

# ***Medical Assistance in Dying Community of Practice***

November 3, 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.

# Updates

- **Provincial MAID Care Coordination Service Transitioning to the regions/LHINs**
  - WWLHIN will serve as the WW Regional MAID Care Coordination service by the end of March 2018
- **Completed a call for clinicians interested in supporting MAID**
  - Have provided education (CMA MAID Joule and case review session on Oct. 24), mentoring/shadowing opportunities
- **WWMAID Clinical Working Group** met to support development of clinical tools/resources e.g. intake form, MAID Supply List, MAID Medications Order Set (Bayshore)
- **MAID Peer Group** meets the 4th Monday of each month from 7:00-8:30pm @ WWLHIN Guelph Office (450 Speedvale Ave W, Guelph)

# WW MAID Regional Framework

## DRAFT For Discussion (Sept 14, 2017)

### OPTION #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, and meets general MAID eligibility criteria<sup>1</sup>, the clinician either:

2. If the clinician chooses not to participate in the provision of MAID, the clinician will inform the patient that they are unable to provide MAID and will refer the patient to the WW Regional MAID Service (310-CCAC)

OR

1. a) Provides the patient with an overview of the MAID process & conducts an eligibility assessment for MAID
1. b) Coordinates care/process within Sub Region Resource Group (as available)
1. c) Sends a referral to WW MAID Regional Service for tracking & support if required (care coordination, 2nd assessor, equipment supplies, clinical support etc.)

### OPTION #2 Patient Request to WW Regional MAID Service

WWLHIN will support navigation of the referral & coordination of care in collaboration with the Primary Care Provider and/or Sub Region MAID Resource Group. WW Regional MAID Service will also provide coordination of the care required to support the request and procedure (if eligible)

### OPTION #3 Patient Request to Provincial Care Coordination Service (CCS)

The provincial CCS will contact the WW LHIN Regional Intake to advise of a request. CCS support will be accessed by the WWLHIN if required.



# Provincial Landscape

Total number of cases completed in Ontario as of: **Sept. 30, 2017 = 781**  
**780** physician-administered cases, **1** patient administered cases

**516** Cancer-Related, **106 Neurodegenerative**, **97** CV/Resp., **62** Other  
**411** in hospital, **304** in private homes, **41** in LTC, **25** in retirement homes

Female: **390**, Male: **391**

Average Age: **73** (range 22 -104)

## **Number of Unique MAID Providers:**

Clinicians: 221 (Physicians 213, NPs 8), Hospitals: 79

30 cases in WW (15 Wellington, 15 Waterloo)

# Trends over Time

- Average number of MAID procedures per month across Ontario since April 2017 is 71 (56, 67, 69, 86, 78)
- Since April 2017, there have been approximately 4 MAID procedures completed in WW each month
- Experience in other jurisdictions suggests that for every completed MAID procedure, there will be 4 additional requests for MAID

# CMA MAID Joule

**Query to MOH:** *Is there going to be a second round of CMA Joule training?*

**Response from MOH:** *We are currently planning for the provision of additional courses. Once we have further details we will send information about how to register.*

*In the meantime, we would encourage any interested parties to register themselves of the waitlist for London (or whichever course is most preferable).*

# Provincial Community of Practice

## Update from Dirk Huyer MD, Chief Coroner

- Draft reporting regulations are expected from the Feds in Dec 2017
- Working to shift Coroner's Office from investigative team to a review team
- Working to balance the requirement for reporting, monitoring and oversight with as little intrusion as possible.

# Provincial Community of Practice (cont'd)

## Update from Dirk Huyer MD, Chief Coroner

### **Role of Coroners Office is to ensure compliance:**

- **Reporting** - Ensure all required information is provided
- **Legislation/Safeguards** - Ensure clinicians followed the legislation/regulatory body practices
- **Documentation** - Ensure medical record documentation is thorough and complete
- **Medical** - Ensure medical approach does not significantly vary from best practice within a medical review framework i.e. Grievous and Irremediable criteria

*“Role of the coroner is not to question judgment but rather to ensure judgment has occurred and that the documentation allows one to follow and understand the rationale”*

# Provincial Community of Practice (cont'd)

## Update from Dirk Huyer MD, Chief Coroner

### **Record Keeping:**

- In keeping with physicians' professional and legal obligations with respect to medical record keeping, all physician-patient encounters concerning medical assistance in dying must be documented as set out in the College's Medical Assistance in Dying and Medical Records policies
- In circumstances where a physician declines to provide medical assistance in dying, the physician must document that an effective referral was provided to the patient, as well as the physician, nurse practitioner and/or agency to which the referral was directed.

# Provincial Community of Practice (cont'd)

## Update from Dirk Huyer MD, Chief Coroner

### **Record Keeping**

Physicians who are involved in assessing a patient's eligibility for medical assistance in dying must:

- Document all verbal and written requests for medical assistance in dying, and the dates of these requests;
- Include a copy of the patient's written request for MAID in the medical record;
- Document each element of the patient's assessment in the medical record; and
- Include a copy of their written opinion about patient eligibility in the medical record.

# Provincial Community of Practice (cont'd)

## Update from Dirk Huyer MD, Chief Coroner

### Record Keeping

Where MAID is provided, physicians must also record the following in the medical record:

- The start and end-date of the required 10-day reflection period between the patient's signed request for medical assistance in dying and the date on which medical assistance in dying is provided;
- Where the reflection period is shortened, the specific statutory exception that has been relied upon (patient's death is imminent or patient's loss of capacity is imminent) and the information/ observations that support the clinicians' opinion that the exception was satisfied ;
- The time of the patient's death; and
- The medication protocol utilized (i.e., drug type(s) and dosages).

# Provincial Community of Practice (cont'd)

## Update from Dirk Huyer MD, Chief Coroner

### Record Keeping

- Ministry Clinician Aid forms serve as supplementary aids to help promote good record keeping in the MAID context but do not replace record keeping or mandatory reporting obligations.
- Where these forms are utilized, they form part of the patient's medical record and must be submitted to the Coroner in addition to the information required to satisfy the mandatory reporting obligation

# Provincial Community of Practice (cont'd)

Update & Lessons Learned from Dirk Huyer MD, Chief Coroner

## **Witness to the patients written request:**

- The patient's written request must be witnessed at the time the patient's written request is made, not at a later time and/or date.
- A healthcare provider in the facility where the patient is being treated may serve as an independent witness, as long as that provider is not directly involved in the patient's care.

# Provincial Community of Practice (cont'd)

Update & Lessons Learned from Dirk Huyer MD, Chief Coroner

## On-going Challenges:

- How to evaluate for potential coercion
- How to evaluate the quality/suitability of the palliative care offered
- How to evaluate the initial clinical relationship and decision making process
- i.e. strategies discussed that may alleviate suffering
- Evaluation of access issues

# MAID in WWLHIN

## 2 MAID procedures completed in October

- 1 completed at out of region Hospital due to cultural and privacy reasons. The patient was Catholic & Portuguese and didn't wish for himself or family to experience any added burden due to his choice to proceed.
- October MAID Inquires
- 5 inquiries came in at the very end of October which Cindy reviewing
- 1 request to proceed for a Patient that was assessed and deemed eligible in August. MAID procedure booked for Feb.2018.

## Case #1 - Mr. E.P.

- KW patient. Eligibility affirmed in April. Patient wanted to wait. Enjoyed summer, out-of-province vacation. Returned with progressive symptoms to Mother-in-Laws home in Arthur.
- Preferred procedure date requested but provider could not meet that date. Decision to offer to another provider – A Guelph physician completed her own eligibility assessment. Second assessor reconnected and affirmed eligibility.
- Challenging case - Family declined nursing. Had left SRK out of province so a scramble by team to manage symptoms 4 days before procedure.
- Challenge – IV access assessment – great veins but initially only 1 site available (he has ++ nervous about IV)
- Debrief discussion about having s/l lorazepam on hand to support IV access etc.

## Case #1 - Mr. E.P.

**Discussion:** How to best support patients that are anxious about IV starts. The physician recommended the possibility of providing Lorazepam prior to procedure after consent.

## Case #2 – Mr. A.B.

- Completed at out of region Hospital due to cultural and privacy reasons.
- The patient was Catholic & Portuguese and didn't wish for himself or family to experience any added burden due to his choice to proceed.

\*Review hospital status

- 5 inquiries came in at the very end of October and are currently being reviewed
- 1 request to proceed for a patient that was assessed and deemed eligible in August. MAID procedure booked for Feb.2018
- Other cases?

Was this  
discussion  
valuable?

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