



# IT'S PERSONAL

## MEDICAL ASSISTANCE IN DYING (MAID)

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Knowledge is power and our goal at the Parkinson Association of Alberta is to keep you up to date and informed on topics of interest and importance to those we serve, even if those topics seem daunting or difficult.

While not every aspect of advance care planning is about end of life, that is a part of it as well. One of those end-of-life topics is medical assistance in dying (MAID). A topic that has been discussed for decades, MAID is a complex and deeply personal issue. Often it is one that runs through our heads when we feel helpless as we witness a loved one go through a painful or prolonged illness. For some, it is wishing for the physical or emotional pain to stop.

In June 2016 Canadians gained the right to ask for medical assistance in dying (MAID). In August of that year my husband was diagnosed with bone cancer that had spread to his brain. He spoke with his health care team and began his application. October 19, 2016, he

died with medical assistance. Since that time over 2600 Canadians have received MAID.

My husband was a logical and caring man, and there were so many reasons for his decision. He spoke with his medical team, then shared his wishes with me. We discovered that not all medical professionals agree with MAID, however it is their responsibility to provide resources and contact information for those who request it. We share this personal experience with you, not to tell you what to do or to influence your decision – rather to acknowledge that we understand how deeply personal this decision can be. The option to choose MAID will not be right for everyone for various reasons; but it is an option none-the-less and in keeping with our goal to keep the Parkinson's Community up to date and informed we are discussing it here today.

In this article we will cover the some of the most frequent questions asked.

## What is Medical Assistance in Dying?

Medical Assistance in Dying or MAID refers to the situation when a person seeks medical help to end their life. In the past it has also been referred to as “assisted suicide” or “physician-assisted suicide.” There are two medical procedures to complete the process of MAID, oral and intravenous. In this article we will discuss intravenous.

## What is the difference between MAID and Palliative Care?

Palliative care focuses on improving quality of life and managing symptoms to help people live and die well. MAID aims to ease the suffering by aiding an eligible person end their life with assistance by trained clinicians by administering medications that lead to death.

## Who can access Medical Assistance in Dying (MAID)?

On March 17, 2021, new legislation regarding MAID was put forward and became law. These changes introduced a two-track approach. What this means is that an individual does not need to have a fatal or terminal condition to be eligible to apply for Medical Assistance in Dying. The changes include a broader group of people that are eligible, and now include individuals who have a grievous or irreversible medical condition. This means that an individual who has a serious illness, disease, or disability can now access the service (this does not include mental illness currently). If they are in an advanced state of decline which can not be reversed, they are experiencing unbearable physical or mental suffering from their illness, disease, disability, or state of decline that cannot be relieved under conditions that they consider acceptable, their application will be considered.

To be eligible for MAID an individual must meet all the following criteria.

- » Be eligible for health services funded by the federal government, or a province or territory (or during the applicable minimum period of residence or waiting period for eligibility).

- » Be at least 18 years old and mentally competent. This means being capable of making health care decisions for themselves.
- » Able to make a voluntary request for MAID that is not the result of outside pressure or influence.
- » Able to give informed consent to receive MAID. The person must provide informed consent to their practitioner. This means that they have given consent (permission) to MAID after they have received all the information needed to make their decision. This includes their medical diagnosis, available forms of treatment and have been informed of the available options to relieve suffering including palliative care.
- » The individual must be able to give informed consent both at the time of their request and immediately before MAID is provided. **The changes to this legislation made on March 17, 2021**, allows final consent just before MAID to be waived. The **Advance Consent Arrangement** allows for the **Waiver of Final Consent**. Safeguards were put in place that apply to someone seeking MAID to be able to consent in advance to it even if they have lost decision making capacity by their chosen date for the procedure.



## Who can I talk to about medical assistance in dying?

The place to start is to speak with a doctor or nurse practitioner. If an individual does not have a regular family doctor or they feel that their physician will not be supportive, there are options. While health-care professionals are not required to participate in MAID, they are responsible to provide patients who ask with resources and contact information in their province or territory for the Health Services Medical Assistance in Dying Care Coordination Service.

# It's Personal: Medical Assistance in Dying (MAID)

The Medical Assistance in Dying Care Coordination service offers support for patients, families, and health-care providers. They can be reached through email MAID.CareTeam@ahs.ca or by calling Health Link at 811.

## What does the process look like?

**Starting the MAID Process:** If one wishes to request MAID, the first step is to visit a doctor/physician or nurse practitioner and request information on MAID. The physician will send a referral for MAID to the MAID nurse navigator. An individual can also reach the MAID Care Team through email MAID.CareTeam@ahs.ca or by calling Health Link at 811.

The MAID Nurse Navigator (MNN) will connect with the individual to move to the next step, where the individual will sign the MAID consent form in the presence of two independent witnesses. The MNN will connect with individual for an interview, intake, and to explain the process. They will keep in contact with the individual and their circle of care in case their health status changes.

**The MAID assessment:** At this point the MAID Nurse Navigator has sent the MAID documentation to the first clinician who will determine whether the individual meets the eligibility criteria. If the individual meets the criteria, they move on to the second and possibly third clinician for assessment. An assessor will arrange a date and time with the individual. The 10-day waiting/reflection period begins, or they can choose to wait and contact their team if/when they choose to move forward at a later date.

**Maid Preparation:** Three options are available for individuals who choose to access MAID. Options include Hospital in Patient, Hospital Outpatient and

Non-Hospital where an individual may choose where they wish to have the procedure completed (i.e.: at home).

**Day of MAID:** The physician and clinician arrive at the location; they will assess the patient for capacity and obtains consent for MAID; unless the individual has made an **Advance Consent Arrangement** that allows for the **Waiver of Final Consent**. For those who do not have an **Advance Consent Arrangement**; at this time the patient may choose not to have MAID. On confirmation of the decision to proceed, the medical professionals present will administer a process that is designed for the comfort of both the patient and family present. The specific details of this process will be discussed in advance with your health care provider.

**Post MAID:** After death, the family will have time with their loved one. Depending on whether the procedure was completed in or out of hospital the next steps will vary.

## What about my spouse and loved ones afterwards?

The loss of a loved one is never easy. Dealing with an illness and death of a loved one is incredibly hard. We never know how we will cope or react until we are in that moment. For me I know that having my loved ones close to me to lean on made the loss of my husband bearable. We each deal with our grief in our own personal way, and we know there are supports available. The Medical Assistance in Dying Care Coordination service offers support for families, and Parkinson Association of Alberta is here for you every step of the way.

### Sources

*Medical Assistance in Dying – Alberta Health Services* <https://www.albertahealthservices.ca/info>

*Dying With Dignity Canada* <https://www.dyingwithdignity.ca/about-us/>

*Government of Canada- MAID and the Law* <https://www.justice.gc.ca>

*Palliative and end of life Care* <https://www.albertahealthservices.ca>

*Canadian hospice palliative care association* <https://www.chpca.ca>

*Grief and Bereavement* <https://myhealth.alberta.ca/HealthTopics/Palliative-Care/Pages/Grief-and-Bereavement.aspx>