

Medical Assistance in Dying (MAID)

Provincial MAID Team

March 2019

OVERVIEW

WHAT, WHO, HOW & WHY

WHAT - two types of MAID

- **Self-administered** medical assistance in dying
 - Physician who approved request prescribes medication
 - Patient (self) administers medication
 - Oral medication
 - **Clinician-assisted** medical assistance in dying
 - Physician who approved request prescribes medication
 - Physician administers medication
 - IV medication
- ONLY OPTION in MB at present**

WHO can provide MAID?

- **Federal law = physicians + nurse practitioners can provide MAID**
 - **All other HCPs + family/friends legally covered to participate in process**
- **MB = physicians only for now (NPs can't complete death certificates in MB)**

Conscience-based Objection

= an objection to participate in a legally available medical treatment or procedure based on an individual's personal values or beliefs

- No health care provider required to participate in MAID
- ALL health care providers have professional responsibility to:
 - Respond to a patient's request
 - Continue to provide non-MAID related medical care (non-abandonment)
 - MDs → ensure timely access to a resource that will provide accurate information (+ provide medical records)

WHO can have MAID?

Eligibility Criteria

- Eligible govt funded health services (no tourists)
- Adult (18 years) + capable making medical decisions
- Grievous + Irremediable medical condition
- Voluntary request not result external pressure
- Informed consent after review all options including *palliative care*

Grievous + Irremediable Medical Condition

MUST HAVE ALL THE FOLLOWING:

- Have a serious + incurable illness, disease or disability**
- Be in an advanced state of irreversible decline in capability**
- Have enduring suffering that is intolerable**
- Natural death reasonably foreseeable**

MAID not permitted

- **Minors**
- **Advance directive/Living will**
 - **Must reconfirm consent at time of provision**
- **Mental illness sole medical condition**

HOW – Overview of MAID Process

- 2 independent reviews (MD or NP)
- Written request
- 10 day reflection period
 - Can be shortened
 - Can withdraw request anytime

NOT AN EMERGENCY SERVICE
(takes minimum 2 weeks)

HOW – Manitoba MAID Team

- **MDs + RNs + SWs + SLPs + Admin**
- **Provincial service situated in WRHA**
 - **Home and/or facility***
 - **Multidisciplinary approach**
- **Team set up to provide all parts of MAID but welcome participation from other Health Care Providers**

HOW – Description of Provision

- **3 IV medications over 10-15 minutes**
 - Sedative → Anesthetic → Muscle relaxant
- **Very peaceful**
 - Lose consciousness in 2-3 minutes
 - Stop breathing in 5-6 minutes
 - Heart stops in 8-10 minutes
 - No incontinence or movement

HOW – Death Certificate

- **Cause of death = underlying illness**
- **Manner of death = natural**
 - Not considered suicide
- **Funeral home does not need to know about MAID**
 - IVs removed by team

WHY - Common Themes

- **Autonomy / Desire for control**
 - “don’t want to linger”

- **Loss of independence / identity**
 - “I am done”

MB MAID Stats as of March 4/19

- 1006 contacts
- 468 written requests
 - 42 in 2016
 - 142 in 2017
 - 237 in 2018
 - 46 in 2019
- 250 died assisted
 - 24 in 2016
 - 63 in 2017
 - 138 in 2018
 - 25 in 2019
- > 272 died unassisted
 - 100 approved for MAID
- 30 requests declined
 - 50% d/t lack of capacity
 - 50% d/t other reasons
- 299 inquiries for information only
- **20% all contacts**

Other Points

- **Not MAID vs Palliative Care**
 - Can have both
- **Can self refer**
- **No cost**
- **Insurance remains valid**
- **Do not require family involvement**

MAID Contact Info

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THE END