
MAID UPDATE

Kate Buddo and Caroline Shilhan

Disclosures

- None
- We have received an honorarium for this talk.

Objectives

- We will discuss the steps of a MAID request.
- We will outline the changes to MAID that occurred with Bill C7 (March 2021).
- We will review some EK and IH MAID data.

Case 1

87 yo female visits their GP, the ER & her orthopedic surgeon in acute pain and requests MAiD

Past medical history:

1. Severe OA of her hips
2. Daily fecal incontinence.
3. Mild COPD - On LABA/LAMA therapy. No exacerbations within the past year.

Case 1

Regardless of your opinion about MAiD, you are required to do something:

- The easiest:
 - **“Google” BC MAiD Patient Request Form** and instructions.
 - Patient complete the form & fax or mail it to the IHA MAiD Coordination Centre (MCC).
- You do NOT need to send a request to the MAiD providers.
- We prefer NOT to see the patient until they have completed their request.
- Even if you do not think that a patient qualifies, they can still complete a request.

HOW TO FIND THE FORMS

- Google Search: “medical assistance in dying bc forms”

The screenshot shows the British Columbia government website. The breadcrumb trail is: Home > Health > Accessing Health Care > Home & Community Care > Care Options and Cost > End-of-Life Care > Medical Assistance in Dying >. The page title is "Forms for Medical Assistance in Dying". A yellow warning box states: "Some web browsers may not support all the features of PDF forms, such as fillable or calculating fields, and may produce errors. We recommend you download the form and open it using the latest version of Adobe Reader." Below this is a section titled "Requestor Forms" with a table of forms.

Form #	Form Name and Information
HLTH 1632	<p>The form for a person to submit their request for medical assistance in dying. For more information on submitting the Request for Medical Assistance in Dying form, see the Medical Assistance in Dying page.</p> <ul style="list-style-type: none">▪ Request for Medical Assistance in Dying (PDF, 725 KB)▪ Instructions for Request for Medical Assistance in Dying (PDF, 288 KB)
HLTH 1632 LARGE PRINT	<p>The form for a person to submit their request for medical assistance in dying. This form is in large 14pt type. For more information on submitting the Request for Medical Assistance in Dying form, see the Medical Assistance in Dying page.</p> <ul style="list-style-type: none">▪ Request for Medical Assistance in Dying, Large Print (PDF, 724 KB)

Bridge C-14

- Great resource for patients & their families.
- Patient or family member can have one to one peer support from a volunteer with lived MAiD experience.

BRIDGE C-14



A Network of Peer-to-Peer Connections and Community Supports
Through All Stages of Medical Assistance in Dying (MAiD)



Next Steps The Assessment

We need your help.

Case 1 Assessment

- The patient completes her form & submits it.
- The orthopedist is very motivated from attending the EK CME & decides to become an Assessor, as he/she knows the patient and the case well.
- He/she emails the MCC and offers to be an assessor.
- Then, he/she wonders why he/she has decided to do this....

Becoming a MAiD Assessor

- No special training required.
- Module (see next slide) is recommended & is less than one hour.
- You know your patient the best!
- As a GP, if your patient applies for MAiD, the MCC will contact you first to be the assessor.
- BILLING: 13502 – PER 15 MINUTES (\$42.97) and up to 7 units (\$300.79)

Medical Assistance in Dying (MAiD) for Assessors and Prescribers

Search Courses

Register Course

Course Overview

Contact Info



Medical Assistance in Dying (MAiD) for Assessors and Prescribers

eLearning Course

2 hours

Clinical

In the landmark decision in *Carter v Canada*, the Supreme Court of Canada unanimously found that the blanket prohibition on Medical Assistance in Dying in Canada was unconstitutional. In response, the federal government amended the Criminal Code in June of 2016 to legalize Medical Assistance in Dying for competent persons who are at least 18 years of age and who meet the eligibility criteria of a grievous and irremediable medical condition that causes enduring, intolerable suffering. This course is designed to provide physicians and nurse practitioners with the information necessary for them to act as both assessors and prescribers for medical assistance in dying in full compliance with their legal, ethical, and professional obligations.

This course is composed of 4 Modules. Module 1 begins by explaining the legal developments which culminated in the passage of Bill C-14 in June of 2016. After completing Module 1, physicians and nurse practitioners will understand what medical assistance in dying is and how Bill C-14 changed the law of Canada. In addition, Module 1 provides an introduction to the eligibility criteria for medical assistance in dying and explains the federally-legislated and provincially-regulated safeguards that exist to protect patients.

Responsibilities of Assessors



Ensure correctness of Request for MAiD form

Assess the person to determine if **eligibility criteria** and **safeguards** are met

If eligible, determine if person's death is reasonably foreseeable or not

Complete and submit necessary documentation

Comply with reporting requirements

Who Is Eligible?

As of March 17, 2021, persons who wish to receive MAID must satisfy the following eligibility criteria:

- **18 yo** or older and have **decision-making capacity**
- eligible for publicly funded health care services
- make a **voluntary request** that is **not the result of external pressure**
- give informed consent to receive MAID
- have a **serious and incurable illness, disease or disability** (excluding a mental illness until March 17, 2023)
- be in an **advanced state of irreversible decline** in capability
- have enduring and intolerable physical or psychological **suffering** that cannot be alleviated under conditions the person considers acceptable

Does The Patient Have Capacity?

In order to have capacity, the patient must understand the following:

- Their diagnosis and prognosis.
- Their treatment options and their consequences
- The consequences of accepting or declining feasible alternatives to MAID
- Be able to communicate their decisions

Case 1

- A serious and incurable illness, disease or disability:
- The person is in an advanced state of irreversible decline in capability:
- The illness, disease, or disability or state of decline causes the person enduring physical or psychological suffering that is intolerable to them and that cannot be relieved in a manner that the person considers acceptable to them

Grievous & Irremediable Medical Condition

What can help with this:

- Your knowledge of the patient.
- Call a friend (ie/ another MAiD provider, RACE MAiD hotline, Dr. Sara Broeder (IHA MAiD Lead).
 - Tools
 - Prognostic Tools/Mortality Risk Calculators (ie. ePrognosis, QMortality, Charlson Comorbidity Index).
 - Palliative Performance Scale
 - Clinical Frailty Scale

Is Death Reasonably Foreseeable?

What do you think?

What does “Reasonably Foreseeable Mean?”

- “Reasonably predictable”
- Rigid time frames are not necessary
- If a patient has demonstrated a clear and serious intent to take steps to make their natural death happen sooner they may meet the definition of “Reasonably foreseeable”.

Case Update

Both assessors agree that her death is not reasonably foreseeable.

She can still have MAiD...

Additional Safeguards:

- MUST have a 90 day waiting period
- MUST have explored all reasonable treatment options to alleviate suffering
- One of the two assessors or a third physician must provide EXPERT advice regarding available treatments options regarding the condition that primarily results in the patient's suffering.

Hypothetically...

- If COPD was severe with multiple hospital admissions, exacerbations and 24/7 O2, death would be considered **reasonably foreseeable**.
- There is NO waiting period.
- Patient is eligible for a waiver of final consent

Waiver of Final Consent

An important change to MAID

Prevents patients from choosing a date earlier than they normally would have because they are afraid of losing capacity.

Only the prescriber can sign the waiver

It is an agreement between the prescriber and requestor regarding when MAID will occur (and other logistics) should the patient lose capacity to consent.

This is NOT an advanced directive

Waiver can be repeated if the requestor is not ready when the date arrives and they remain competent

The Provision

- Location: any non-public place.
- Route: IV or oral
- MAiD certified RN must insert IV.
- Procedure is quick: less than 12 min.
- Usual drugs IV route:
 - Midazolam 5-20mg
 - Lidocaine 40mg
 - Propofol 1000mg
 - Rocuronium 200mg
- No pain, no respiratory distress, no agitation.
- No coroner, no RCMP, funeral home comes and takes the body after.

Case Wrap-Up

- Patient chooses a date after the 90 day window.
- She dies peacefully at home with her family.

East Kootenay & IHA Data

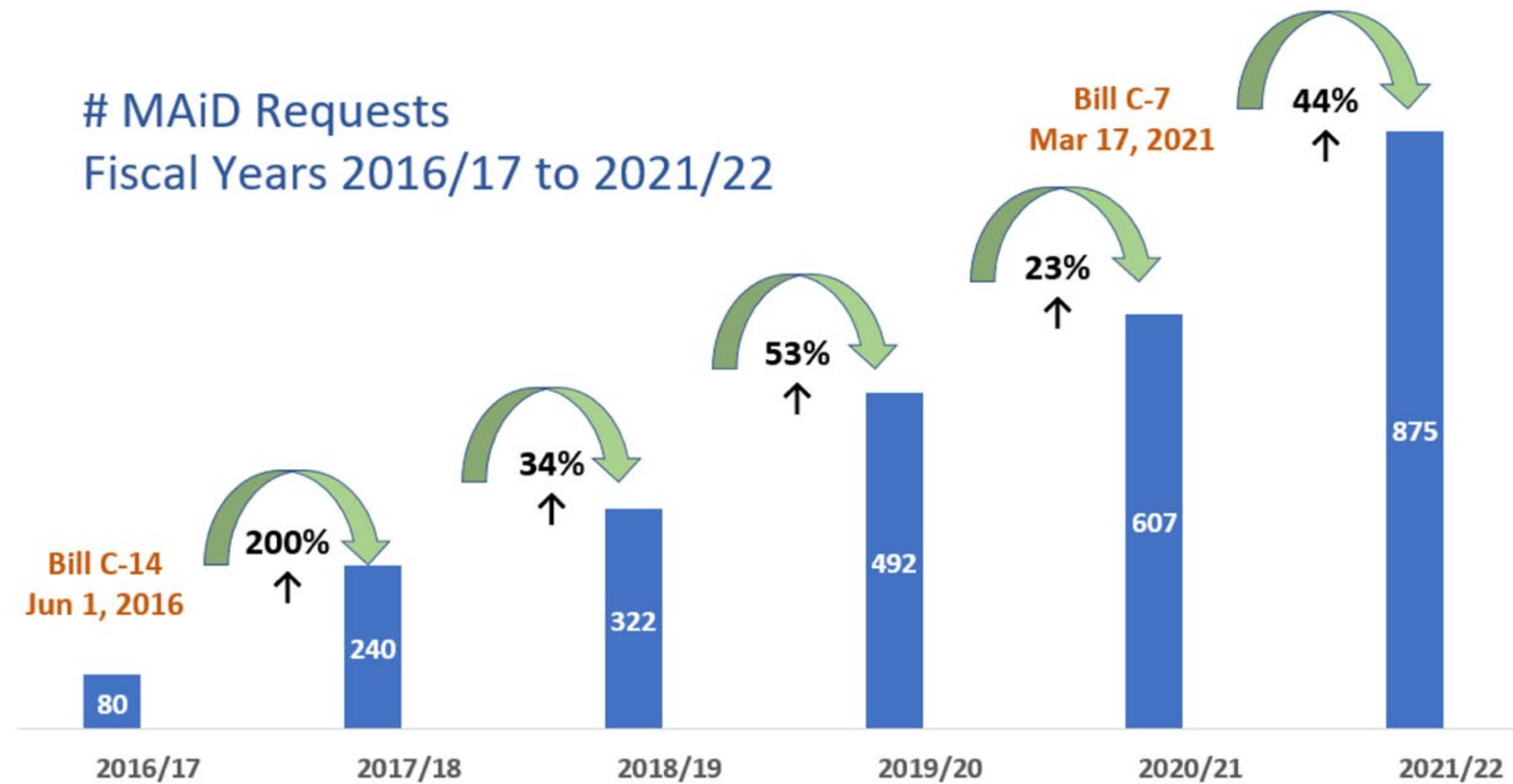
Number of MAiDs per Administrative Area

Administrative Area	Q1 2021/22	Q1 2022/23	% Difference
SOK	11	21	91% ↑
COK	27	26	4% ↓
KB	7	24	243% ↑
EK	9	16	78% ↑
NOK	22	23	4.5% ↑
Kamloops	5	14	180% ↑
TC Rural	8	4	50% ↓
TOTAL	90	128	42% ↑

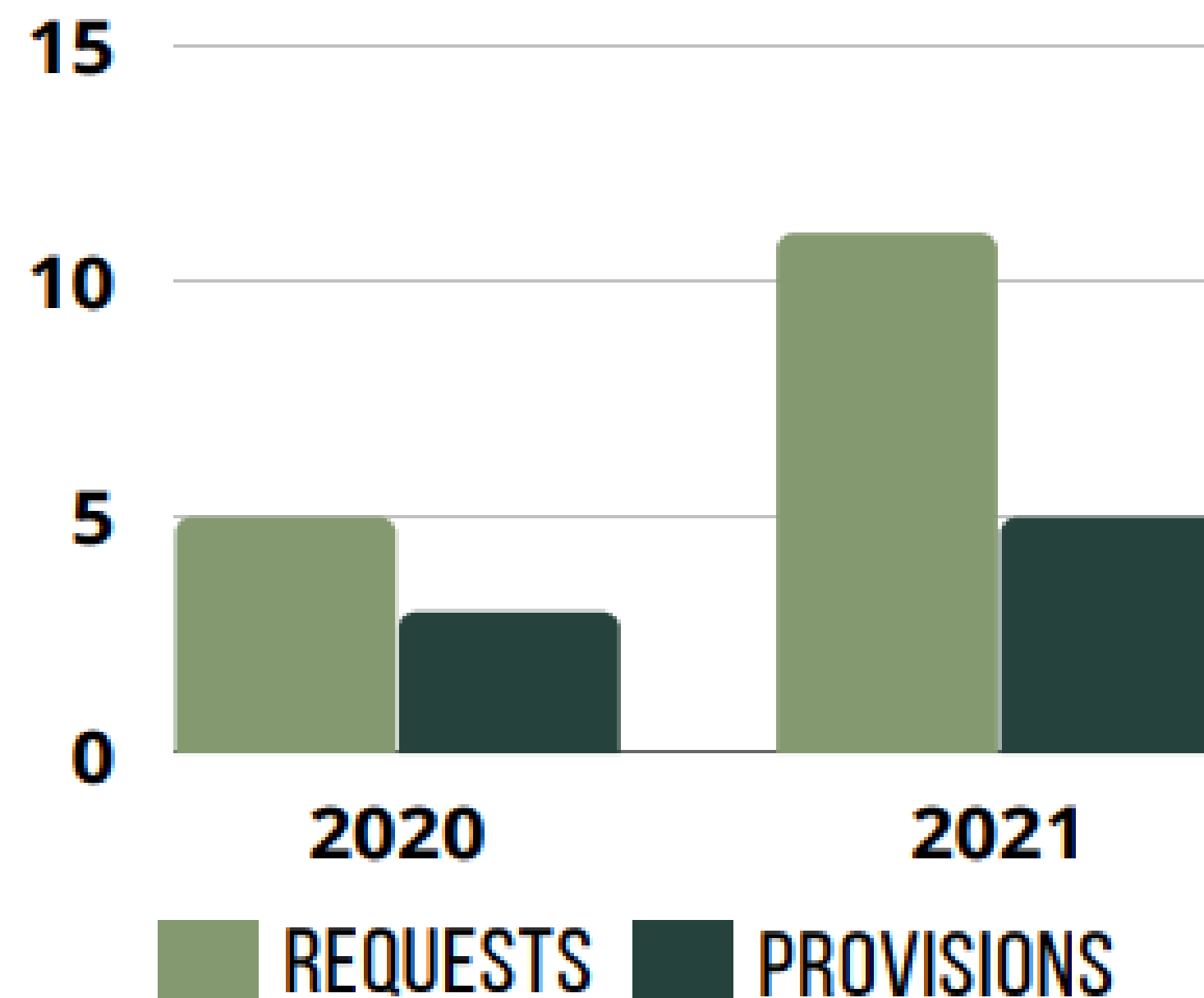
MAID REQUESTS from 2016/17- 2021/22 (IH)

MAiD Requests

MAiD Requests
Fiscal Years 2016/17 to 2021/22



MAID WINDERMERE DATA



Already from Jan-Sept 2022:

10 MAiD Requests

~16 MAiD Assessments

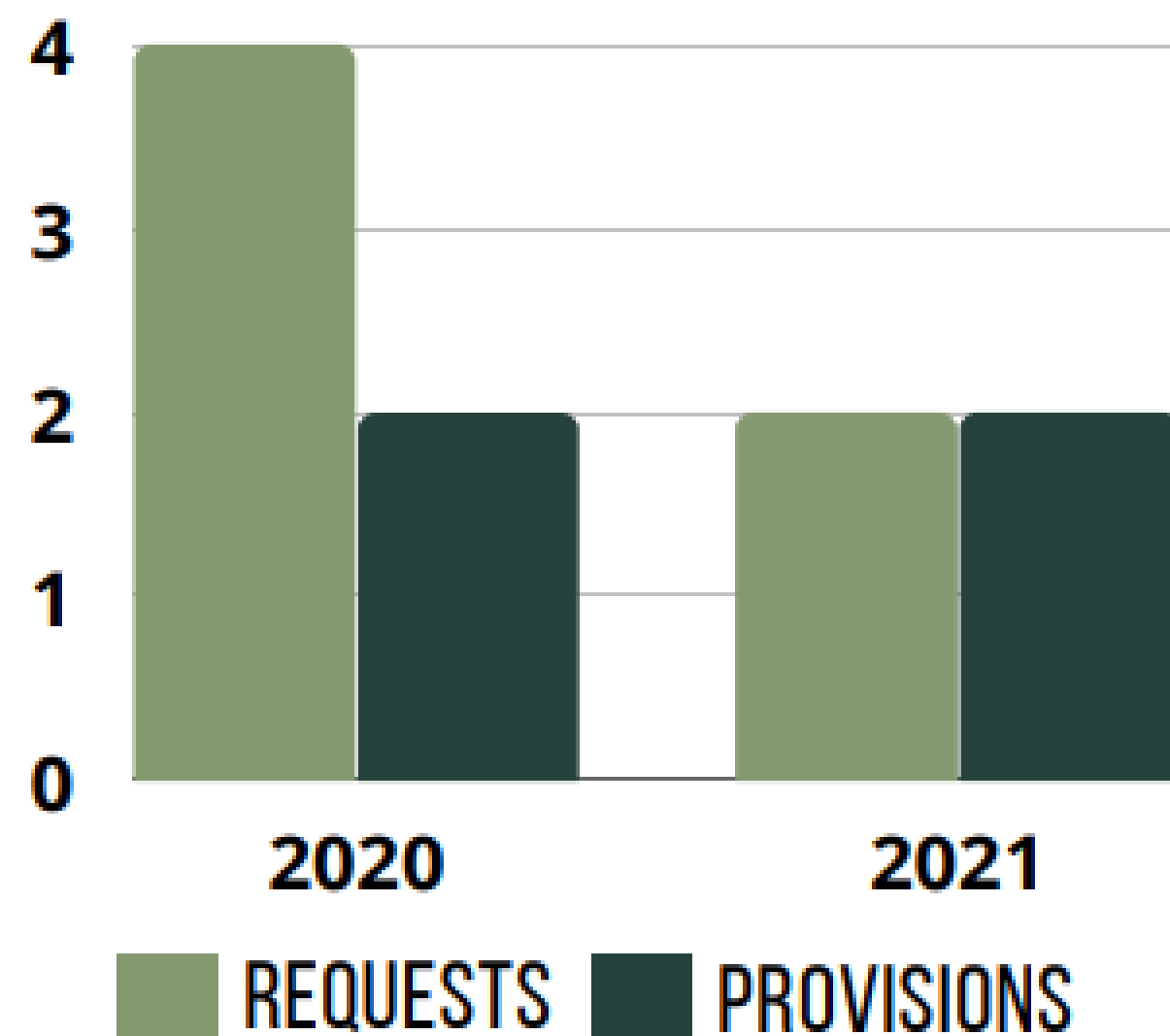
6 MAiD Provisions

MANY GP'S COMPLETE MAID ASSESSMENTS FOR THEIR OWN PATIENTS

<1

MAID PROVISIONS PER MONTH (2022)

MAID GOLDEN DATA



Already from Jan-Sept 2022:

6 MAiD Requests

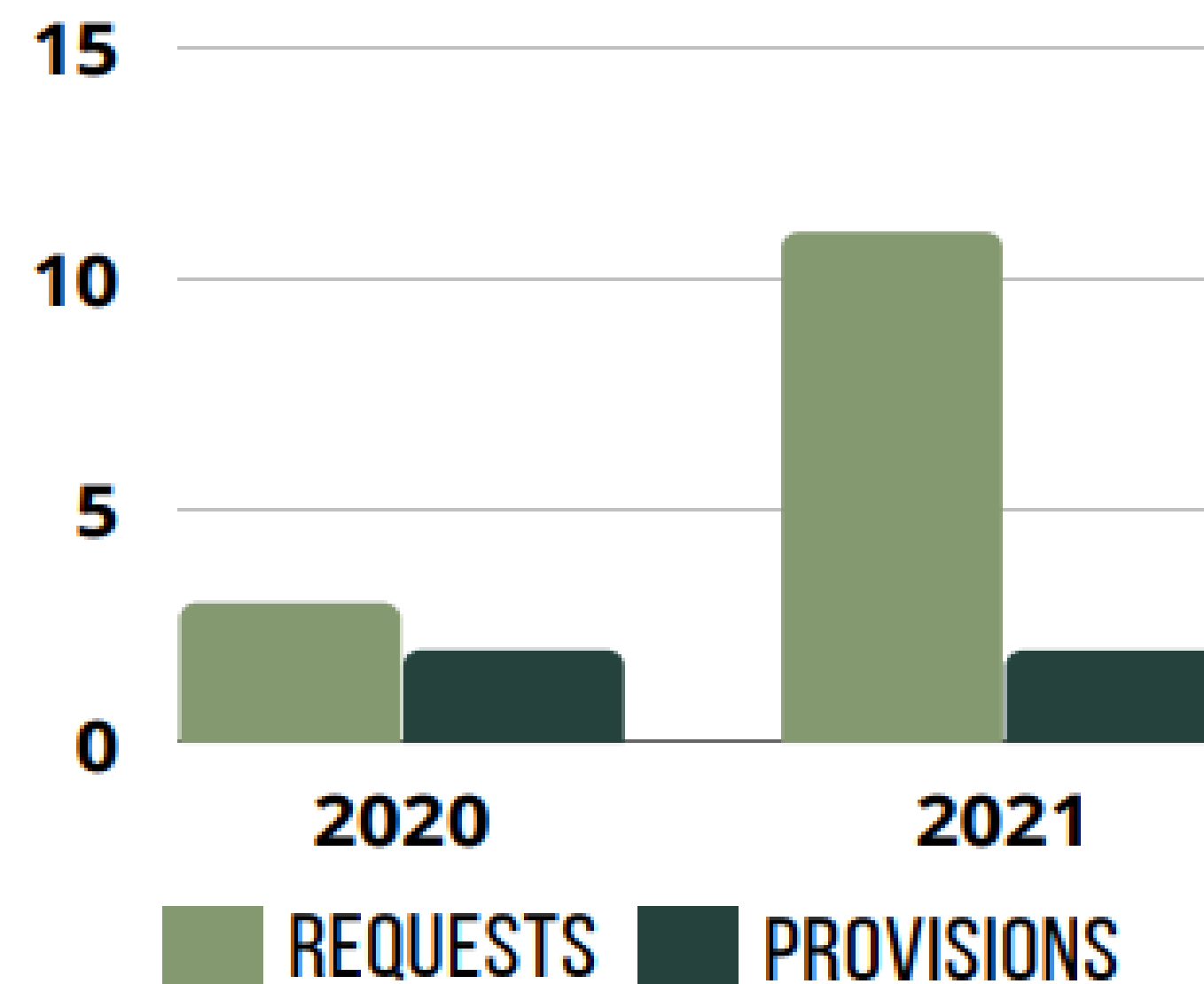
~12 MAiD Assessments

3 MAiD Provisions

MANY GP'S COMPLETE MAID ASSESSMENTS FOR THEIR OWN PATIENTS

<1 MAID PROVISIONS PER MONTH (2022)

MAID FERNIE DATA

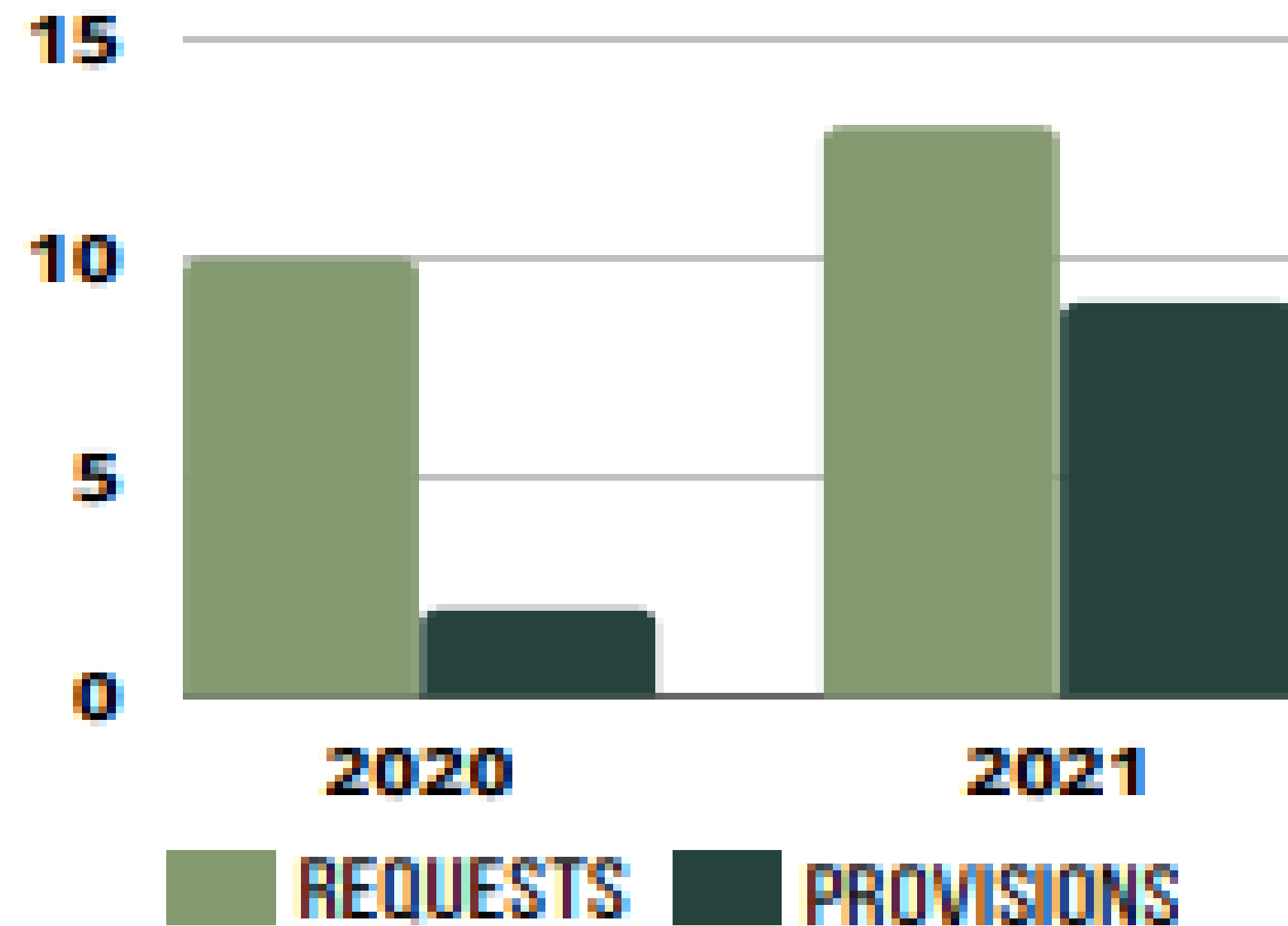


Already from Jan-Sept 2022:
6 MAiD Requests
~12 MAiD Assessments
2 MAiD Provisions

MANY GP'S COMPLETE MAiD ASSESSMENTS FOR THEIR OWN PATIENTS

<1 MAiD PROVISIONS PER MONTH (2022)

MAID CRESTON DATA



Already from Jan-Sept 2022:

18 MAiD Requests

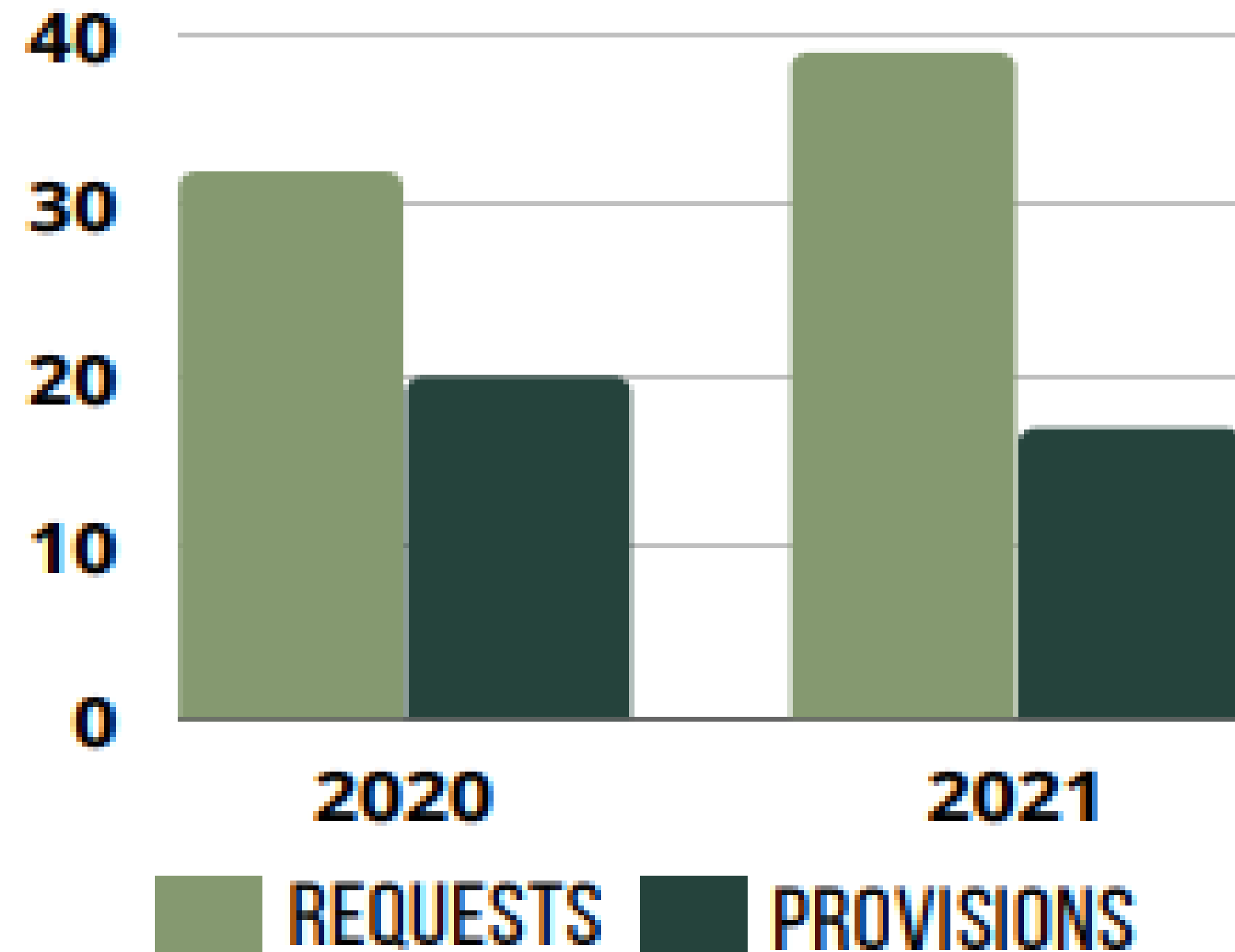
~36 MAiD Assessments

11 MAiD Provisions

MANY GP'S COMPLETE MAiD ASSESSMENTS FOR THEIR OWN PATIENTS

~1 MAiD PROVISIONS PER MONTH (2022)

MAID CRANBROOK/KIMBERLEY DATA



Already from Jan-Sept 2022:

43 MAiD Requests

~86 MAiD Assessments

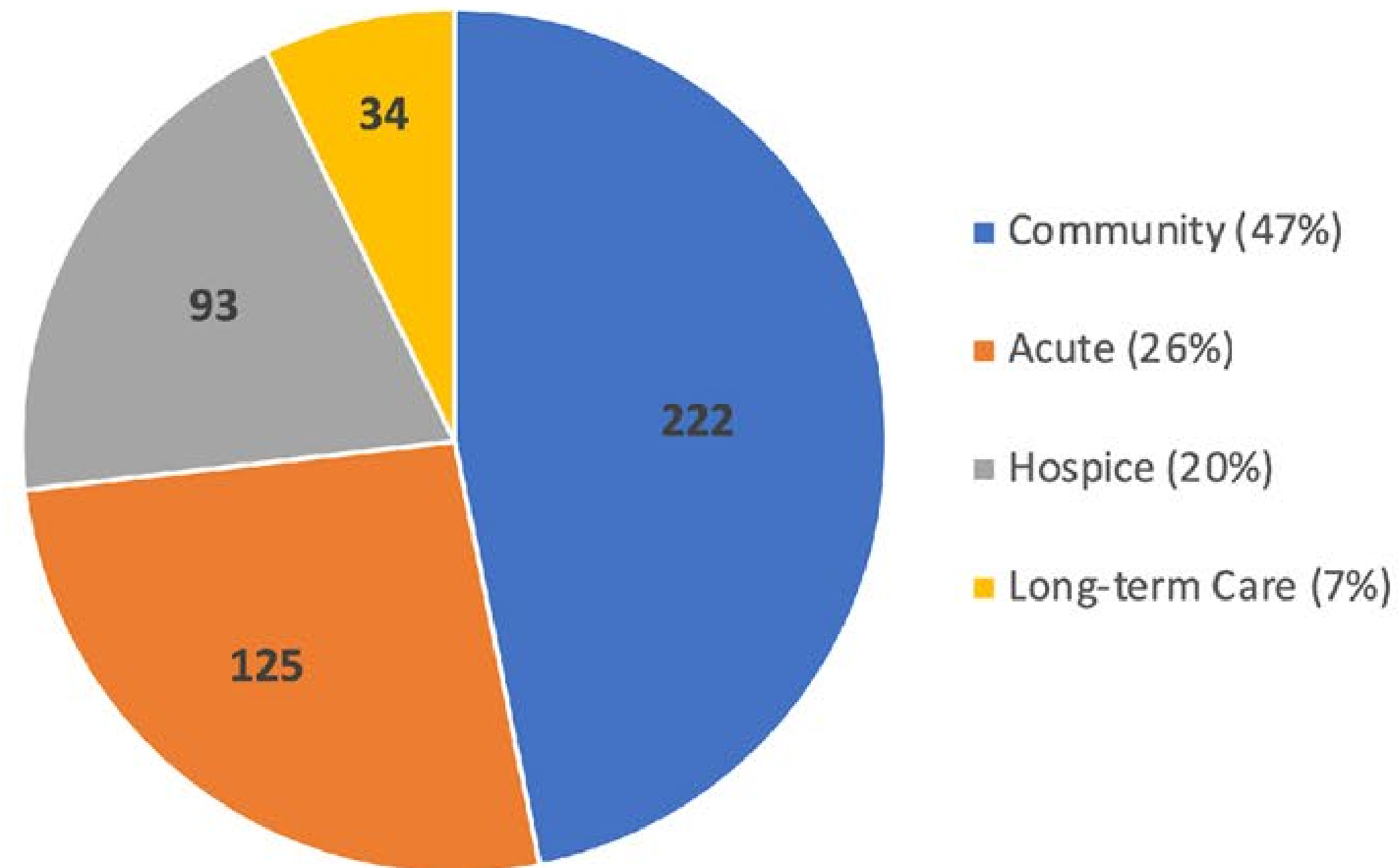
29 MAiD Provisions

MANY GP'S COMPLETE MAID ASSESSMENTS FOR THEIR OWN PATIENTS

~3 MAID PROVISIONS PER MONTH (2022)

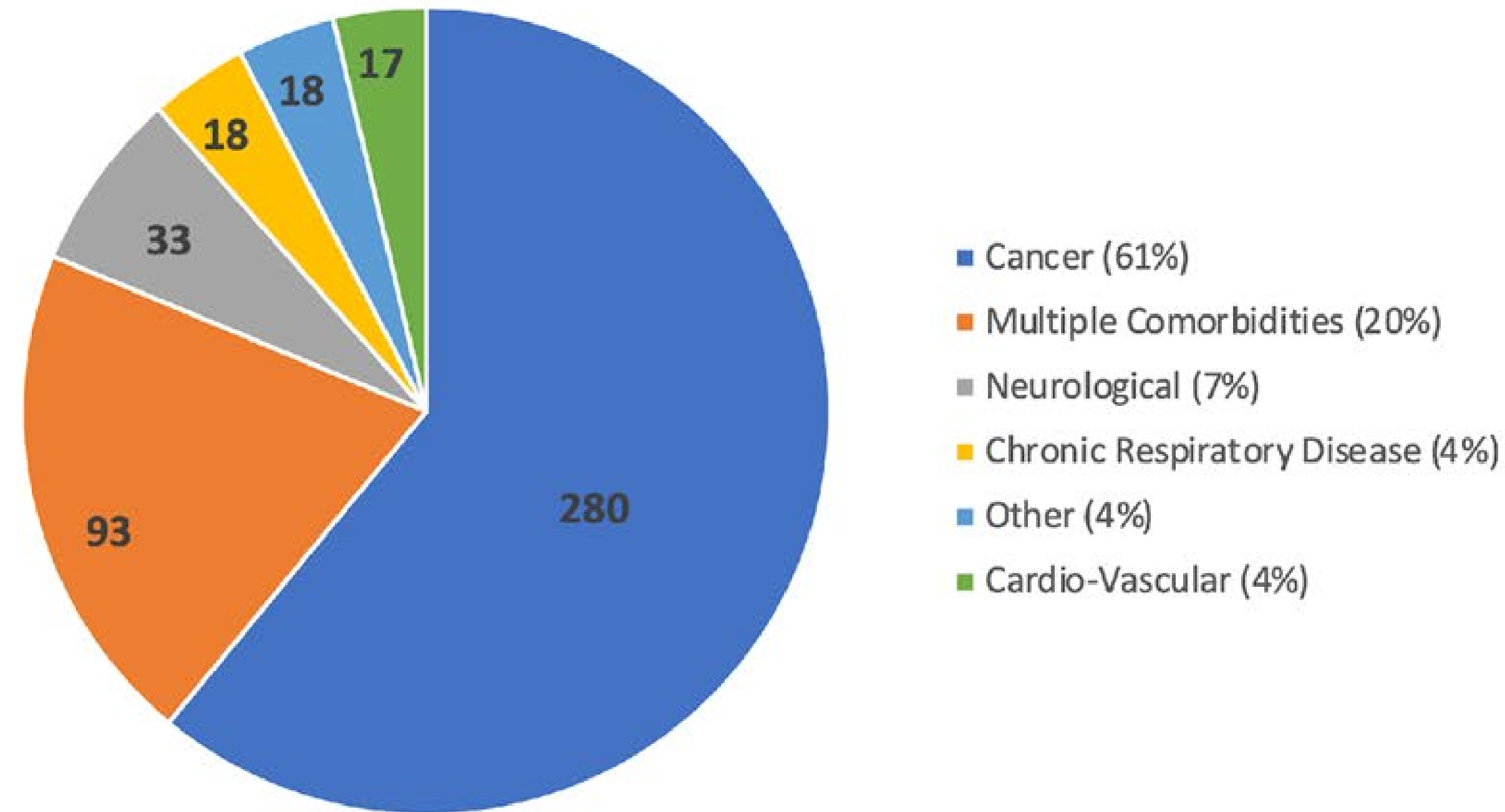
Provision Location by Care Setting

Fiscal Year 2021/22



Diagnosis Category – RFND

(Completed Provisions only) Fiscal Year 2021/22



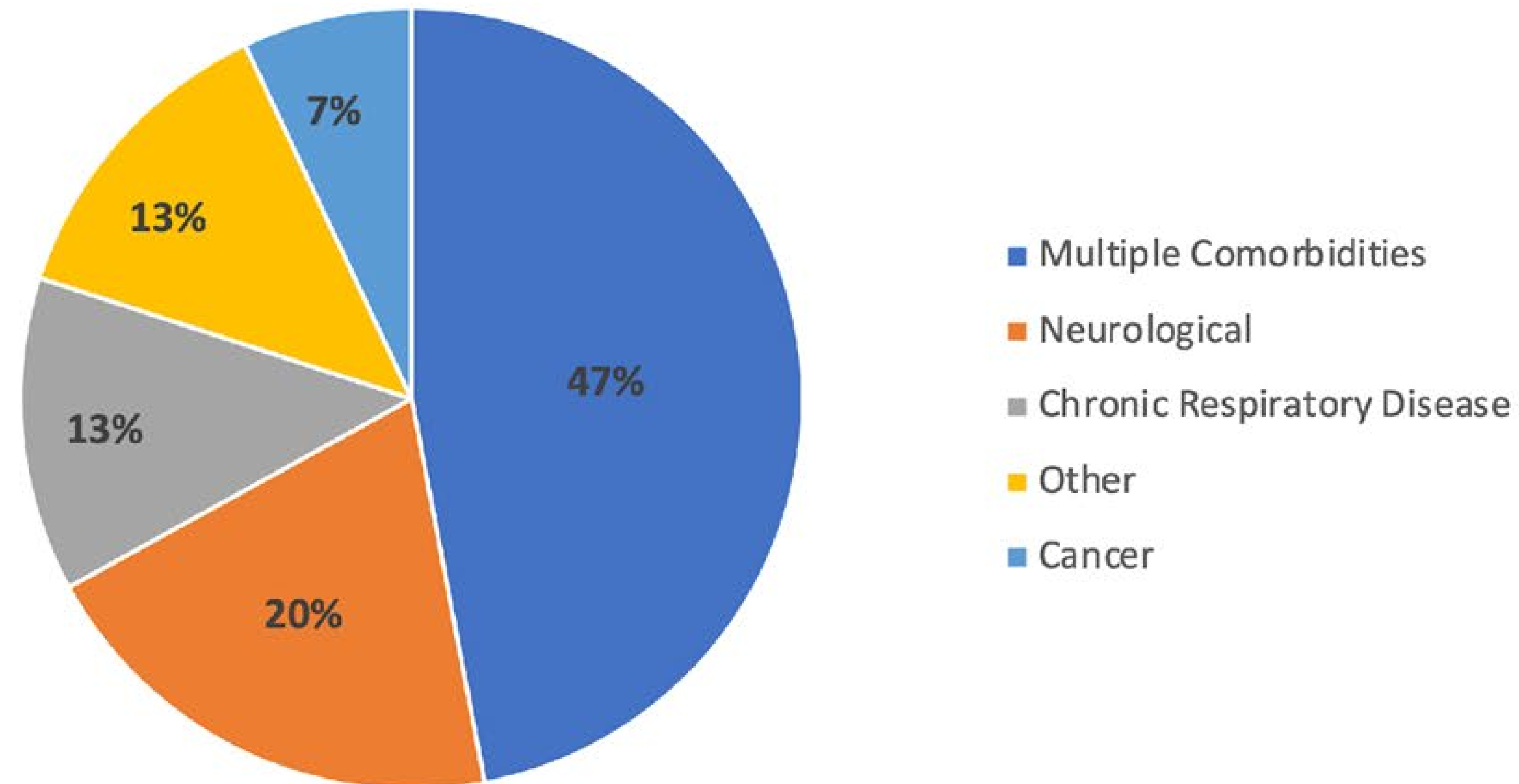
Non-RFND Requests and Provisions

March 17, 2021 to March 31, 2022

	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Totals
Requests	7	10	9	10	9	45
Provisions	n/a	1	5	5	4	15



Diagnosis Category - Non- RFND (Completed Provisions N=15) Fiscal Year 2021/22



2021 Eligible Non-RFND MAiD – MAiD Requestor Background (continued)

Underlying Medical Condition(s) of Non-RFND Requestors Receiving MAiD (full list of conditions) in B.C.

Underlying Medical Condition	Number with Medical Condition	% of Cases
Cancer – hematologic	1	3%
Cardio-vascular condition	2	5%
Neurological condition – (ALS)	2	5%
Neurological Condition - Other	8	20%
Multiple Co-morbidities	12	30%
Other Organ Failure	2	5%
Other	23	58%

Notes: Some patients listed multiple conditions, so figures do not sum to 100%

Figures for 'other' categories are likely to overstate the true values

Note: There is no national data from Health Canada for comparison at this time.

Conditions Listed in "Other" Illness Disease or Disability	# of Cases	% of Cases in "Other"
Chronic Pain	16	70%
Frailty	5	22%
Bone Diseases	5	22%
Spinal Stenosis	3	13%
Macular Degeneration	2	9%
Diabetes	2	9%
Chronic Kidney Disease	2	9%
Myalgic Encephalopathy	2	9%
Chronic Depression	2	9%
PTSD	2	9%
Stills Disease	1	4%
Fibromyalgia	1	4%
Crohn's Disease	1	4%
Liver Disease	1	4%
Graves Disease	1	4%
HIV	1	4%



Take Home Points

- Encourage patients to google “BC MAiD forms” & download/print the “Patient Request Form”.
- There is no need to contact a MAiD provider if your patient wants to apply/has applied for MAiD, the Co-ordination Centre will do this.
- Refer patients and their families to the Bridge C-14 website for peer support.
- Death does NOT need to be “reasonably foreseeable” to qualify for MAiD
- Consider completing a MAiD Assessment for your patient. It is not as hard as you think it is & requires no special training.

Questions?

PPO For Palliative Sedation

Search Results: sedation

insidenet.interiorhealth.ca/searchcenter/Pag...

For quick access, place your favorites here on the favorites bar. [Manage favorites now](#)

Home > Search

Insidenet [dropdown] sedation [search icon] Advanced

Search Results

- Palliative Care - Palliative Sedation Toolkit**
Palliative Sedation Therapy Decision Algorithm ... Palliative Sedation Patient and Family Information ... Palliative Sedation Video for Clinicians by Dr Wade ...
[http://insidenet.interiorhealth.ca/Clinical/PalliativeEOL/Lists/Palliative Sedation Toolkit/Sedation.aspx](http://insidenet.interiorhealth.ca/Clinical/PalliativeEOL/Lists/Palliative%20Sedation%20Toolkit/Sedation.aspx) - Harvey, Dylan - 12/14/2020
- procedural Sedation education material (PP)**
and AFTER the initiation of procedural sedation and analgesia. • Anticipate and identify potential complications of procedural sedation and analgesia. • State the discharge ...
[http://insidenet.interiorhealth.ca/Clinical/emergservices/Documents/procedural Sedation education material \(PP\).pdf](http://insidenet.interiorhealth.ca/Clinical/emergservices/Documents/procedural%20Sedation%20education%20material%20(PP).pdf) - 2MB - Information & Technology;System Account - 10/11/2011
- Procedural Sedation - Frequently Asked Questions**
Can a patient consent to procedural sedation if they are under the influence of Medications ... are at higher risk for airway obstruction after sedation and a responsible adult needs to e ...
[http://insidenet.interiorhealth.ca/Clinical/emergservices/Documents/FAQ Procedural Sedation.pdf](http://insidenet.interiorhealth.ca/Clinical/emergservices/Documents/FAQ%20Procedural%20Sedation.pdf) - 170KB - goob7;System Account - 9/16/2011
- Emergency Department Procedural Sedation Analgesia Guideline**
endpoint, a range between Minimal Sedation to Deep Sedation (avoiding General Anaesthesia) will depend on the ... Unfamiliarity with medications being administered for sedation and analgesia ...
[http://insidenet.interiorhealth.ca/Clinical/emergservices/Documents/FINAL-Procedural Sedation Guideline- Combined Adult Peds.pdf](http://insidenet.interiorhealth.ca/Clinical/emergservices/Documents/FINAL-Procedural%20Sedation%20Guideline-Combined%20Adult%20Peds.pdf) - 1MB - Information & Technology;System Account - 10/25/2012
- Procedural Sedation Education-MD focus (PP)**
and AFTER the initiation of procedural sedation and analgesia. • Anticipate and identify potential complications of procedural sedation and analgesia. • Be aware of the ...
[http://insidenet.interiorhealth.ca/Clinical/emergservices/Documents/Procedural Sedation Education-MD focus \(PP\).pdf](http://insidenet.interiorhealth.ca/Clinical/emergservices/Documents/Procedural%20Sedation%20Education-MD%20focus%20(PP).pdf) - 1MB - bart4;System Account - 10/11/2011
- Sedation Spontaneous Awakening Trial**
[http://insidenet.interiorhealth.ca/Clinical/criticalCare/Documents/Sedation Spontaneous ...](http://insidenet.interiorhealth.ca/Clinical/criticalCare/Documents/Sedation%20Spontaneous%20Awakening%20Trial.aspx)
[http://insidenet.interiorhealth.ca/Clinical/criticalCare/Documents/Sedation Spontaneous Awakening Trial.aspx](http://insidenet.interiorhealth.ca/Clinical/criticalCare/Documents/Sedation%20Spontaneous%20Awakening%20Trial.aspx) - 2KB - Dhami, Trena - 8/12/2021
- Palliative Sedation Therapy PPO**
Sedation Therapy PPO.aspx ... palliative sedation therapy adult, 829654, PPO
[http://insidenet.interiorhealth.ca/Clinical/PalliativeEOL/Documents/Palliative Sedation Therapy PPO.aspx](http://insidenet.interiorhealth.ca/Clinical/PalliativeEOL/Documents/Palliative%20Sedation%20Therapy%20PPO.aspx) - 3KB - Shirley, Ruth - 11/26/2020
- ICU Adult Analgesic - Sedation Orders**
Adult Analgesic - Sedation Orders.aspx
[http://insidenet.interiorhealth.ca/Clinical/criticalCare/Documents/ICU Adult Analgesic - Sedation Orders.aspx](http://insidenet.interiorhealth.ca/Clinical/criticalCare/Documents/ICU%20Adult%20Analgesic%20-%20Sedation%20Orders.aspx) - 3KB - Gallant, Kathy;Dhami, Trena - 8/17/2021
- RASS: Agitation and Sedation**
It is a scale from +4 ... JWW, Wheeler AP, Gordon S et al. Monitoring sedation status over time in ICU patients: the reliability and validity of the Richmond Agitation Sedation Scale (RASS ...

100%

MAID Provider Absence Question

What can palliative nursing do if a MAID patient is deteriorating quickly and the MAID provider is on holidays?

Acknowledgements

- Thanks to Sara Broeder, IH MAiD Medical Director, for lending some of the slides.
- Thank you to the MAiD Coordination Centre and Janine Carscadden for the slides with the EK MAiD Data

RATIO OF MAID PRESCRIBERS TO PROVISIONS IN REGIONAL CENTRES

CITY	# PRESCRIBERS	# ASSESSMENTS (FY21/22)	RATIO PRESCRIBER:ASSESSMENTS	# PROVISIONS (FY21/22)	RATIO PRESCRIBER:PROVISIONS
KAMLOOPS & AREA	4	58	1:15	40	1:10
VERNON & AREA	3	76	1:25	34	1:11
KELOWNA & AREA	7	204	1:29	136	1:19
PENTICTON (All SOK)*	12	155	1:13	94	1:8
TRAIL/CASTLEGAR	5	26	1:5	15	1:3
CRANBROOK/ KIMBERLEY	4	32	1:8	14	1:4



What's ahead in 2023:

MAID MD-SUMC:

- Bill C7 excluded these requests until March 17, 2023.
- Expert Final Report on how MD-SUMC requests should be handled was submitted to the Federal Government on May 6, 2022
- If you wish to read the whole thing: [final-report-expert-panel-maid-mental-illness.pdf \(canada.ca\)](#)
- The expert suggestions feel that current safeguards will work.
- These requests will be Track #2 and *"should have an independent psychiatrist (separate from the treating team) to assess the requestor, in order to confirm diagnosis and that all reasonable treatment options have been considered"*
- Protocols/practice guidelines are yet to be developed

