

Medical Assistance in Dying Community of Practice

June 16, 2017

MAID Community of Practice (CoP) Webinars

Discussion forum to support :

- Awareness of resources to enable HCP to meet their professional obligations when a patient makes an inquiry or request for MAID
- Sharing of lessons learned from local MAID cases
- Identify regional and sub-region needs to support MAID requests
- Identification of knowledge gaps requiring systemic education/support
- Brainstorm collaborative solutions to current challenges being experienced by Health Service Providers supporting requests for MAID

**This
teleconference
is open to all
health service
providers who
are:**

- Currently dealing with a request for MAID, OR
- Have supported a request for MAID in the past, OR
- Are considering supported a MAID request in the future
- and / or
- are interested in engaging in a collaborative discussion with other health service providers to learn from local experiences in supporting access to MAID in WW.

WW MAID Referral Framework – May 2017

#1 Patient Request to Clinician

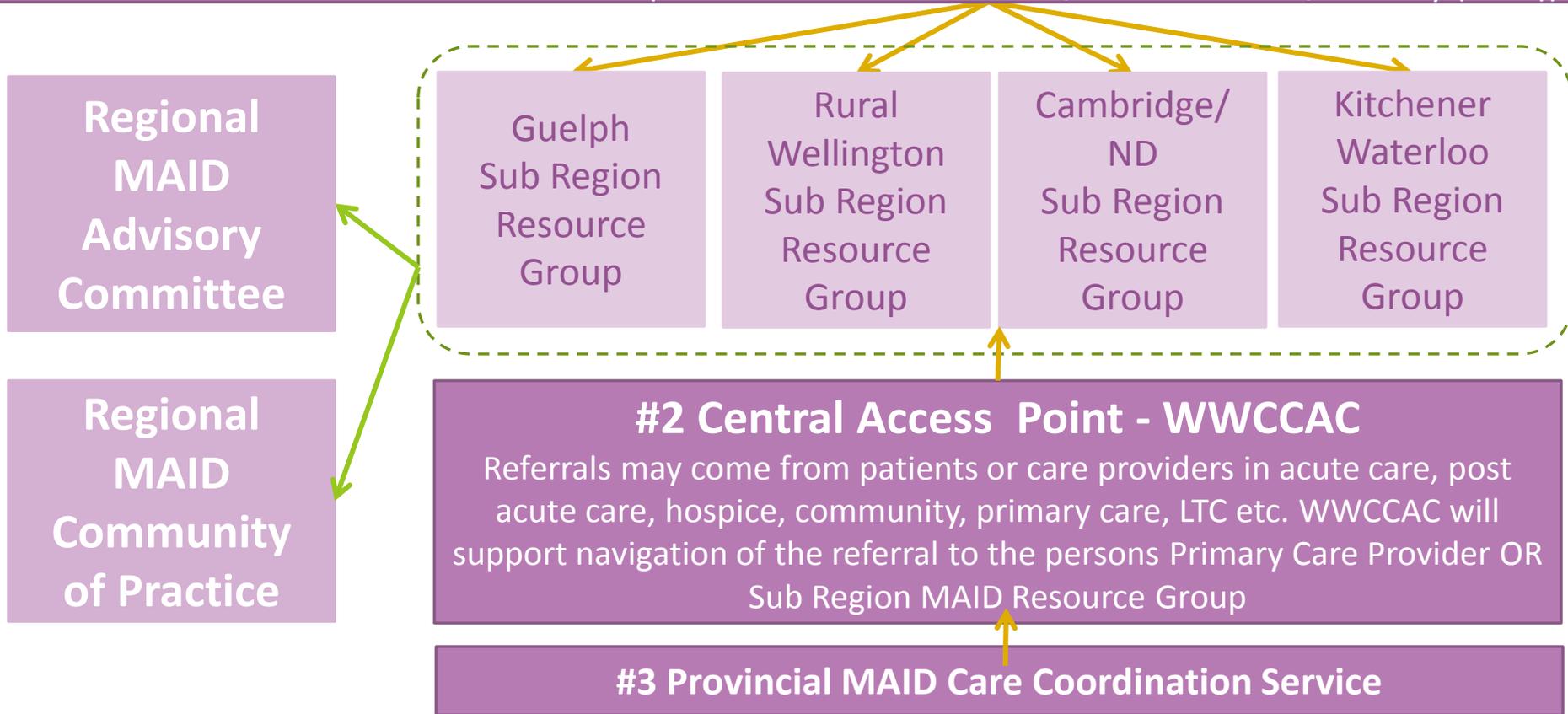
Clinician discusses /explores the request with the patient and provides information on all available treatment and care options. If patient chooses to proceed with MAID, the clinician either:

1. Provides the patient with an overview of the MAID process & conducts an eligibility assessment for MAID

OR

2. If the clinician chooses not to participate in the provision of MAID due to religious or conscientious objections, the clinician will inform the patient that they are unable to provide MAID and will refer the patient to the respective sub Region MAID Resource Group

(Centre for Effective Practice, MAID Resource/Pathway (2016))



Updates

- Presentations to:
 - KW Academy of Medicine (April 26, 2017)
 - GGH Ethics Rounds (June 14, 2017)
 - WW Funeral Homes (June 2, 2017)
 - Suggestion that a Funeral Home may be considered as a location for MAID procedures
- Webinar for Physicians / NPs who are interested in learning more about the MAID procedure (June 22, 2017 0800-0900)

Provincial Landscape

Total number of cases completed in Ontario as of:

January 31, 2017: 244

241 physician-administered cases
3 patient administered cases

155 Cancer-Related, **25** ALS, **24** Other Neurological, **25** CV/Resp., **10** Other

138 in hospital, **106** in home settings

Female: **130**, Male: **114**

Average Age: **73** (range 35 -101)

Total number of cases completed in Ontario as of:

May 31, 2017: 481

480 physician-administered cases
1 patient administered cases

317 Cancer-Related, **37** ALS, **40** Other Neurological, **52** CV/Resp., **35** Other

267 in hospital, **172** in private homes, 26 in LTC, 16 in retirement homes

Female: **226**, Male: **255**

Average Age: **73** (range 27 -101)

Provincial Legislation

On May 9, 2017, The Ontario government passed legislation (Bill 84) entitled the “Medical Assistance in Dying Statute Law Amendment Act, 2016. The Bill amends six existing statutes in order to provide greater clarity and legal protections that increase appropriate access to MAID in Ontario.

The proposed legislation amends the following Acts:

- The Coroners Act
- The Excellent Care for All Act (ECFAA)
- The Freedom of Information and Protection of Privacy Act (FIPPA)
- The Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)
- The Vital Statistics Act (VSA)
- The Workplace Safety and Insurance Act (WSIA)

Provincial Legislation Cont'd

Drugs and services required will be OHIP covered

You can request MAID no matter where you are

Facilities have the right to choose not to participate but have to make this information available to clients

A physician or nurse practitioner who is asked about MAID is obligated to at least provide an effective referral

Coroner is still involved – but death not listed as suicide

Provincial Legislation Cont'd

In addition to the Act, the Ministry of Health and Long-Term Care, the Ministry of Government and Consumer Services and the Office of the Chief Coroner have developed joint guidance and resources to support clinicians in reporting MAID deaths to the coroner and on the completion of the Medical Certificate of Death for MAID patients.

Provincial Legislation Cont'd

Ontario is establishing a MAID Care Co-ordination Service (CCS) that can be accessed by clinicians and patients (public facing) while not altering current health regulatory college policies which require clinicians to make an effective referral.

The care coordination service can be reached by calling toll free 1-866-286-4023 or TTY 844-953-3350. The service is available Monday to Friday 9:00 am to 5:00 pm EST, in English and French, and translation assistance in other languages can be requested. Beginning September 1, 2017, the information line will be made available 24/7.

Trillium Gift of Life Network

- Organ and tissue donation has occurred after MAID. There have been at least 26 patients in Ontario alone who have donated after MAID (primarily tissue donation)
- Many who seek MAID will have medical conditions that are usually incompatible with donation (ie Cancer)
- The process must occur in a hospital setting with available resources to proceed with harvesting as soon as possible after the declaration of death
- Decisions for MAID must be made prior to an independently of the decision to donate organs.
 - MAID FAQs for Patients
 - MAID FAQs for HCP
 - MAID FAQs for Consented Donors



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LINKS AND LITERATURE

LOCAL PLANNING

MEDICAL ASSISTANCE IN DYING (MAID)

ONTARIO PALLIATIVE CARE NETWORK (OPCN)

The Waterloo Wellington Integrated Hospice Palliative

The Waterloo Wellington Integrated Hospice Palliative Care Regional Program is responsible for ensuring that these services will be accessible to the people of Waterloo Region (WWLHIN), regardless of place of residence, diagnosis or care setting, consistent with the [\(CHPCA\) Model to Guide Hospice Palliative Care \(2013\)](#).

Program

nt hospice palliative care
Health Integration Network
[Palliative Care Associations](#)

Ontario Palliative Care Network



UHN Online Education



- www.uhn.ca/healthcareprofessionals/MAID

WWCCAC MAID Learnings obtained from post-procedure teleconferences with physicians, nurses, NPs, CCs and Pharmacy

author: Elizabeth Nieson, PSM WWCCAC Palliative/HPC

Case #1

- **What went well in this procedure? Why?** Comment from the FP shadowing the procedure that overall the experience was very positive “lovely” for the patient. The FP attributed this to the professional and organized manner of the health care team and the process.
- **Comments from the patient or family on their experience?** Patient wrote his obituary and thanked the visiting nurses for their support during his journey. On the day of the procedure the patient expressed gratitude for the care from his team.
- **What is the plan for follow up with the family/caregivers re: supports available? Are there any specific concerns?** Family were from out of province and spoke another language. They left to return home after the patient’s death and there was no follow up. Prior to the planned death, there were no concerns re: bereavement by the family/friends.

Case #1

- **What didn't go so well? What was the cause?** IV access was challenging due to patient's condition and poor lighting. In addition, the room was small for all those present and became very warm in temperature. Comment that providing medical assistance in dying in a patient's home is a privilege and patient-centred experience, however can also be challenging for professionals working in home environments.
- **What should we do differently in the future?** Task lighting (flashlight) available to support IV start

Case #1

Learnings	Discussion	Action/Follow-up
Preparation and experience of family	<ul style="list-style-type: none"> • Language barrier for the family. However, the patient and his friend provided the support and translation to the family. 	<ul style="list-style-type: none"> • Learning for other cases related to language services. Option for interpreter and discussion regarding supports.
Donation of Organs	<ul style="list-style-type: none"> • not appropriate for this patient 	<ul style="list-style-type: none"> • Information shared re: Trillium at next MAID working group
Pre-planning	<ul style="list-style-type: none"> • need to consider addressing bereavement needs in a more thoughtful way prior to the death and post death 	<ul style="list-style-type: none"> • project plan for Bereavement Risk Assessment Tool consideration of using this tool for patient’s proceeding with medical assistance in death
Medications and Supplies	<ul style="list-style-type: none"> • Recommendation and change to the Supply KIT to be considered by Bayshore Pharmacy – specifically the inclusion of blunt nose tip needles. 	
Other equipment	<ul style="list-style-type: none"> • no concerns 	
Knowledge of Bereavement supports	<ul style="list-style-type: none"> • see above 	
Nursing Support	<ul style="list-style-type: none"> • no concerns 	

Other Cases?

Was this
discussion
valuable?

What else is
required to
support you with
respect to MAID?