



MEDICAL ASSISTANCE IN DYING - 2022

National Association of Federal Retirees
Outaouais
Date : May 26th 2022

Dr Guy Morissette
Medical consultant – Professional services division
Medical coordinator MAID

OBJECTIVES

1. Get familiar with the concept of MAID
2. Have knowledge of the eligibility criteria and the assessment process of a request for MAID
3. Describe MAID provision in general

MEETING PLAN

- History and landmarks
- Definition
- Some figures
- Eligibility criteria
- Tracks and safeguards
- Conscencius objection
- Assessment
- Provision
- Reporting

MAID in Canada : Where it all started



1993 – Sue Rodriguez

Died February 12th
1994

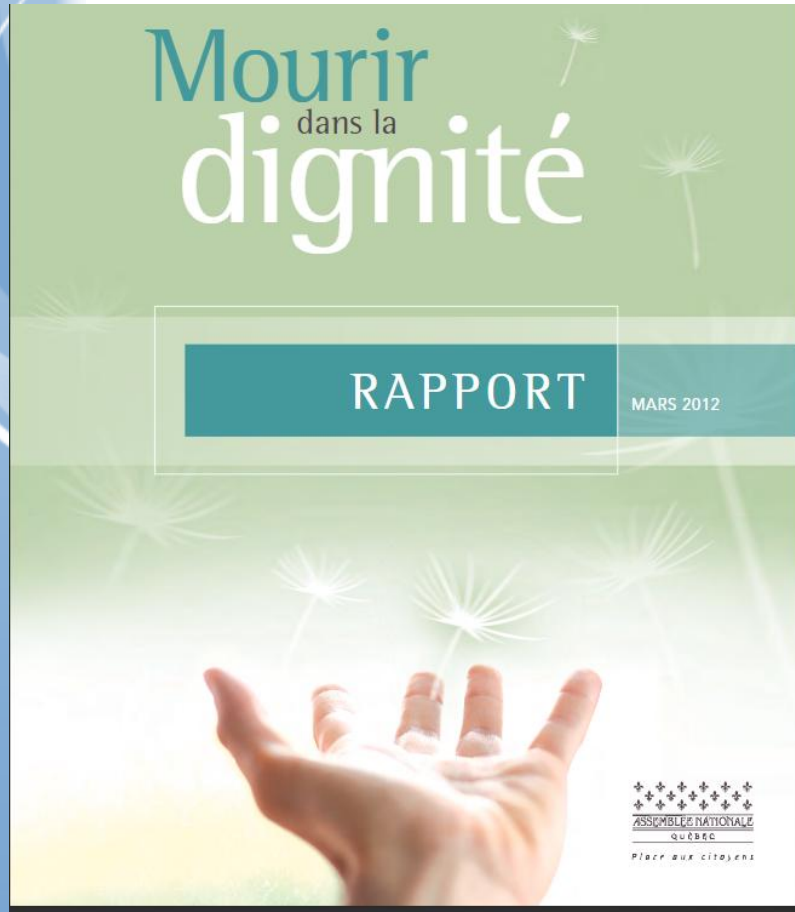
With the help of an unidentified
physician

MAID in Canada : Quebec special report

2012 – Report of governmental special Commission called Right to die with dignity

THE CONCLUSION

« ... we believe that there is a missing important alternative in end-of-life care options available : euthanasia under the form of medical assistance in dying »



MAID in Canada: NEW BILL (Quebec)



ASSEMBLÉE NATIONALE

PREMIÈRE SESSION

QUARANTIÈME LÉGISLATURE

Projet de loi n° 52

Loi concernant les soins de fin de vie

Présentation

Présenté par
Madame Véronique Hivon
Ministre déléguée aux Services sociaux et
à la Protection de la jeunesse

Éditeur officiel du Québec
2013

June 2014 –

Bill 2 is adopted (foreseen to be operational in January 2016)

... actually was on December 10th 2015

MAID in Canada : Supreme Court of Canada



Kay et Lee Carter, BCCLA

February 2015

Carter c. Canada

Carter ruling - section 14 of the Criminal Code is unconstitutional because it prohibits physicians from assisting in the consensual death of another person

MAID in Canada : NEW BILL (FEDERAL)



May 2016 – Adoption of bill C-14 : *An act to amend the Criminal Code and to make related amendments to other Acts (medical assistance im dying)*

Bill that made medical assistance in dying legal in Canada

MAID in Canada : Important decision



Nicole Gladu et son avocat Jean-Pierre Ménard, National Observer

September 11 2019

Baudoin judgement (Christine) –
Superior Court of Quebec

Truchon-Gladu vs Attorney
General (Canada) and Attorney
General (Quebec)

*The law infringed the rights to live, to equality
and to security, and perpetuated prejudice and
disadvantage for persons with physical disability
to end their life*

MAID in Canada : last step ... for the moment

Deuxième session, quarante-troisième législature,
69-70 Elizabeth II, 2020-2021

LOIS DU CANADA (2021)

CHAPITRE 2

Loi modifiant le Code criminel (aide médicale à mourir)

SANCTIONNÉE

LE 17 MARS 2021

PROJET DE LOI C-7

Bill C7 is adopted
March 17th 2021

- Expansion of MAID to persons who are not near the natural end of their lives
- Will eventually include people suffering solely from grievous and irremediable mental illnesses

MAID Definition

- Considered as a care provision, as an appendectomy or pneumonia treatment, and is recognized as :
 - Exceptional
 - Legitimate
 - Moral
 - Meeting ethical standards
 - Legal
 - Medical

MAID Definition (suite...)

- « (...) Care consisting in the administration by a physician of medications or substances to *an end-of-life* patient, at the patient's request, in order to relieve their suffering by hastening death (...). » *Act respecting end-of-life care, art. 3*
- End-of-life accompagnement
- Part of end-of-life choices
 - Treatment refusal or stoppage
 - Palliative care
 - Continuous palliative sedation
 - Medical assistance in dying (MAID)
- No opposition to all other options, more a complement
- Much more than a terminal injection : « LA PIQÛRE »

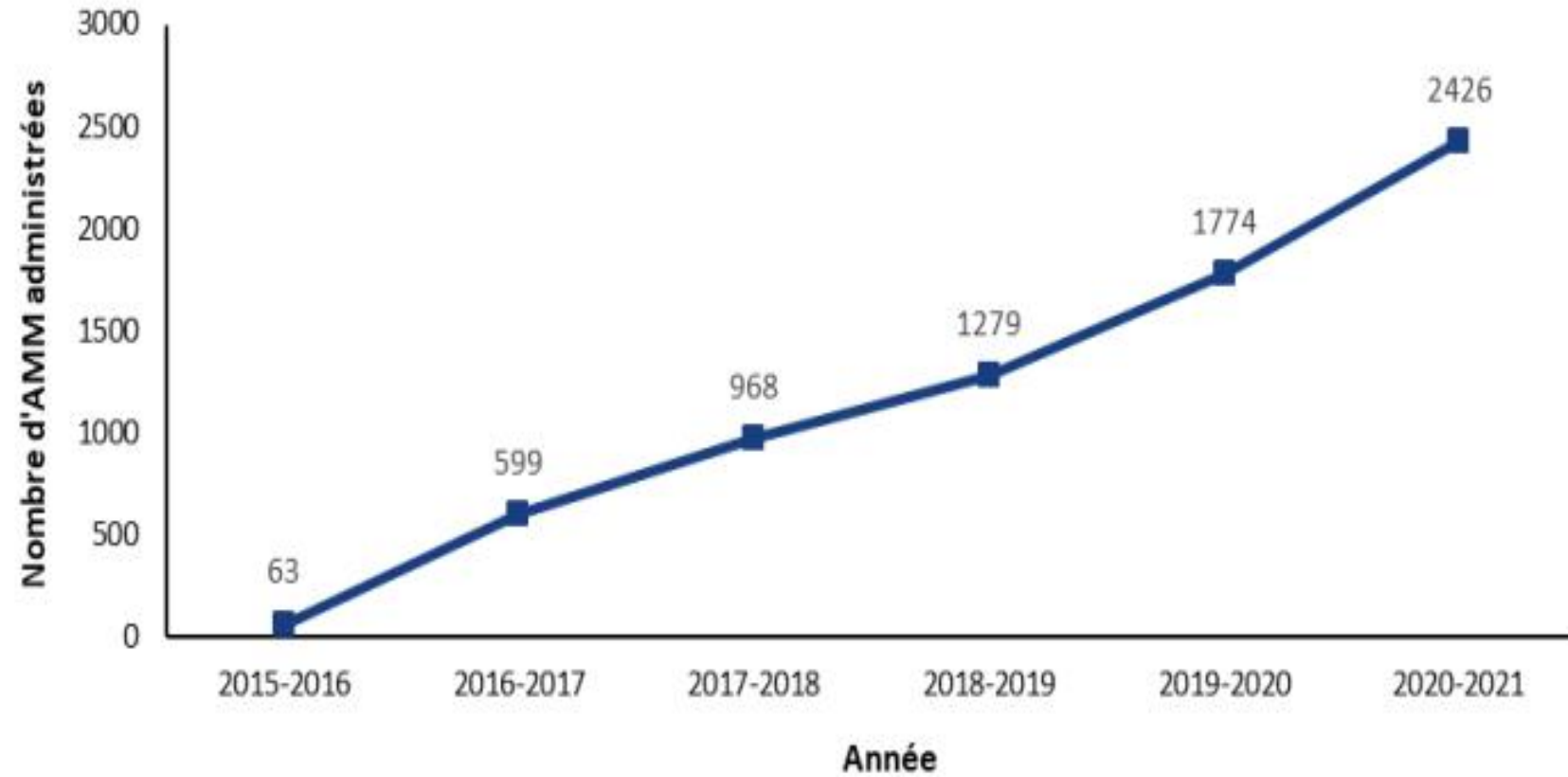
STATISTICS: we all like figures

- MAID provision since 2015-2016
 - Canada : more than 22 500
 - Quebec : more de 7 500
- 3,3% of all deaths in Quebec in 2020
- We expect a maximum of 5-6 %
- Linear growth of 30 to 40% a year since the beginning

Mean age : 71 years old, mainly between 60 to 80 years old range

Slightly more female than male

Commission sur les soins de fin de vie - Report



Around 7 500 MAID provisions in Quebec – december 2015 to March 31st 2021

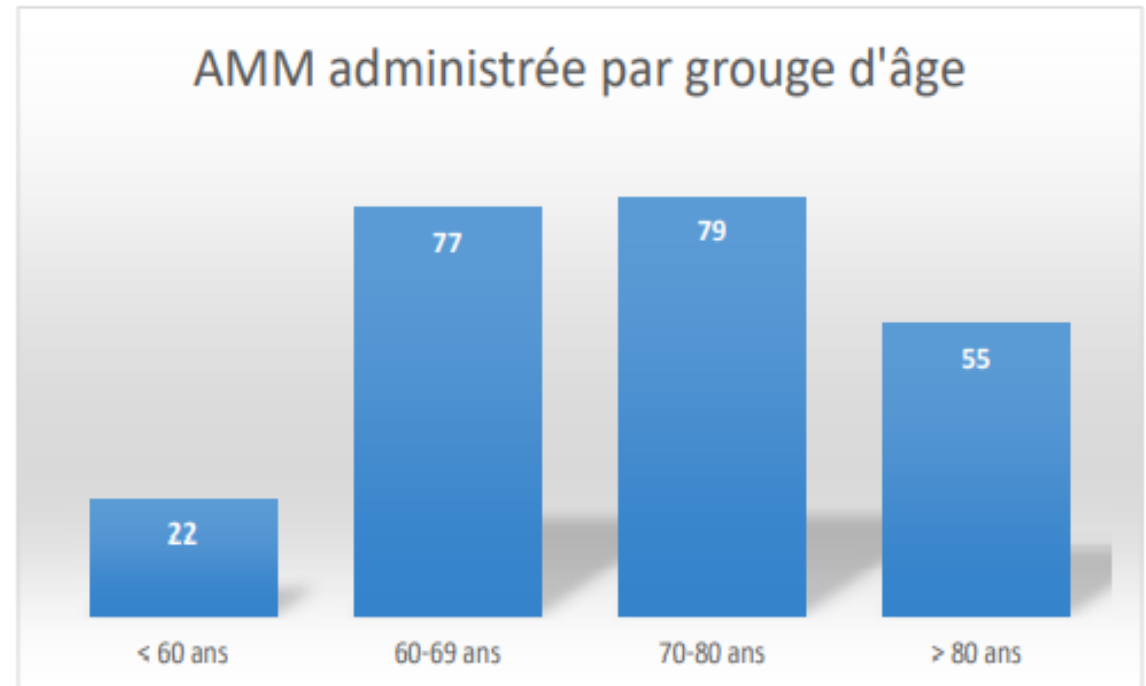
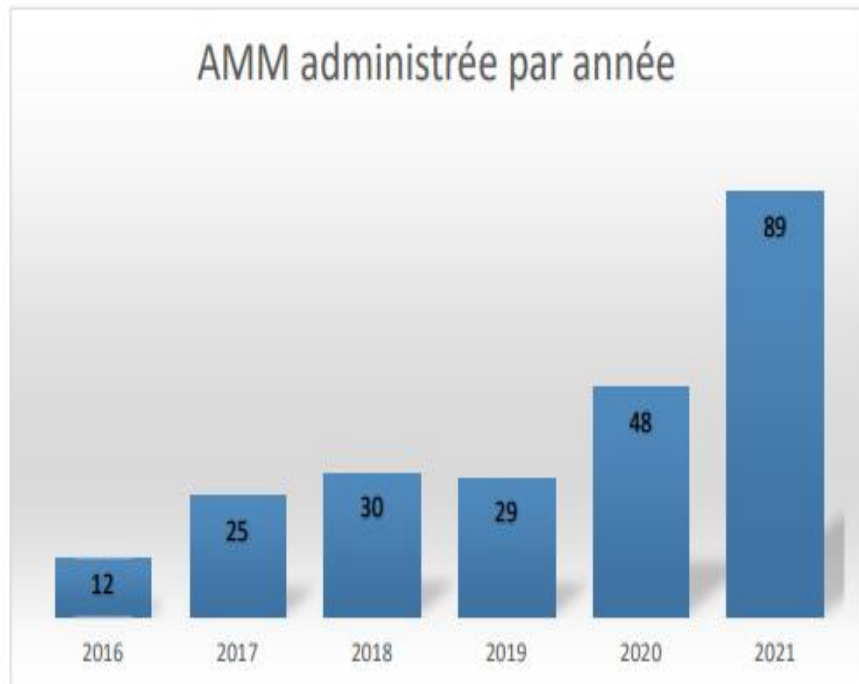
Profile of persons to whom MAID was given

- 60 years old and above (89%)
- Cancer (74%)
- Neurological degenerative disorder (9%)
- Advanced cardiac , pulmonary and kidney diseases (11%)

- Vital prognosis < 3 months (74%)
- Vital prognosis < 1 year(99%)

- Hospital (60%), home (27%), CHSLD - LTC (9%), palliative care residence (3%)
 - Profile has changed since March 17th 2021 – act C-7 adoption

Figures Outaouais area – december 2015 to december 2021



THE ACTS

- Two acts govern MAID provision in Quebec
 - Quebec act
 - Canadian act (bill C-7) : Criminal Code modifications
- Few significant differences between the 2 acts
- The attention is not necessarily on the same aspects or concerns of MAID provision
- ... Complimentary
- Not ideal– grey areas and sometimes contradictory guidelines

EIIGIBILITY REQUIREMENTS

- Be 18 years old and older
- Insured by QHIP
- Have a grievous and irremediable medical condition
- Be in an advanced state of irreversible decline in capabilities
- Enduring physical or psychological suffering caused by the the medical condition, that is intolerable to the person and cannot be relieved under conditions that they consider acceptable
- ~~End of life(not since March 2020)~~
- Be capable of making health care decisions
- Provide informed consent to MAID
- Be making a voluntary and repeated request

- Mental illness excluded

Two tracks for the patient

- Two tracks are possible for MAID provision, based on the assessment

- **WAS DEFINED BY C-7 ACT**
 - Track one : natural death reasonably foreseeable (NDRF)

 - Trajek two : natural death not reasonably foreseeable (ND-nRF)

... examples

Natural death reasonably foreseeable

- Cancers (with or without active curative treatments)
- Neurological diseases (Parkinson, ALS, MS, CVA...)
- Chronic diseases (Heart disease, COPD, pulmonary fibrosis, end-stage renal disease)

Natural death not reasonably foreseeable

- Diabetes
- Fibromyalgia, spinal stenosis, osteoarthritis
- Rheumatoid arthritis
- Tetraplegia, quadraplegia
- Severe hereditary diseases
- Dependency disorders
- Others ... early dementia !!!

Which track to follow

Why is it important ?

Will determine safeguards specific to each track that need to be met

1. Natural death reasonably foreseeable

- Need not to be in end-of-life state (up to 2-3 years)
- No delay to provide MAID
- Possibility to waive the final consent (Waiver of final consent)

2. Natural death not reasonably foreseeable

- 90 day delay between the beginning of the assessment and MAID provision
- Waiver of final consent not possible

... Safeguards

A – Physician involvement

A second independent physician must confirm that the patient meets the eligibility criteria

B - Witnesses

The request must be signed in front of an independent witness (not a beneficiary under the will)

C – Informed consent in case of ND-nRF (track 2)

Person has to be informed of other means of treatments available to them (counselling and mental health supports, disability supports, community services and palliative care)

Must be offered reasonable consultation with relevant professionals, as available and applicable

... Safeguards

D - Delays

- **NDRP** : Abolition of the 10 day waiting period between MAID request and provision
- **ND-nRP** : 90 day waiting period between the time the assessment begins and MAID provision, unless the assessments by the two physicians are completed and both physicians agree that there is a risk that the person may lose its capacity to consent

E- Waiver of final consent

- **NDRP** : the person must give express consent to receive MAID up to just before the procedure and must be able to withdraw consent, unless he has signed in advance a waiver to be given MAID if they are no longer able to consent.
- **ND-nRP** : The person does not have access to the waiver
 - Written agreement that MAID can be administered a set date or before, if they have lost capacity.

CONSCIENTIOUS OBJECTION

- A physician, a nurse or any professional can oppose to provide MAID on the grounds of personal beliefs. It is legitimate.
- The conscientious objection is protected by the Codes of ethics (art. 24) of each profession and by both laws (art. 50).
- However, physicians and other professionals that object have to assume continuity of care given to the patient (ethical obligation of follow-up).
- The involved physician also has the obligation to transfer the MAID request to another physician

ASSESSMENT AND ADMINISTRATION OF MAID

- Well planned process, from the MAID request assessment up to the administration but relatively flexible up to a certain extent in the analysis sequence and provision
- It is the physician who is in charge of the whole process, with the important and pertinent collaboration of all the members of the interdisciplinary team
- Administration of MAID is an only physician responsibility in Quebec as of now

INVOLVEMENT OF PROFESSIONALS

- ❖ Social worker
- ❖ Spiritual care professional
- ❖ Pharmacist
- ❖ Nurse
- ❖ Physician



- Crucial, unavoidable and expected by patients
- Done all along the process – assessments, family and health care professional meetings, preparation of the procedure, administration of MAID, and management of the post-administration period

MAID REQUEST

- Written demand on a defined request form
- Dated and signed by the patient (or an authorized substitute in special circumstances)
- In front of two witnesses:
 - A health professional;
 - Independent witness.
- The MAID request can be withdrawn at anytime in the process

SUFFERING

Physical suffering

- Cachexia
- Pain
- Shortness of breath
- Dysphagia
- Exhaustion
- Hemorrhage
- Bowel obstruction
- Paralysis
- Major wounds
- Recurrent blood transfusions
- Etc.

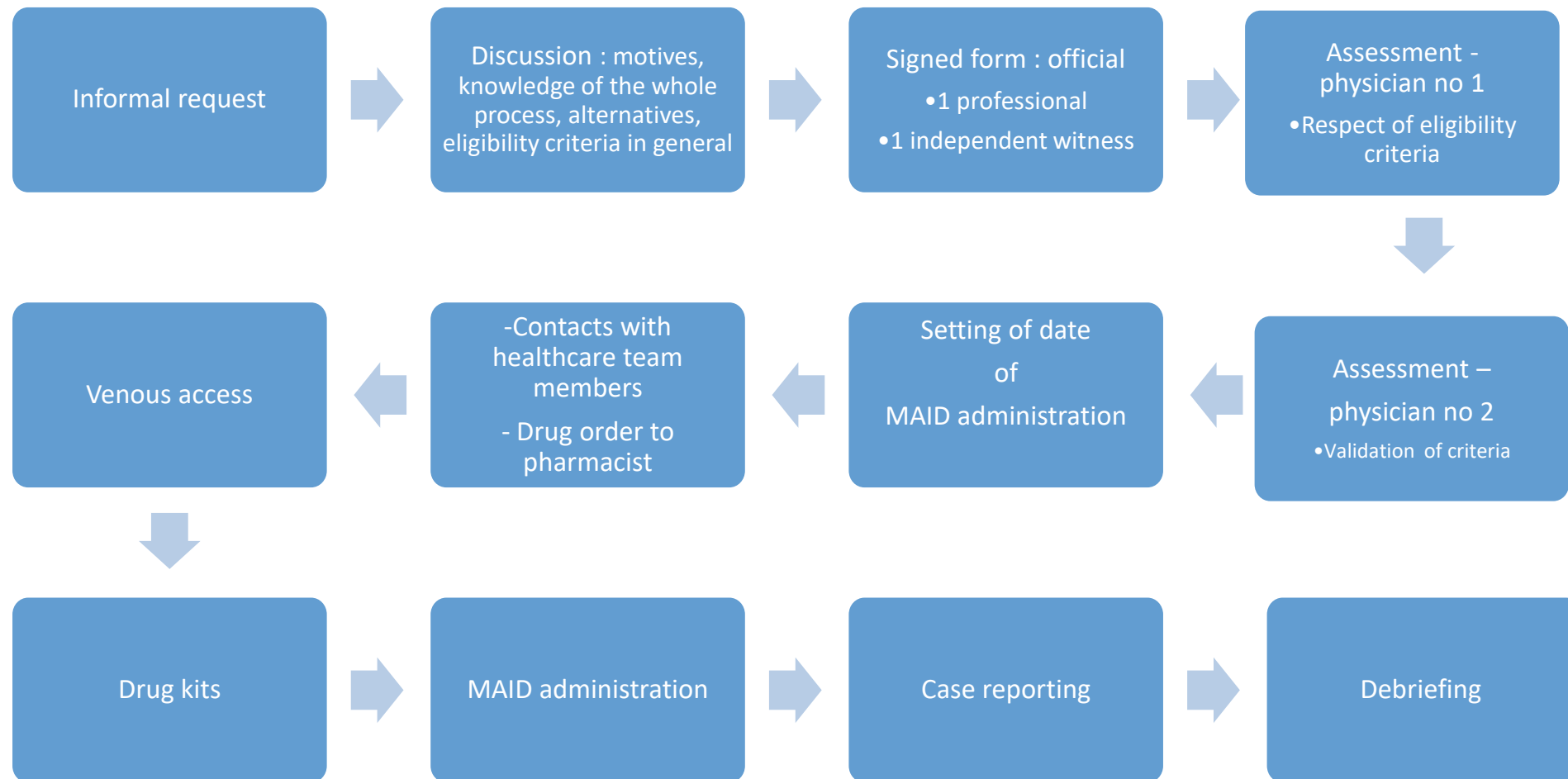
Mental suffering

- Total dependency
- Loss of dignity
- Despair in front of a hopeless situation
- Existential suffering
- Loss of autonomy
- Perception of being a burden
- Loss of role model
- Negative self-image
- Loss of quality of life

MYTHS AND FALSITIES

- MAID cannot be administered if the patient is in a palliative care residential hospice
 - FALSE, however not available in all facilities
- Refusal of treatment disqualifies the patient from receiving MAID
 - FALSE, it is legal and legitimate to refuse any treatment
- Close relatives have to agree to MAID provision
 - FALSE, MAID exists to relieve the suffering of a person, not of relatives
No doubts that they can react strongly and disagree
They need support given to them

Cheminement séquentiel d'une demande



IMPORTANT ASPECTS OF ASSESSMENTS

- Request must be voluntary
- Informed consent: prognosis, alternatives, consequences
- Cannot result from external pressure or promises (doctor, family, friends)
- The patient does not have to try all treatment options for its disease
- Suffering: It is up to the patient himself to judge the severity of the suffering, and to means of relieving it
- The person can withdraw its request for MAID at anytime and any means
- The intention of receiving MAID must be repeated
- Requires more than 1 visit for assessment, at different spaced times
- Discussions with close relatives only if the patient agrees

ONCE APPROVED : WHAT MUST BE DISCUSSED

Preparation of the patient and of the session

- Explanations given about the procedure itself
- Home, hospital or CHSLD (long term care hospice) ?
- Staging ?
- What time ?
- Who is going present at the time of the provision at the
- Funeral arrangements

PREMISES OF ADMINISTRATION

➤ HOME

- Patient and family preference
- Ideal context that favorise intimacy and special set-ups
- Needs close preparation of family and attendees

(Major impact on the family)

➤ HOSPITAL

➤ CHSLD – long term care hospices

➤ PALLIATIVE CARE RESIDENCE

➤ ELSEWHERE ??? Almost anywhere

PROCEDURE

Physician must administer the drugs himself

Has 3 steps:

« *Equivalent to general anesthesia* »

- Anxiolysis;
- Induction of coma;
- Neuromuscular blockade that leads to :
 - Respiratory arrest;
 - Cardiac arrest;
 - Death.

PROCEDURE ... next

- Intravenous injections
- Seven seringues (exceptionally more)
- Duration of procedure : 6 to 8 minutes
- No pain felt
- Can attend persons « invited » by the patient and that accept to be present
- Electronic platforms accepted (... Zoom – Face time - TEAMS)
- Music, prayers, wine and cheese possible
- Preparation strongly recommended for presence of children

REPORTING AND CONTROLS

- No selection or assessment committees : the decision is between the patient, the provider physician and the assessor physician
- No appeal board
- Every provision is however reviewed by a special committee of 12 persons after it has been given (Commission des soins de fin de vie)
- The College of Physicians and health care centers will also review certain aspects of the case months after provision
- Reports also made to Health Canada for the Criminal code requirements audit

MAID OBJECTIVES

- Patient and relatives support throughout the process
- Relief of suffering
 - Physical
 - Moral
 - More often both
- Respect of the freedom of choice for treatment of diseases
- Respect of self uniqueness
 - Beliefs
 - Values
 - Life journey/course

CONCLUSION

There is no opposition between palliative care, MAID, continuous sedative palliation and treatment refusal or stoppage. These are all legitimate options to end-of-life care of which the voluntary request and informed consent belong exclusively to a capable person, respecting its values, beliefs and convictions

THANK YOU

- ❖ Physicians, nurses, and professionals involved in end-of-life care at the CISSS de l'Outaouais and in Quebec
- ❖ Patients and families with whom I have had close contacts with over time and have taught me everything I know and am

