

Assisted Dying Program: Legislative Updates

Dirk Coetsee

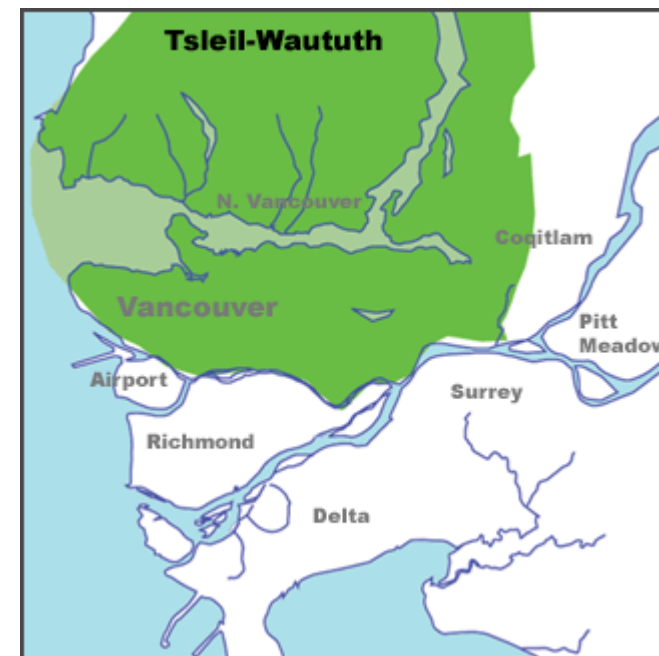
Medical Director, Provider, Assisted Dying Program

Family Physician

MBChB CCFP

Land Acknowledgement

I respectfully acknowledge the land on which we work is the unceded traditional territory of the Coast Salish Peoples, including the traditional territories of x^wməθkwəyəm (Musqueam), Skwxwú7mesh (Squamish), and Səlílwətał (Tsleil-Waututh) Nations.



Source: www.johomaps.net



Disclosures:

Relationship with financial sponsors: None

Affiliations: Member - CAMAP

Learning Objectives

By the end of this session you will be able to:

- Summarise the major C-7 legislation changes
- Reflect on how these changes align with personal values and beliefs
- Identify potential impacts these changes have on practice
- Locate the resources for supports available



Assisted Dying Program

Confidential statistics redacted

Our Team:

- Director
- Care Coordination Team (CRN & CRSW)
- Educator
- Admin Analyst
- Medical Director

Bill C-7

The Bill amends the *Criminal Code* regarding MAiD provisions in relation to the following issues:

- Eligibility criteria
- Procedural Safeguards
- Waiver of final consent
- Reporting/Monitoring
- Independent and parliamentary RV



Why are changes necessary?



Bill C-14



Bill C-7



Eligibility

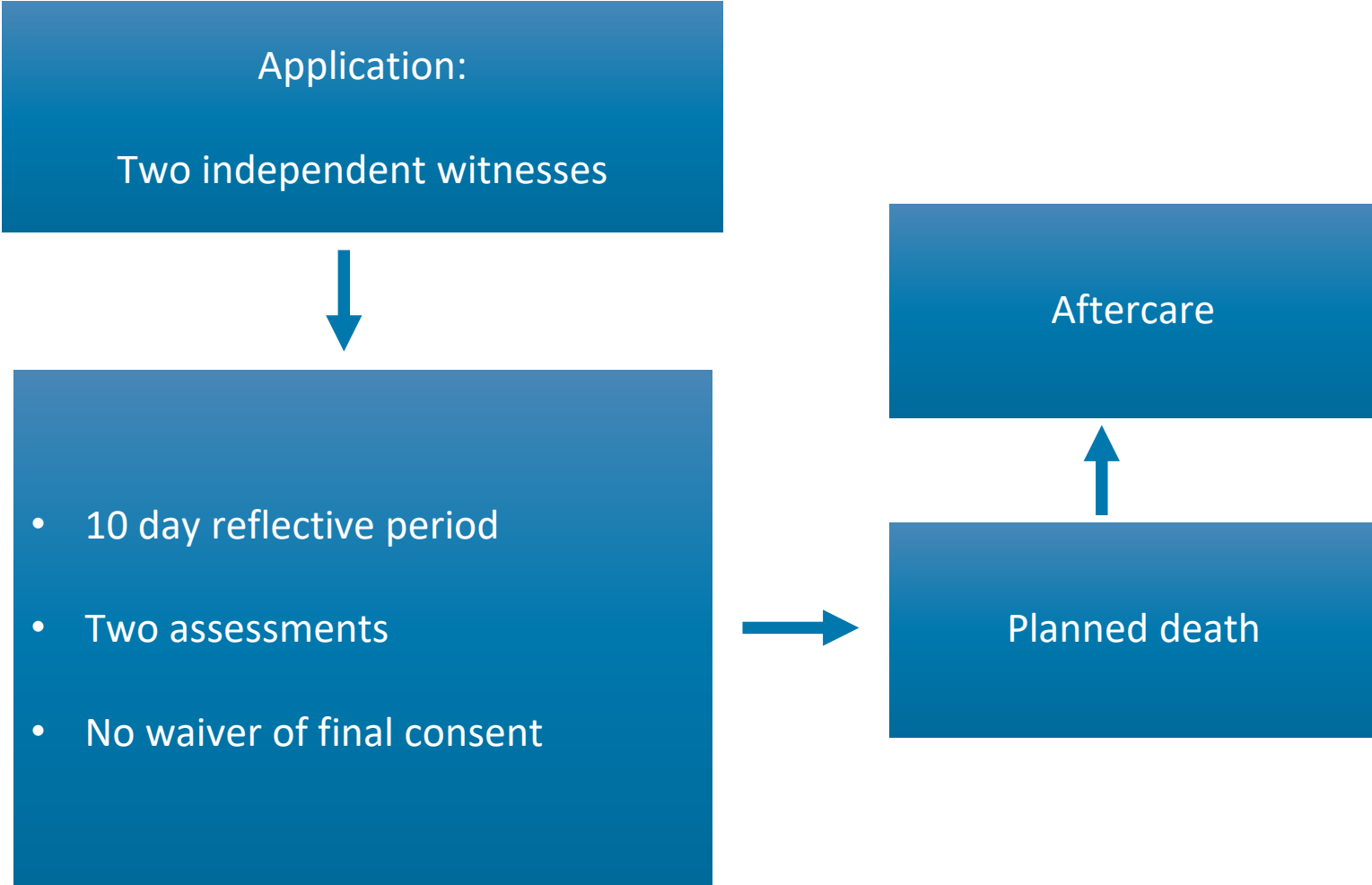
- Be at least 18 years old
- Be eligible for publicly-funded health services in Canada
- Request assistance in dying without pressure or influence from anyone else
- Be in an advanced state of irreversible decline
- Be able to provide capable informed consent throughout the process
- Have a grievous and irremediable medical condition
- Be at a point in her/his condition where natural death is reasonably foreseeable



Changes



Bill C-14 (2016) MAiD Journey:



Eligibility Criteria (continued)

- A person has a grievous and irremediable medical condition only if they meet all of the following criteria:
 - They have a serious and incurable illness, disease or disability*
 - They are in an advanced state of irreversible decline in capability; and
 - That illness, disease or disability or that state of decline causes them enduring physical or psychological suffering that is intolerable to them and that cannot be relieved under conditions that they consider acceptable; and
 - ~~Their natural death has become reasonably foreseeable, taking into account all of their medical circumstances, without a prognosis necessarily having been made as to the specific length of time that they have remaining.~~

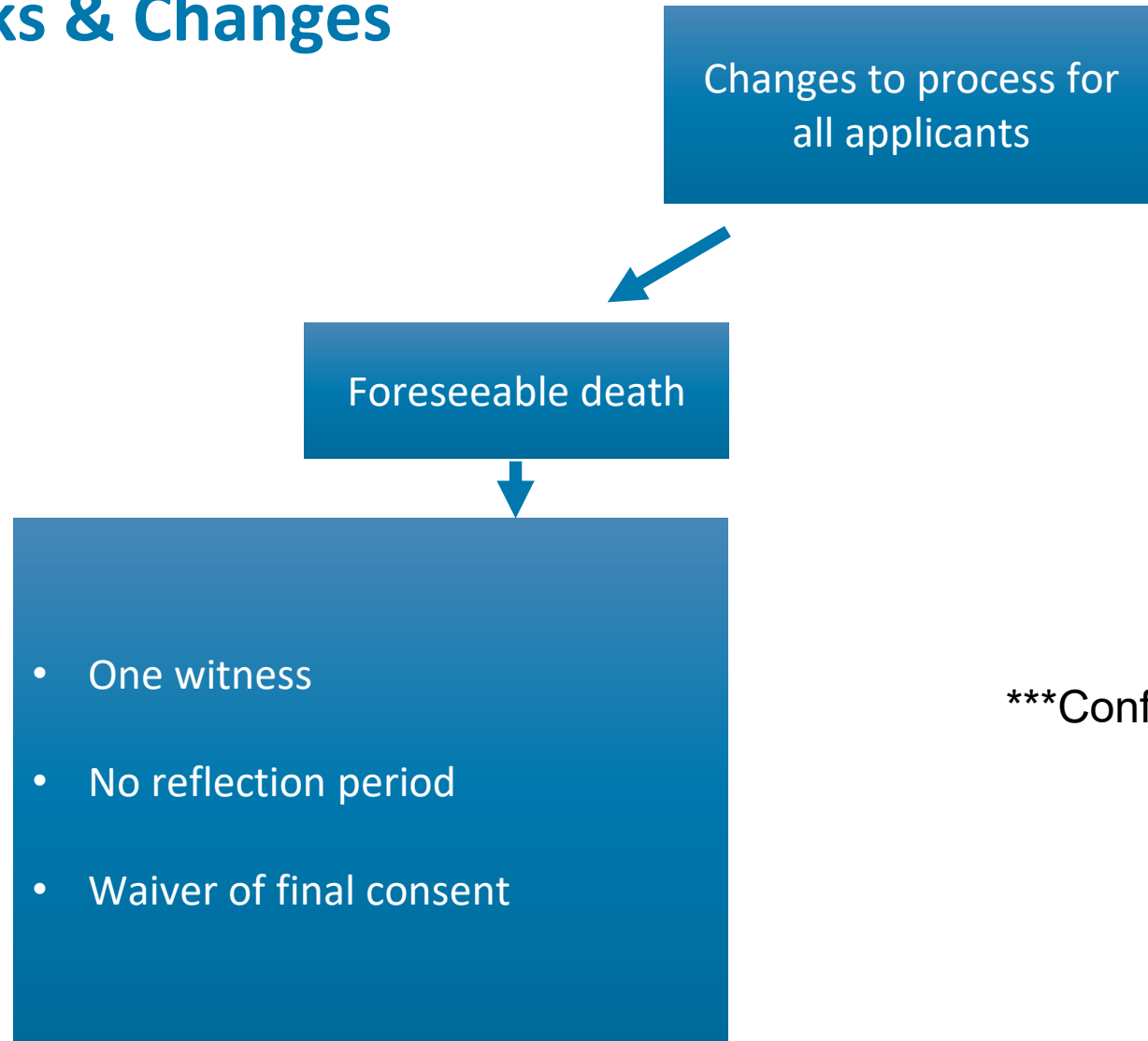


*Mental Illness Exclusion and Sunset Clause

- They have a serious and incurable illness, disease or disability:
 - Mental illness is not considered to be an illness, disease or disability
 - This subsection will be repealed on the second anniversary of the day on which this act receives royal assent = 17 March 2023

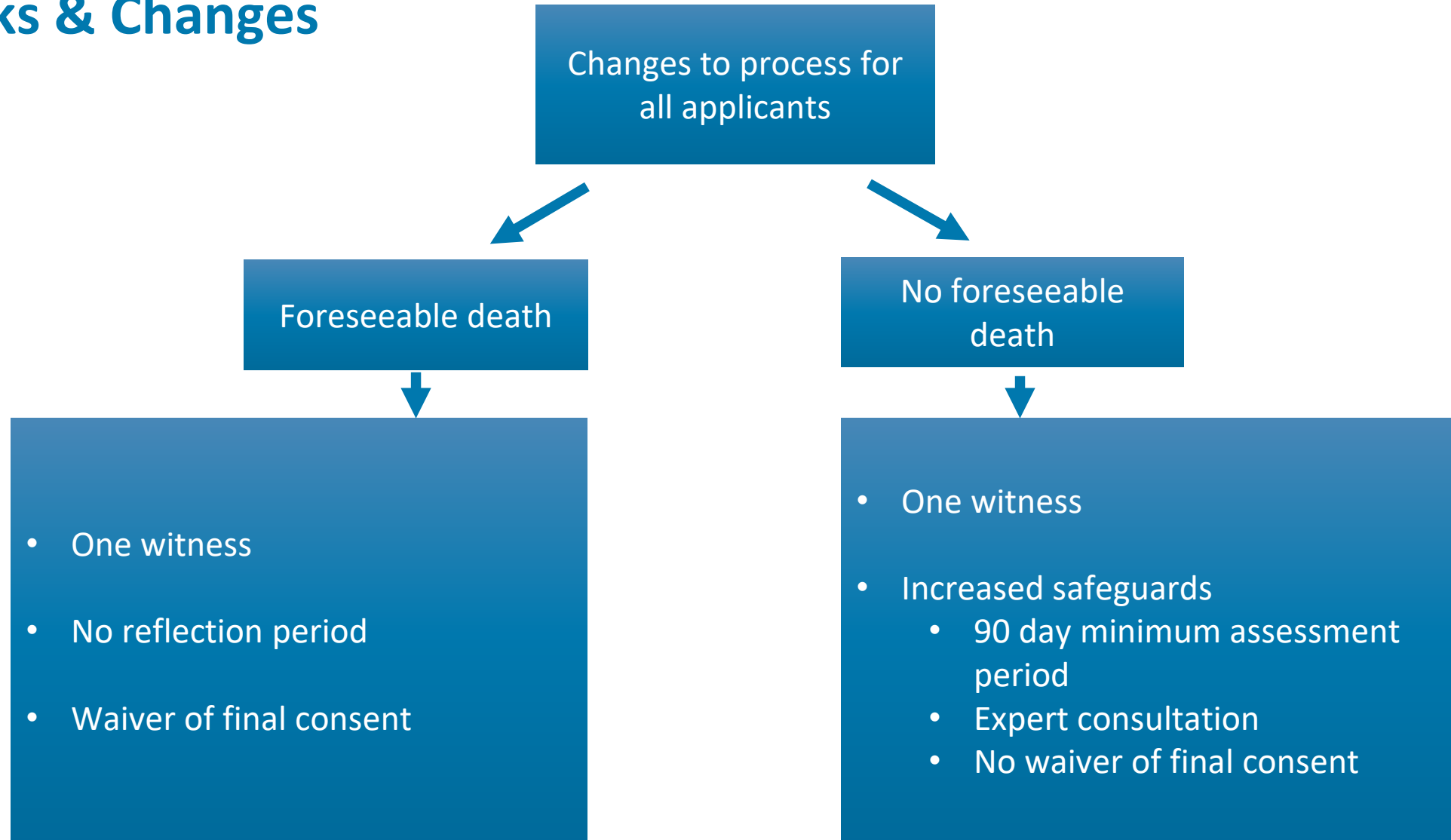


Tracks & Changes



Confidential statistics redacted

Tracks & Changes



Reasonably Foreseeable Natural Death (RFND/Track 1):

- Jody Wilson-Raybould, Minister of Justice, to the Senate, 2016:
 - “Bill C-14 does not require a strict temporal or causal relationship between any single medical condition and the foreseeability of death.”
 - “I am 100 % confident that Kay Carter would be eligible under Bill C-14 to receive medical assistance in Dying. Her death had become reasonably foreseeable by virtue of her age and frailty.”
 - Kay Carter: ***Carter v Canada (AG)***, 2015 SCC 5 is a landmark Supreme Court of Canada decision where the prohibition of assisted suicide was challenged. Carter had spinal stenosis.



Reasonably Foreseeable Death:



- CAMAP's first Clinical Practice Guideline
 - The Clinical interpretation of “Reasonably Foreseeable”:
 - A clinician should decide:
 - Is it reasonable to **predict** that death will result from the patient's medical conditions and sequelae, taking into account age and other factors?
 - Is it likely that death will be ‘remote’ or in the ‘too distant future’ in the ordinary sense of these words?
 - Reasonably predictable does not mean that the clinician is confident that death will definitely ensue in this way, only that predicting that it will do so is reasonable”

Reasonably Foreseeable Death (3): Legal Challenge

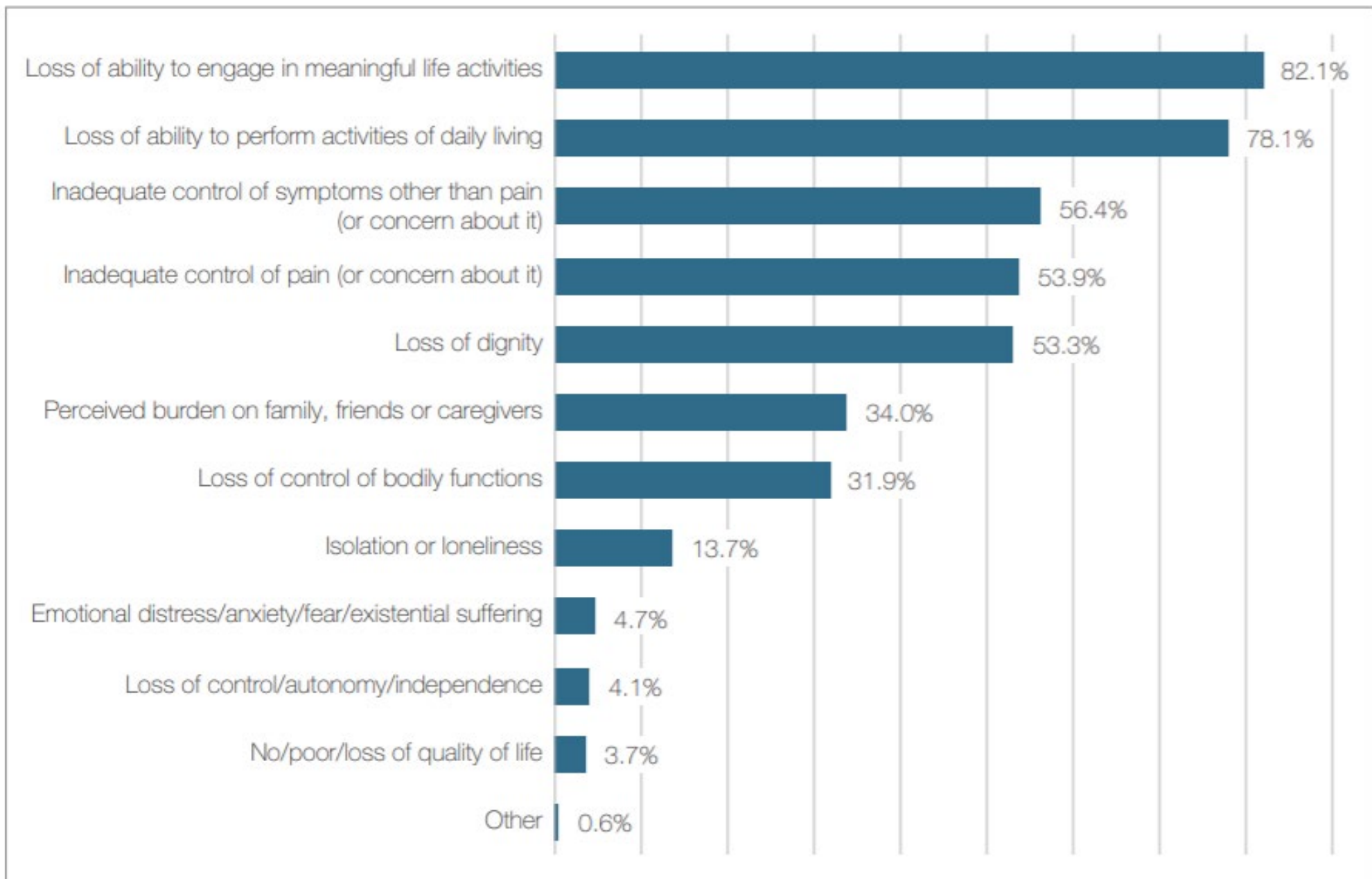
- The AB Case:
 - 76 year-old lady, applied for MAiD early 2017
 - Told eligible, then decision subsequently reversed 3 times
 - Why? Confusion over RFND - underlying cause of suffering was severe OA
 - 19th June 2017: Ontario Superior Court Justice Paul Perell ruled that AB satisfied Bill C-14's RFND requirement
 - RFND = ~~terminally ill~~
 - ~~Suffering from a fatal medical condition to qualify~~
 - Providers of MAiD: “need not opine about the specific length of time that the person requesting MAiD has remaining in his or her lifetime.” - Justice Perell



Safeguards: Death is Not Reasonably Foreseeable (Track 2): The Expert Assessment

- The role of the expert is NOT to provide an opinion on whether someone meets eligibility criteria - it is to ensure that the person has been informed of the means available to them to **relieve their particular kind of intolerable suffering**, including, **where appropriate, counselling services, mental health and disability supports, community services and palliative care** and has been **offered** consultations with relevant professionals who provide those services or that care, and that the person has **given serious consideration to those means**.
- In the event of multiple comorbidities, advice is sought regarding the condition that is causing the aspect of suffering that is most intolerable to the person.
- A written report should be provided, so it can be shared with both assessors





What might we see?

- Initial increase in number of requests and deaths
- Shift in types of suffering and/or underlying diagnosis leading to a request
- Need for further education and supports
- Need for provincial regulations and systems to ensure patient safety



Practice Implications/Considerations:

- All physicians and NPs have duty to ensure their patients are informed of all their care options - this includes MAiD
- When uncertain about RFND or eligibility: Seek advice from more experienced clinicians (RaceLine/RACEAppPlus), join CAMAP to access forum, or the care coordination service at VCH.
- Even optimally managed patients request MAiD
- From March 2023, all discussions about MAiD will require to be reported to the MoH (future reporting requirement)
- CPSBC Practice Standard: Medical Assistance in Dying



What is my role?

**Medical Assistance in Dying
TRANSFER OF REQUEST**

HLTH 1642

Patient Label

The transferring practitioner is to fax this form to the Ministry of Health at 778-698-4678, **within 30 days** after the day on which the practitioner transferred the patient's written request for MAiD. Retain original in patient's health record.

1. PATIENT INFORMATION							
Last Name		First Name		Second Name(s)			
Personal Health Number (PHN) <input type="checkbox"/> N/A		Birthdate (YYYY / MM / DD)		Gender <input type="radio"/> Male <input type="radio"/> X (specify) <input type="radio"/> Female			
Province or Territory that Issued PHN <i>If patient does not have a PHN, provide the province or territory of patient's usual place of residence</i>			Postal Code Associated With PHN <i>If patient does not have a PHN, provide the postal code of patient's usual place of residence</i>				
2. PRACTITIONER INFORMATION							
Last Name		First Name		Second Name			
<input type="radio"/> CPSID # <input type="radio"/> BCCNM Prescriber #		Phone Number		Fax Number		Work Email Address	
Work Mailing Address				City		Postal Code	
If you are a physician, what is your area of specialty?							
<input type="checkbox"/> Anaesthesiology		<input type="checkbox"/> Cardiology		<input type="checkbox"/> Family medicine		<input type="checkbox"/> General internal medicine	
<input type="checkbox"/> Neurology		<input type="checkbox"/> Oncology		<input type="checkbox"/> Palliative medicine		<input type="checkbox"/> Respiratory medicine	
				<input type="checkbox"/> Geriatric medicine		<input type="checkbox"/> Nephrology	
						<input type="checkbox"/> Other - specify: _____	
3. RECEIPT OF WRITTEN REQUEST							
Date written request received (YYYY / MM / DD)				Province or Territory where you received the written request for MAiD			
<input type="radio"/> Yes <input type="radio"/> No To the best of your knowledge or belief, before you received the written request for MAiD, did the patient consult you concerning their health for a reason other than seeking MAiD?							
From whom did you receive the written request for MAiD that triggered the obligation to provide information?							
<input type="radio"/> Another practitioner		<input type="radio"/> Patient directly (1632 form)		<input type="radio"/> Patient directly - other, specify: _____			
<input type="radio"/> MAiD Care coordination service		<input type="radio"/> Another third-party - specify: _____					
4. TRANSFER OF REQUEST							
Date of transfer of request or care (YYYY / MM / DD)		Did you complete an eligibility assessment prior to transfer of request or care? <input type="radio"/> Yes <input type="radio"/> No		If Yes, was the patient eligible for MAiD in your opinion? <input type="radio"/> Yes <input type="radio"/> No			
Did you transfer the request or care for any of the following reasons (select all that apply):							
<input type="checkbox"/> Due to policies on MAiD of a hospital, community care facility or palliative care facility where the patient is located		<input type="checkbox"/> Due to lack of relevant expertise to <i>provide</i> MAiD		<input type="checkbox"/> Due to lack of relevant expertise to <i>assess</i> for MAiD			
<input type="checkbox"/> The facility would not permit MAiD assessment on site		<input type="checkbox"/> Due to patient's request		<input type="checkbox"/> None of the above - specify: _____			
<input type="checkbox"/> The facility would not permit MAiD provision on site							
<input type="checkbox"/> Assessing or providing MAiD is contrary to your conscience or beliefs							
Where did you transfer the request or care to? (i.e. where did you send the patient's written request?)							
<input type="radio"/> Another Practitioner		<input type="radio"/> MAiD Care Coordination Service (contact info below)				<input type="radio"/> Other- specify: _____	
Practitioner Signature				Date (YYYY / MM / DD)			

Health Authority fax numbers for submission of forms:

Fraser HA: Fax: 604-523-8855, mccc@fraserhealth.ca	Vancouver Coastal HA: Fax: 1-888-865-2941, AssistedDying@vch.ca
Interior HA: Fax: 250-469-7066, maid@interiorhealth.ca	Vancouver Island HA: Fax: 250-519-3669, maid@viha.ca
Northern HA: Fax: 250-565-2640, maid@northernhealth.ca	Provincial Health Services Authority: Fax: 604-829-2631, maidcco@phsa.ca



Phraseology:

- During Advance Care Planning (ACP) discussions (consider after 75th birthday or when otherwise indicated):
 - “We’ve just talked about resuscitation. In Canada, a person who has a serious and incurable illness who is experiencing intolerable suffering is allowed to ask for something called Medical Assistance in Dying. Have you heard of that? If your health deteriorates and we discussed your care options again, would you want me to review this option with you?”
- “Many patients with (**add condition here***) have questions about Medical Assistance in Dying, since it became legal in Canada in 2016. I just want you to know that if you had questions or wanted to talk about MAiD, this is a safe space to do so.”
- “As a clinician it is my duty to inform you of all your treatment options. Please stop me if you don’t want to discuss this or if its does not align with your values or religion. Medical Assistance in Dying became legal in Canada in 2016...”



Case Presentation: Paul

- 89 year-old man
- Independent, driving, main carer for disabled wife (dementia)
- Skiing until age 75
- PMH:
 - CCF with severe AS, MR
 - Severe COPD (MRC Dyspnoea scale 4), no home O2
 - CAD (Single vessel stent 2017)
 - CKD Stage 4 (with AKI on last admission)
 - 3 admissions to hospital over preceding 4 months - CCF exacerbation, electrolyte disturbance from diuretics, AKI



Case Presentation: Paul

- Interview:
 - Values independence
 - Recognises approaching end of life
 - Does not wish to live in care home
 - Had considered palliative care for symptom management
 - Wished to be in control of his own death
 - Would want to go ahead with assisted death when dependent on others for ADLs

Back-pocket request



Case Presentation: Paul



- Does he have a grievous and irremediable condition?
- Is he in an advanced state of decline that cannot be reversed?
- Is he experiencing unbearable physical or mental suffering from the illness, disease, disability or state of decline that cannot be reversed under conditions that he considers acceptable?
- Is his natural death reasonably foreseeable?
- **Outcome:**
 - Would be eligible once he feels his suffering is intolerable
 - Provided my contact details
 - We did not set a review date
 - We agreed to have another brief meeting closer to the time that he would wish to go ahead

Case Presentation: Paul

- 10 days later:
 - Fell whilst carrying tray of food for his wife - sustained hip #, admitted
 - Reviewed by Orthopaedics - felt high operative risk -> Mx Palliative
 - Paul expressed wish to pursue MAiD
 - D/W Ortho, IM
 - D/W Pt, agreed for me to discuss with his daughter
 - D/W Daughter
 - Called to update GP (who had completed Assessor assessment)

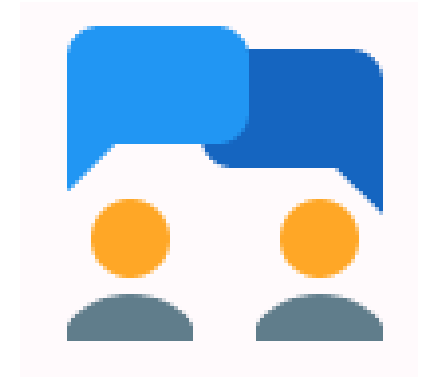


Case Presentation: Paul

- Day 15:
 - In hospital
 - Three generations (12 people - Pre-COVID!)
 - Spoke about the importance of humour in getting through difficult times
 - Meds administered IV
 - Passed peacefully
 - **Death Certificate: Discussed with Coroner - injury was the trigger for MAiD**



“The quality of my death
is as important as my
quality of life.” - Patient



What's Next



- **Sunset Clause-** Eligibility for those with mental illness as sole underlying condition (March 2023)
- **Independent/Parliamentary Review**
 - Advanced directives for MAiD
 - Mental illness
 - Mature minors
 - Palliative care in Canada
 - Protection for people living with a disability
 - MAiD implementation across Canada



What's Next- Education



- **LearningHub courses**
- **In person/zoom sessions**
- **Websites and PHEM materials**
 - Pamphlets
 - Booklets
 - FAQ
 - Resources

Tool kit

- Conversation supports
- FAQ
- Roles and responsibilities
- Resources



[Back to Departments](#)

Client Relations & Risk Management

[Client Relations & Risk Management resource guide](#)[Insurance coverage](#)[Incident investigation resources](#)

Assisted Dying Program - Medical Assistance in Dying (MAiD)

Medical Assistance in Dying (MAiD) refers to a doctor or nurse practitioner helping an eligible person, at the person's capable, voluntary, and explicit request, to end their life. As of June, 2016 MAiD is legal in Canada and is governed under federal law. This law was amended in early 2021, setting out the current eligibility requirements, safeguards, and processes under which MAiD can be provided to an eligible patient.

Deciding to have an assisted death is deeply personal. Patients are encouraged to talk with their family and loved ones, as well as their doctor or nurse practitioner caring for them. It is normal for there to be questions, by patients and health care professionals alike. Whatever the patient decides, the health care team is there to support them, and create a care plan that best honours their wishes. If you, your patient, or their family have more questions, would like to discuss MAiD further, or if you are seeking a physician or nurse practitioner to assist a patient with exploring a request, please contact the Assisted Dying Program.

In this section

- 1 [Forms](#)
- 2 [Guiding documents and links](#)
- 3 [Educational resources](#)
- 4 [Information for patients and families](#)
- 5 [Frequently asked questions \(FAQ\)](#)

Contact

[Home](#) / [Public health](#) / [Health topics A-Z](#) / [Browse Health Topics](#) / [Medical Assistance in Dying.\(MAiD\)](#)

Public health

Health topics A-Z —

Browse Health Topics —

Advance Care Planning

Breastfeeding

Cell tower technology

Chickenpox

Colon screening

Dental health +

Diabetes

Fall Prevention +

Medical Assistance in Dying (MAiD)



Share

Print

Medical Assistance in Dying (MAiD) refers to a doctor or nurse practitioner helping an eligible person, at the patient's capable, voluntary, and explicit request, to end their life. MAiD became legal in the Criminal Code of Canada in June 2016, and underwent legislative review and changes again in early 2021 setting out the current eligibility requirements, safeguards, and assessment processes under which medical assistance in dying can be provided to an eligible patient.

Deciding to have medical assistance in dying is deeply personal. Anyone thinking about this is encouraged to talk with their family, their loved ones, and/or anyone else who can support them through the process, including the doctor or nurse practitioner caring for them.

It is normal to have questions - the [Frequently asked questions page](#) is intended to help you explore the option of assisted dying. For more information please refer to our [Resources page](#), where resources will continued to be added. The Assisted Dying Program is working on step by step process guides which are coming soon. You'll notice that there are two streams, this is because depending on whether your natural death is reasonably foreseeable or not, the process and criteria are different.

Whatever you decide, your health care team is here to work with you through this process and to honour and respect your wishes. If you, your health provider, or your family have more questions about medical assistance in dying, please contact the Assisted Dying Program directly:

[View Sessions](#)[Course Overview](#)[Available Sessions](#)[Contact Info](#)[Manage Course](#)

Medical Assistance in Dying- Legislation Updates



Classroom Course



1 hour



Clinical

With the passing of a new bill called C-7, the legislative guidelines around Medical Assistance in Dying have changed. This is important for all health care providers and has impact on practice and the care of patients/residents/clients. In this course you will be updated about these changes and have an opportunity to discuss them.

By the end of this course you will be able to:

- Summarize the major C-7 legislation changes
- Reflect on how these changes aligns with personal values and beliefs
- Identify potential impacts these changes have on practice
- Locate the resources for supports available

Please arrive on time as there is only one facilitator for this session and late participants may have to wait for



Questions & Discussion



Thank You!



Medical Director:

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Assisted Dying Program Care Coordination Service:

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