

# Reflections on what matters to those seeking MAiD

Gerontological Nurses Association of BC

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# OBJECTIVES

## **UNDERSTAND BACKGROUND, CURRENT REALITY**

- \* History; Legislation; Lived reality (data)

## **UNDERSTAND PRACTICAL ASPECTS (your role)**

- \* Scope; Patient Asks; Process

## **UNDERSTAND SHIFTS and TENSIONS:**

- \* Language, access, concepts

## **GAIN INSIGHT INTO FUTURE:**

- \* 4 Reviews

# IMPORTANT TIME IN CANADIAN HISTORY...

**Sue Rodriguez**, ALS 1993: SCC decision denied right to assisted suicide (5-4 decision)

**Gloria Taylor**, ALS 2012: BC Court of Appeal approved exemption; died later that year from an infection

**Kay Carter**, Adv. Spinal Stenosis (died Switzerland 2010)  
Feb 6, 2015: Carter v. Canada: Supreme Court of Canada struck down prohibition of assisted suicide (unanimous decision)

**June 17, 2016.** Bill C-14 “An Act to amend the Criminal Code and to make related amendments to other Acts (MAiD)”

# Started a movement in Canada

“If I cannot give consent to my own death, whose body is this? Who owns my life?”

The philosophical question:

*What role may the individual play in his or her own death?*

# PATIENT MUST MEET ALL CONDITIONS

- \*eligible for health services in Canada
- \*at least 18 & capable of making decisions about their health
- \*a *grievous* and *irremediable* medical condition
- \*a voluntary request for MAiD
- \*give informed consent to receive MAiD after receiving all information needed to make a decision, including:
  - \*medical diagnosis
  - \*available forms of treatment
  - \*available options to relieve suffering, including PC

# “GRIEVOUS AND IRREMEDIAL”

- \*a serious illness, disease, or disability

- \*an advanced state of decline that cannot be reversed

- \*suffering unbearably from illness, disease, disability or state of decline

- \*be at a point where natural death has become reasonably foreseeable, which takes into account all medical circumstances

# Precedent: Ontario Superior Court

- \* Reasonably foreseeable (Robyn Moro, Julie Lamb, spinal muscular atrophy ) Superior Court Ontario (Case of AB)
- \* Impact Ethics article (J. Downie, July 28, 2017)
- \* Robyn Moro (B.C. Aug 2017)
- \* Report to Gov't (Downie & Chandler, March 2018)

# Safeguards

- \*Make the request in writing
- \*Give informed consent & able to make this health care decisions for them self
- \*Request the service of their own free will
- \*10 clear days between day request is signed & day chosen
- \*Able to give consent, or withdraw, immediately before MAiD
- \*Two independent witnesses (some DWD chapters provide)



# BC Data

January 1, 2016 - February 28, 2018 - MAiD Deaths	
Island Health	422
Interior Health	164
Fraser Health	146
Northern Health	43
Vancouver Coastal	223
<b>Total:</b>	<b>998</b>

\*Age: 76 (39-105)

\*Gender about equal

# Additional Data

- \* **UNDERLYING ILLNESS:**
- \* cancer, neurodegenerative, end stage organ, frailty
- \* **LOCATION:** home (>50%), acute, Hospice/PCU, RC
- \* **TELEHEALTH** for one of the assessments (27 x)
- \* **Days Between Request and MAiD:** 0-190 days
- \* **ROUTE:** predominantly IV (7 oral ..... new Secobarbital)
- \* Island Health numbers high; overall data similar to national (first year more than 2000 MAiD deaths in Canada)

# PRACTICAL ASPECTS in your ROLE

- \* Scope Nurses (pyramid)
  - \* Limits & Conditions, Education (LMS module)
  - \* Professional Ethics, Duty to Provide, Conscientious Objection
- \* Patient Asks ...
  - \* Respond, engage in a conversation
  - \* Provide information, Pt Request Form

# Process: variable in BC, Canada

1. Patient Request Form
  2. Two assessments (Physician, NP:
    - Assessor
    - Prescriber
  3. Advise patient if eligible
- \* All forms open access on MOH website
  - \* Fax completed forms to HA and Coroner

**While topic is complex, it can be said  
with certainty:**

“Neither those who are strongly supportive, nor those who are opposed, hold a monopoly on integrity or a genuine concern for the well being of people contemplating end of life.”

Chochinov, 2016

# What Nurses do ...

## varying levels of engagement ..

- \* Communication, support
  - \* Start IV
  - \* Aide directly
  - \* Debrief with family and doctor
  - \* Provide after-life care
  - \* Debrief with team, support one another
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- \* draw on existing competencies (EOL and PC, chronic illness, gerontological and patient-centered care approaches(CASN, 2011)).
  - \* complex clinical skills and relational skills that foster trust and engagement

# UNFOLDING SHIFTS & TENSIONS

- \* Language (reasonably foreseeable, frailty)
- \* Impacts patient access
- \* New rituals
- \* Concepts (PC approach, VSED, pall sedation, couples ...)



# Medically assisted death allows couple married almost 73 years to die together

The Brickendens are one of the few couples in Canada to receive a doctor-assisted death together, and the first to speak about it publicly (K. Grant, GLOBE & MAIL)





# FUTURE: WHAT LIES AHEAD

## \*Reviews:

- \*Advance directives
- \*Age of consent
- \*Mental illness as sole condition
- \*Palliative care

*MAiD, an end-of-life care option for persons who do not want to die, but who do not want to live with the suffering and feeling diminished any longer...*

*And they make this very personal decision.*



# Reflections: what matters to those seeking an assisted death

- \* Questions answered
- \* Forms easily accessible
- \* Transparency
- \* Treated with compassion, non judgement
- \* Choice of where and when
- \* Relief to know can still receive palliative care
- \* Relief to know eligible



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