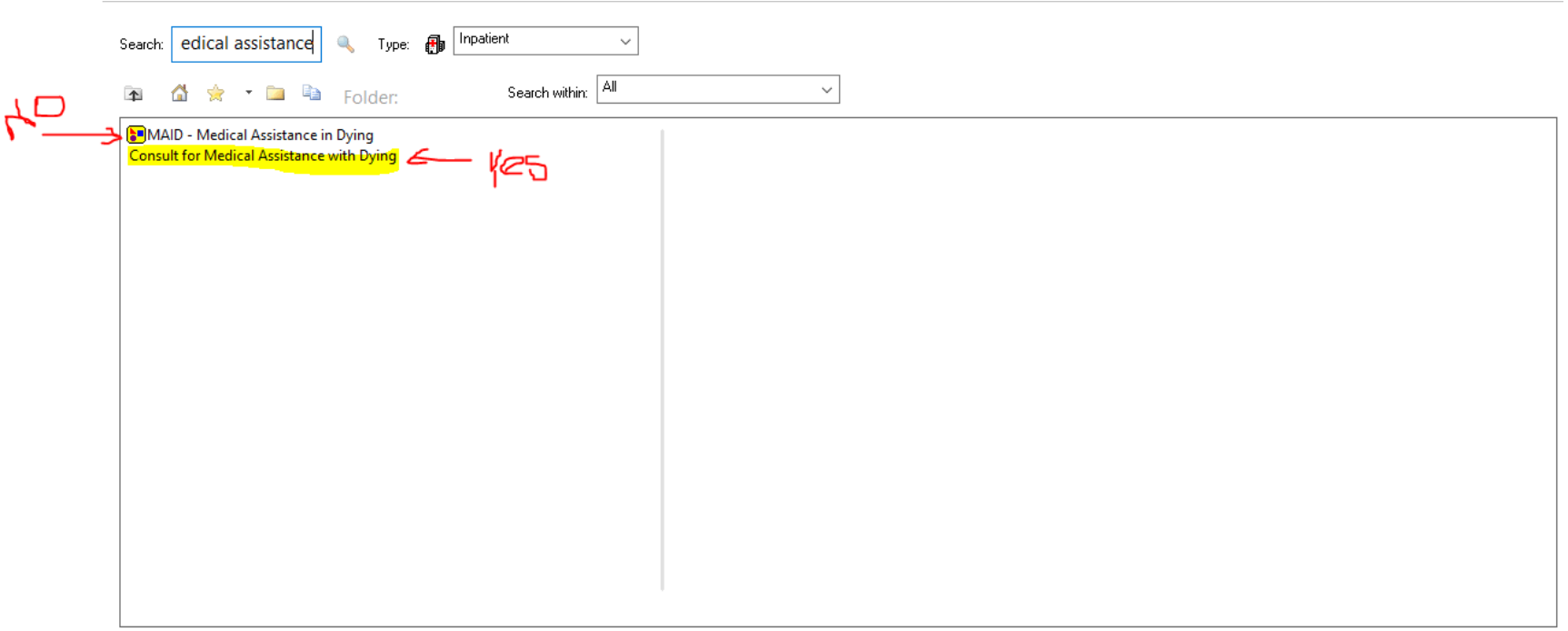
519-955-4455

London Health Sciences Centre

MAiD at LHSC

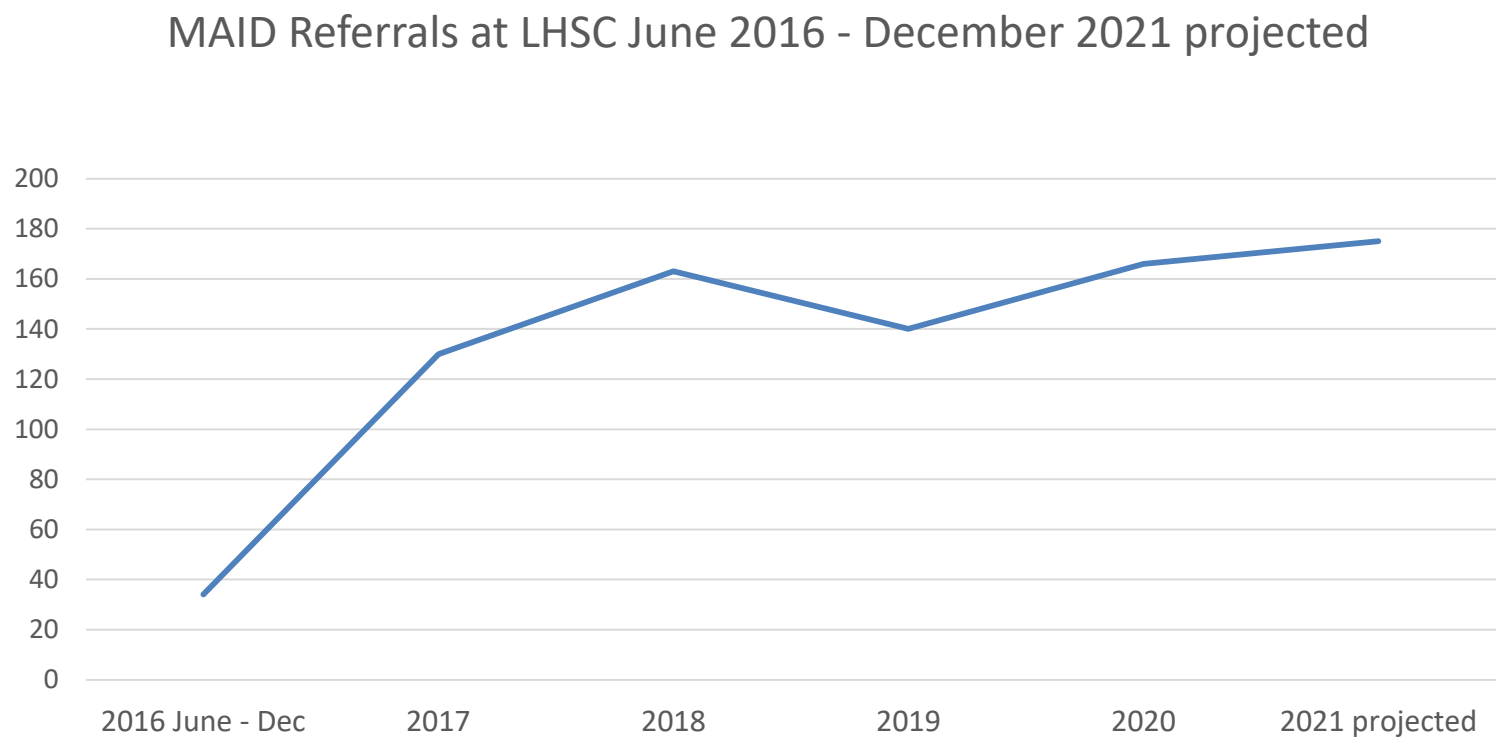
Electronic Consults

- Quick and Easy



- ***Navigator extension : 53516***

REFERRALS AT LHSC



- Some referrals are for areas outside the LHIN

LHSC works with the community

- Of the 116 referrals thus far in 2021, 32 provisions have taken place at LHSC.
- Positive example of why integration and great communication supports patient centered care.
- A supportive environment
  - Private room for provision
  - Butterfly for door
  - Midline IV catheter organized
  - Consistency of nursing staff
  - Community outpatient admissions for MAID
  - Supportive team – navigation & mentorship

Who makes up the program at LHSC ?

- MAiD assessors and providers, MAiD Navigator, nurses, pharmacists, ethics department, social work and spiritual care providers.
- We have 12 assessors which includes 5 providers
- Assessors bring skills from a variety of areas
- MAID Steering Committee

WE HAVE OFFICIALLY ARRIVED

Please help us welcome Dr. Carley Campbell

PGY5 Internal Medicine Resident

September 28 – October 25, 2021