IT'S YOUR LIFE. IT'S YOUR CHOICE.

DYINGWITH SPECIAL CANADA

February 2023

Medical assistance in dying

Dying With Dignity Canada is the national human-rights charity committed to improving quality of dying, protecting end-of-life rights, and helping people across Canada avoid unwanted suffering.

Advocacy

 Advocate for assisted dying rules that respect the Canadian Constitution and the Charter of Rights and Freedoms

Support

- Personal support for adults suffering from grievous and irremediable medical conditions who wish to die on their own terms
- Support health care practitioners who assess for and provide MAID

Education

 Educate about legal endof-life options

DWDC is a charitable organization funded exclusively by individual people across Canada. We have received limited government funding in the past.



Legislation and Court Cases

Bill C-14

• June 2016

Bill C-7

- March 2021
- Two tracks: Reasonably Foreseeable Natural Death or Not
- Waiver of Final Consent

Court Cases

- Carter
- Truchon and Gladu -Quebec
- Lamb



Types of MAID in Canada

1. Clinician-administered - administration of a medication by a health care professional at the request of a competent adult; IV option

2. Self-administered - prescription of medication to be taken by the patient; oral option



Who is eligible for MAID in Canada?

- 1. Eligible for publicly funded health services in Canada
- 2. 18+ years of age and capable of decision-making
- 3. Voluntary request, no external pressure
- 4. Informed consent and counseling



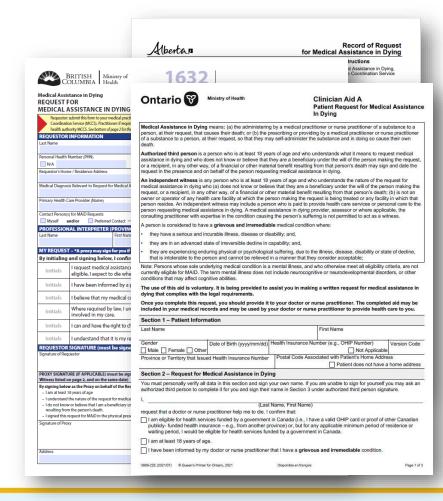
Who is eligible for MAID in Canada?

- 5. "Grievous and irremediable medical condition"
 - Serious illness, disease or disability
 - excluding a mental illness until March 17, 2024*
 - Advanced state of decline that cannot be reversed
 - Experience unbearable physical or mental suffering from an illness, disease, disability or state of decline that cannot be relieved under conditions that the person considers acceptable.



Procedural Safeguard: Written Request

- 18 years of age
- Understands the nature of the request
- Cannot be:
 - Beneficiary in will, or recipient of financial/material benefit as result of person's death;
 - Owner/operator of health care facility at which the person making the request resides
 - Unpaid caregiver





Procedural Safeguards

- 1. Patient must make written request
 - Witnessed by one Independent Witness
- 2. Opportunity to withdraw request at any time



Procedural Safeguards

Track 1	Track 2
Reasonably Foreseeable Natural Death	Not Reasonably Foreseeable Natural Death
Can request MAID provision immediately	90-day assessment period
	Must offer consent immediately before
Waiver of Final Consent	MAID provision (no Waiver of Final Consent)
Must be informed of treatment options	Must be informed and seriously considered available means to relieve suffering
	Approval by or consultation with medical practitioner that has expertise in condition
Approval by 2 independent assessors	



Capacity

C-14	C-7
Must have capacity at time of assessments	Must have capacity at time of assessments
Request for MAID in advance directive/advance care plan will not be honoured	Request for MAID in advance directive/advance care plan will not be honoured
Final consent required at time of death	Audrey's Amendment: Waiver of Final Consent



Waiver of Final Consent

- Assessed and approved
- Natural death that is reasonably foreseeable (Track 1)
 - Not an option for Track 2
- If applicant loses capacity, MAID provider can move forward
 - So long as there is no indication that MAID is no longer wanted (gestures, words, etc.)



What's Next?

Five-year Parliamentary Review required in Bill C-14 and Bill C-7 complete

- Mature Minors
- Advance Requests
- State of Palliative Care
- Protection of Persons with Disabilities
- MAID for Mental Disorders (March 17th, 2024)*
 - Law requires the Ministers of Justice and Health form an expert review, which will consider protocols, guidance and safeguards for MAID for persons suffering from mental disorders



- Brought forward 23 Recommendations including:
 - Recommendation 1: That the Government of Canada, in partnership with provinces and territories, continue to facilitate the collaboration of regulatory authorities, medical practitioners, and nurse practitioners to establish standards for medical practitioners and nurse practitioners for the purpose of assessing MAID requests, with a view to harmonizing access to MAID across Canada.
 - Recommendation 4: That the Government of Canada work with First Nations, Inuit, and Métis partners, relevant organizations, such as the Canadian Association of MAID Assessors and Providers, regulatory authorities, and health professional associations to increase awareness of the importance of engaging with First Nations, Inuit, and Métis on the subject of MAID.



- Brought forward 23 Recommendations including:
 - Recommendation 16: That the Government of Canada amend the eligibility criteria for MAID set out in the Criminal Code to include minors deemed to have the requisite decision-making capacity upon assessment
 - Recommendation 17:That the Government of Canada restrict MAID for mature minors to those whose natural death is reasonably foreseeable



- Brought forward 23 Recommendations including:
 - Recommendation 6: That the Government of Canada, through relevant federal departments and respecting the jurisdiction of provinces and territories, consider increasing funding for the implementation of the **Action Plan on Palliative Care**: Building on the Framework on Palliative Care in Canada, and make targeted and **sustained investments in innovative** approaches and early-stage research aimed at improving health system performance and quality of care for people living with life-limiting illness and their caregivers



Brought forward 23 Recommendations including:

Recommendation 7: Action items related to Palliative Care

- National Action Plan on Palliative Care: Building, innovation, research
- Improvements/access to home-based and culturally-appropriate palliative care
- Identify other improvements such as:
 - Supporting palliative home care
 - Supporting specialized paediatric palliative care
 - Supporting access to advance care planning



- Brought forward 23 Recommendations including:
 - Recommendation 10: That the Government of Canada continue to support persons with disabilities by **implementing measures to reduce poverty and ensure economic security**.
 - Recommendation 21: That the Government of Canada amend the Criminal Code to allow for advance requests following a diagnosis of a serious and incurable medical condition disease, or disorder leading to incapacity.



MAID and Mental Disorders Additional Background

- Charter Challenge
- Other jurisdictions
- Stigmatization



Expert Panel

- Bill C-7 requirement for an independent expert review on MAID and mental disorders
- Mandate: protocols/guidance for assessment/provision; additional safeguards to support safe implementation
- Members: clinical psychiatry, MAID assessment and provision, law, ethics, health professional training and regulation, mental health care services, lived experience with mental illness



MAID & Mental Disorders

Recommendations from the Expert Panel

- Practice Standards
 - Guidance for assessments

- Incurability
 - Treatments attempted
 - Severity and duration of illness
 - Multiple interventions/attempts
 - Case-by-case



- Irreversibility
 - Interventions tried
 - Outcomes of interventions
 - Patient + Assessors come to shared understanding that the person is in an advanced state of irreversible decline
 - Case-by-case
- Enduring and Intolerable Suffering
 - Patient and Assessors come to understanding



- Capacity
 - Serial assessments, where appropriate
 - Standardized capacity evaluation tools
- Means to Relieve Suffering
 - Community Services housing, income supports, etc.
- Serious consideration
 - Genuine openness to the means available to relieve suffering



- Consistency, Durability and Well-Considered Request
 - Consistent with values and beliefs of person
 - Unambiguous
 - Rationally considered during period of stability, not crisis
- Independent Assessor with Expertise
 - At least one assessor with expertise in condition
 - Psychiatrist



- Discussion with treating team
 - Input from primary care provider + others involved in care



Effective Referrals

- Conscientious objectors
- CPSO Challenge x 2 DWDC intervened



Forced Transfers

- Results in already-suffering individuals to endure grueling and undignified transfers
- Separates the person from their community of care
- Delays and sometimes deny access to MAID



Number of MAID Deaths

 In 2021, there were 10,064 MAID provisions reported in Canada, accounting for 3.3% of all deaths in Canada

 Total number of MAID deaths since federal legislation was passed in 2016 = 31,664



Palliative Care

- 80.7% of MAID recipients received palliative care in 2021
- Of the MAID recipients who did not receive palliative care, 88.0% had access to these services if they required them

Disability Supports

 In 2021, 43.0% of individuals who received MAID required disability support services. Of these, 87.4%, received disability support services.



Profile of MAID Recipients

- Average age in 2021 was 76.3 years
- Underlying medical conditions:
 - Cancer (65.6%)
 - Cardiovascular conditions (18.7%)
 - Chronic respiratory conditions (12.4%)
 - Neurological conditions (12.4%)



Profile of MAID Recipients – non-RFND

- 2.2% of the total MAID provisions (219 individuals) were individuals whose natural deaths were not RF
- Average age was 70.1
- Underlying medical conditions:
 - neurological (45.7%)
 - other condition (37.9%)
 - multiple comorbidities (21.0%)



MAID Clinicians

- Total number of unique practitioners providing MAID increased to 1,577 in 2021, up 17.2% from 1,345 in 2020
- 94.4% of all practitioners administering MAID were physicians, while
 5.6% were nurse practitioners
- Family physicians continue to provide the majority of MAID provisions (68.2%)



Thank you!

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