

Medical Assistance in Dying (MAiD) and volunteers

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Agenda

- MAiD – How did we get here?
- How do I [personally] land with this?
- What is MAiD? What's the process?
- What is my role as a Volunteer?
- What supports are available.... For me? For clients here at Hospice?
- Case scenario



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My favourite topic!

(10)
No way!

Expressions of wanting to die

- An opportunity for further exploration
- An acknowledgement and expression of distress
- Used to promote a sense of control, feelings of choice
- Made to invite discussion of existential concerns
- Do not jump right to paperwork

References: Hudson P, Kristjanson L, et al. Palliat Med. 2006;20:693-701. Johansen S, Holen JC, et al. Palliat Med. 2005, 19, 454-60.

MAiD...

- Evolving and shifting
- Comfort zone(s) – inside of it, outside or somewhere in between
- Not a perfect system – constant evaluation
- Option for care: those that follow news closely... to those not knowing it was a legal option for EOL care

BC's starring role

Sue Rodriguez, ALS

- 1993: Supreme Court of Canada 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, Advanced Spinal Stenosis

- Died at a clinic in Switzerland 2010

Feb 6, 2015: Carter v. Canada: Supreme Court of Canada struck down prohibition of assisted suicide.

Eligibility

- Eligible to receive publically funded health-care services
- At least 18 years of age
- Grievous and irremediable medical condition
- Must make a voluntary request for medical assistance in dying
- Must be informed of all means available to relieve suffering, including palliative care
- Ability to consent and be capable throughout 2 medical assessments and at time of provision

What's the process?

- Completely and 100% patient initiated and driven
- Request **made in writing, Patient Request Record**
- **2 independent witnesses** signing the request
- **2 independent practitioners (MD or NP)** agree that the **person meets all the eligibility criteria**
- Request may be **withdrawn at any time, including JUST BEFORE** the procedure
- 10 day **reflection period** between when request is signed and when procedure occurs
- Person **must be competent** at the time of both medical ax's and procedure
- Timing of assessments is made in consultation with patient (and available physicians/NP's), pace set by that of the patient

Where is MAiD occurring

- Home / community
- Hospital
- Residential Care Facilities / Assisted Living *
- Hospice *

** some exceptions can apply*

Most common reasons

- Loss of autonomy and control
- Being a burden to others
- Fear of the future- fears around the anticipated dying process
- Uncontrolled physical symptoms and/or discomfort (such as pain)
- Depression and hopelessness

Client considerations

- Presence, history of, depression
- Impact on family
- A life well lived, peace or reconciliation
- Control
- Having choice at EOL
- Demographics of who asks (research)

Loved ones considerations

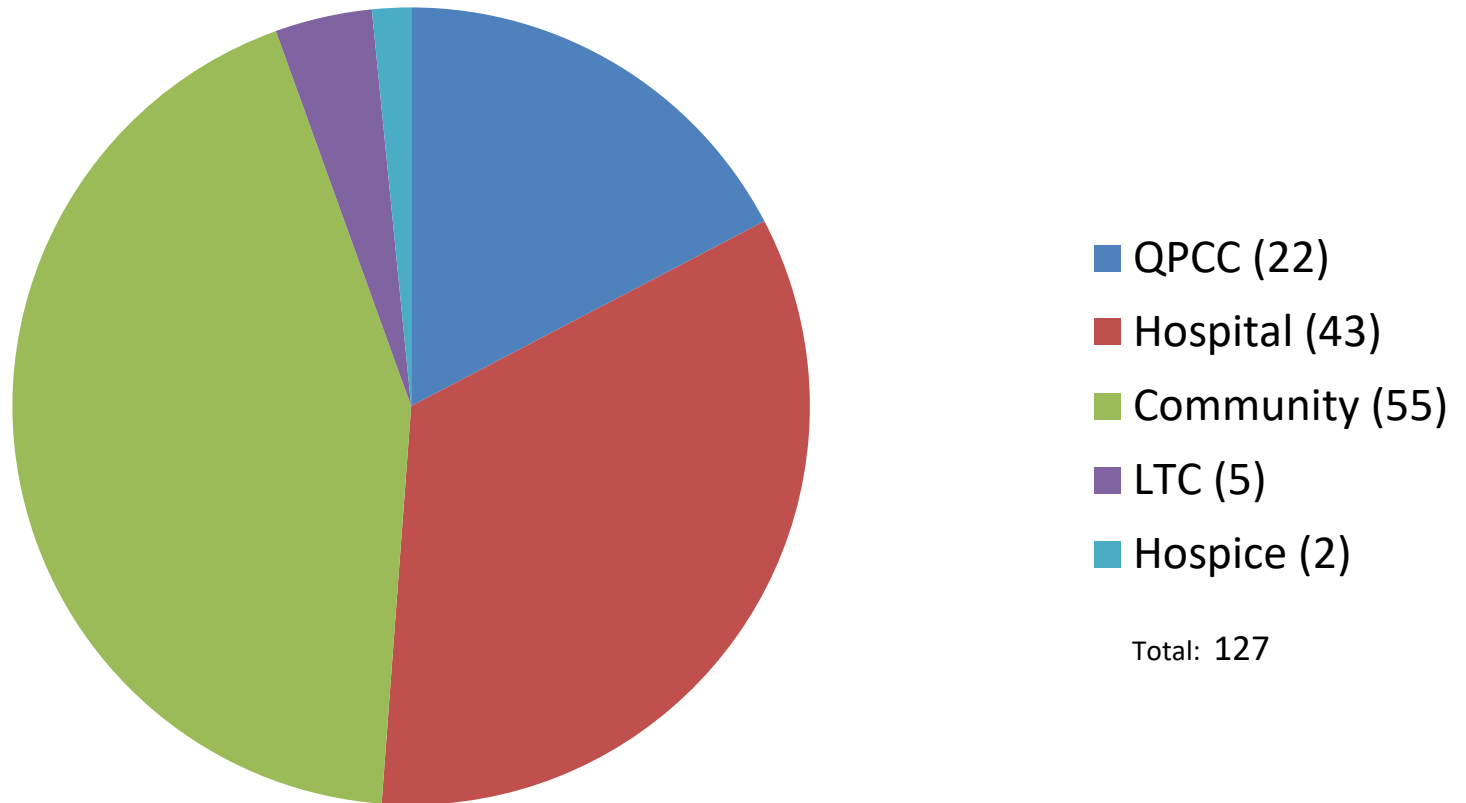
- Supporting their loved one
- Their own values around MAiD and a life lived
- Spiritual or religious reconciliations
- Pull between honouring their loved one and their own needs/attachment in letting go
- Experience of suffering may not be equally shared and understood

**January 1, 2016 – December 31st, 2017
MAiD Deaths**

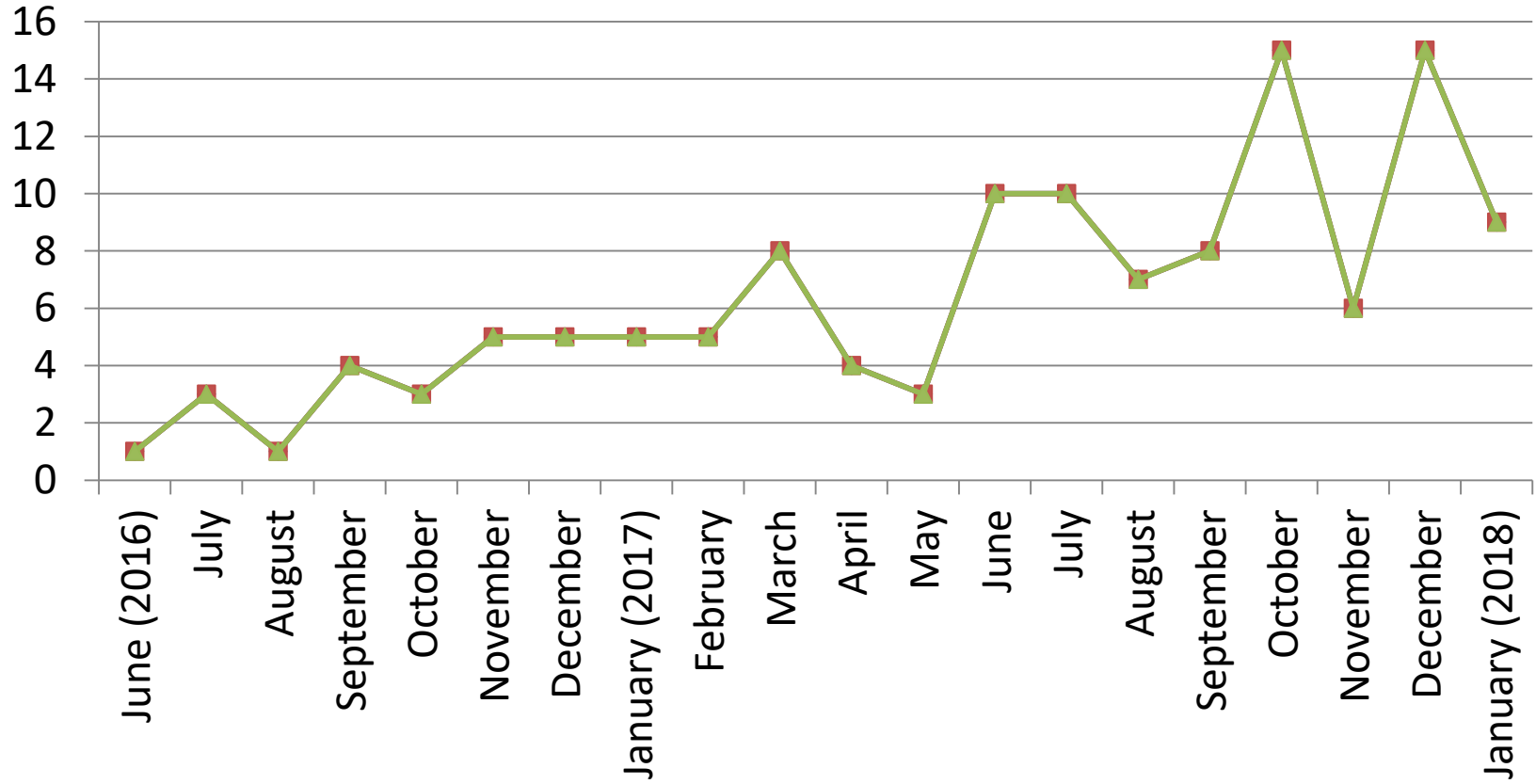
Island Health	376
Interior Health	143
Fraser Health	127
Northern Health	35
Vancouver Coastal	190
TOTAL	871

Where Provisions have occurred

June 1st , 2016 to January 31st , 2018

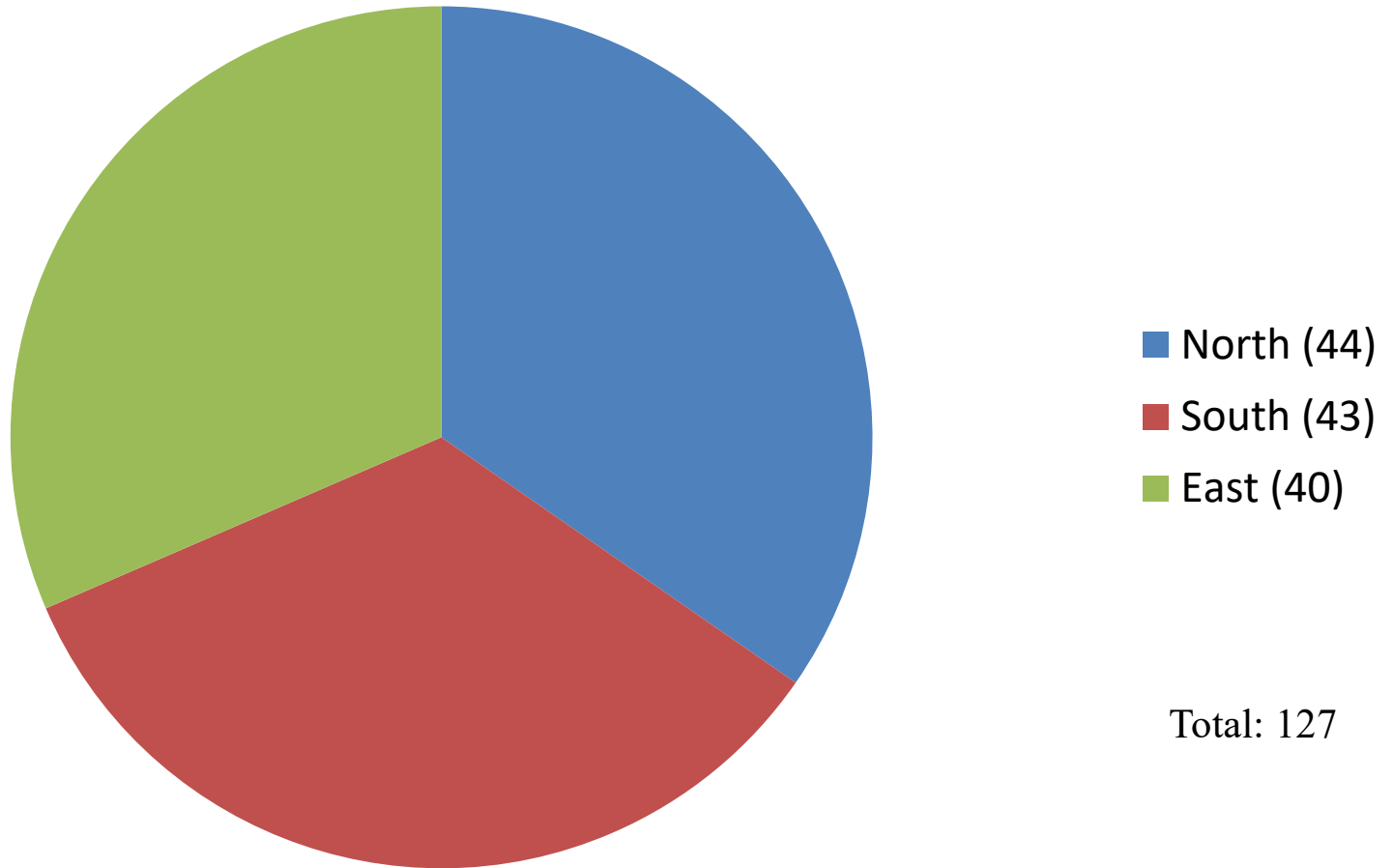


Completed Provisions to date



What region at time of request

(June 1st, 2016 – January 31st, 2018)



“He did not go completely as he wanted, under full control, but nevertheless he went peacefully and did not linger long”

How do I fit into this as a volunteer?

- Be guided by a principle that seeks to understand
- Bring compassion
- Acknowledge a clients distress
- Express an awareness for available options to further explore, commitment to providing that
- Acknowledge Hospice team approach

What do I say?

- “Tell me more about your request....”
- “What kind of information would you like to have?”
- “I can ask one of your health care team members to speak to you about this. In the meantime, is there anything else you would like to talk about?”
- “Sounds like you must be in a lot of distress. We work as a team to support you and I would like to tell them about your question”.

Volunteer Roles

- Volunteers **CANNOT** initiate conversations with patients or their families about MAiD (nor can any other discipline besides a physician or an NP)
- Volunteers **CANNOT** witness MAiD documents
 - A volunteer agency 'Dying with Dignity' can attend to witness documentation.

I hear MAiD is going to occur – now what do I do?

- Check in with yourself
 - How do I feel?
- Can I choose not to be involved?
 - Volunteers have the right not to engage
- Can I be present at provision of MAiD?
 - At patient's request and volunteer's comfort level
- I need support – who can I turn to?
 - Your volunteer coordinator, Hospice staff

Case Study



Mr. Nicholson

- 90 year old man with metastatic gastric cancer
- Unable to provide personal care to himself
- Grew up on a farm in Saskatchewan
- Has been in pain that has been difficult to control
- Wants to pursue MAiD, family is supportive of his wish

Ms. Bonnet

- 50 year old woman, single, with a brain tumour
- Lives alone
- Is currently able to live independently
- Has declined all forms of treatment/intervention i.e., surgery, radiation, chemotherapy
- Wishes for MAiD as soon as possible before she loses the ability to consent

Ms. Yun

- 75 year old woman with chronic lung disease, shortness of breath
- Has been declining for years and her current quality of life is unacceptable to her
- Has requested MAiD and wishes for it as soon as possible
- Family is not supportive of her wish

Questions

- What were your first impressions of each of these requests?
- What other questions might you have?
- What would you say/ask of the client?
- Do you have any concerns? Who would you talk to if you did?

Bereavement

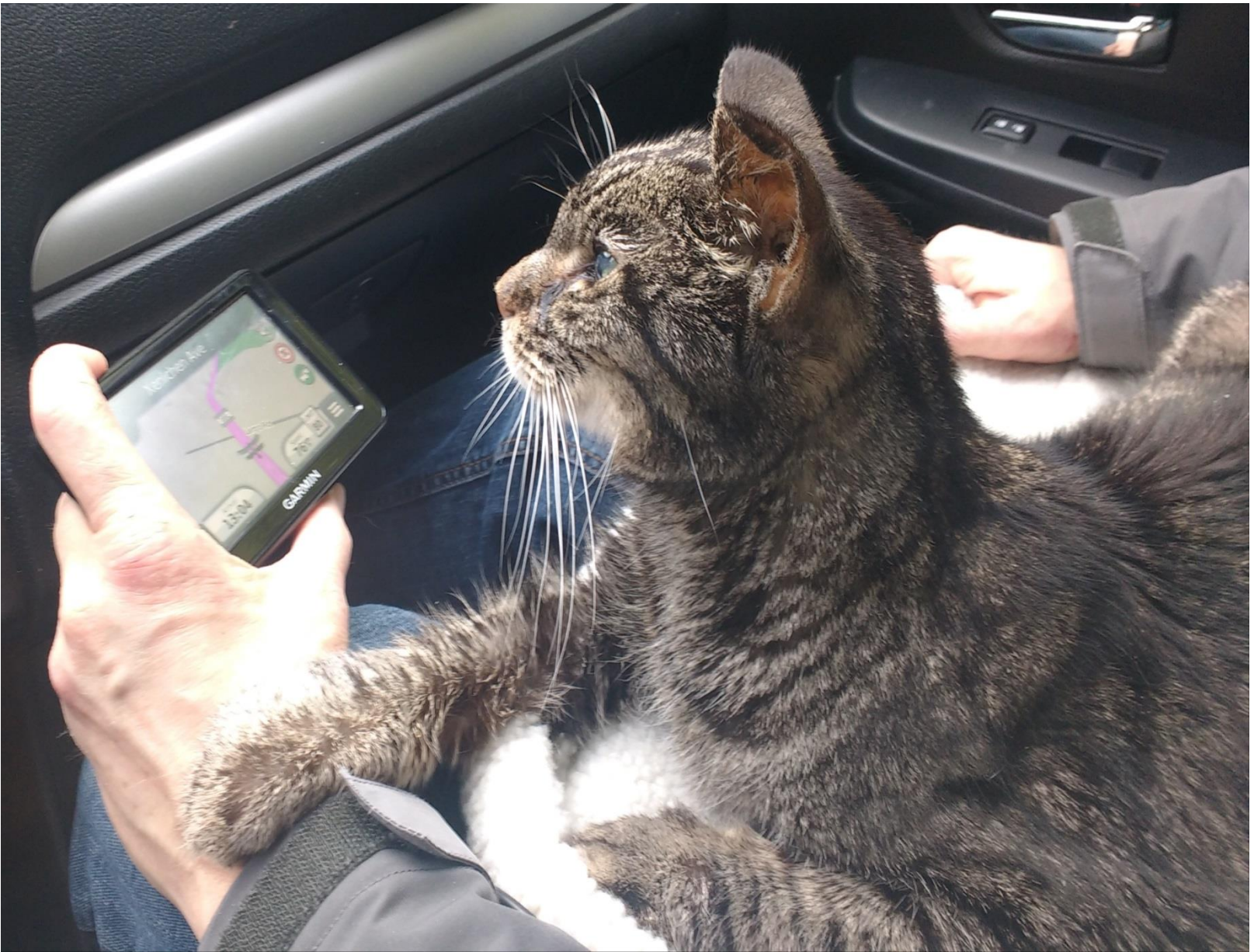
- Unknown
- What if one doesn't support MAiD but supported their loved ones decision?
- Lower bereavement risk? Higher?
- Need for research
- Specific bereavement support available for loss via MAiD – stay tuned!

Self Care

- Check in with your own response.
- What self care strategies have you developed while volunteering?
- Is something more needed because of MAiD? Will your current strategies need to change/modify in light of MAiD?
- Talk to your Volunteer Coordinator.

Observations so far

- Not all requests result in a decision to have MAiD
- How someone responds to MAiD can shift and evolve (+/-)
- Working at developing a uniform approach to MAiD provision and learning from each community's experiences
- Patient's and their families are having in depth discussions around belief systems of death. Has often not just started now.



What I Do Matters.