

Medical Assistance in Dying

Assessment of Eligibility



Interior Health
Every person matters

The Assessor

- * An assessor accepts the patient's invitation to engage in a therapeutic conversation to discuss fears, needs, and wants.
- * Nine out of 10 individuals who request this conversation do not proceed with medical assistance in dying after a more fulsome discussion of their alternatives.

Conflict of Interest with Patient

- * To the best of your knowledge, you are not a beneficiary under the patient's will.
- * You do not stand to gain financially or materially from patient's death, other than through standard compensation.
- * You are not connected to the patient requesting medical assistance in dying in a way that would affect your objectivity.

Conflict of Interest with Provider

- * You do not act as a mentor or supervisor to the provider.
- * You are not connected to the provider in any other way that would affect your objectivity.

Patient Eligibility Criteria

- * The person has a grievous and irremediable condition (illness, disease or disability) that causes the person enduring suffering that is intolerable to them and that cannot be relieved in a manner that the person considers acceptable.
- * **The person is in a state of irreversible decline and death is reasonably foreseeable.**

Patient Eligibility Criteria

- * They are at least 18 years of age.
- * They are capable of making decisions respecting their health.
- * They had made a voluntary request in writing for MAiD witnessed by two independent witnesses.
- * They have given free and informed consent to receive MAiD.
- * They are eligible for publicly funded health-care services.

Patient Eligibility Criteria

The patient must meet **all** of the following conditions:

- * have a serious illness, disease or disability
- * be in an advanced state of decline that cannot be reversed
- * be suffering intolerably from their illness, disease, disability or state of decline; and,
- * be at a point where natural death has become reasonably foreseeable, which takes into account all of their medical circumstances.

Foreseeable

The disease trajectory is towards death.

- * ALS – 50% mortality in 2 years
- * CHF Class IV – 50% plus mortality in 1 year
- * Renal Disease Stage 5
 - * No dialysis or dialysis with more than one comorbidity or has ischemic heart disease or over age 70 – over 50% mortality in 2 years

Grievous and Irremediable

- * The patient does not need to have a fatal or terminal condition to be eligible for medical assistance in dying.
- * The illness, disease or disability causes suffering that is intolerable to the patient.
- * This suffering cannot be relieved in a manner that is acceptable to the patient.
- * The patient decides what is acceptable, we do not.

Capacity to Make the Decision

- * Is the patient capable of making a medical decision?
 - Must understand diagnosis/prognosis
 - Must know about alternatives to assisted death
 - Must maintain capacity for MAiD to proceed

Capacity to Make the Decision

If there is any doubt regarding the patient's cognitive ability to make a medical decision regarding MAiD, then ...

... a referral to an appropriate specialist or general practitioner with additional qualifications is mandatory.

Voluntary Request

- * Ensure that the request for MAiD was not made as a result of external pressure; whether that be from an individual, organization, or societal.
- * Consider elder abuse, family or caregiver pressure on the patient, and the effects of marginalization.
- * Ensure the request for MAiD was made before two independent witnesses.

Voluntary Request

- * Talk to other members of the patient's circle of care in order to arrive at a determination.
- * Speak to the patient in private to confirm request.

Informed Decision

The patient must be informed of:

- * his or her medical diagnosis and prognosis
- * the feasible alternatives including, but not limited to, comfort care, hospice care, and pain control
- * his or her right to rescind the request at any time

Assessing the Patient

If there is difficulty finding an independent assessor, then one of the assessments can be performed using telemedicine; however ...

... a licensed health-care provider must be present to act as a witness.

Assessing the Patient

- * Determine the patient's communication needs.
- * An independent interpreter will reduce the risk of the family editing your questions and the patient's responses.
- * Augmentative communication devices such as a communication board or electronic device may be necessary.

Assessing the patient

- * Talk to the patient.
- * Obtain consent to talk to others in their circle of care – family doctor/family/friends.
- * Obtain copies of all relevant medical records from other physicians/practitioners involved in the patient’s care supporting the diagnosis and prognosis of the patient’s grievous and irremediable condition.
- * Be prepared to adapt your communication, if the patient is unable to speak or relies on signals such as eye blinks.
- * Be clear on what signal means “yes” and “no”.

Assessing the patient

Useful questions:

- * How may I help you?
- * What is most important to you now?
- * What do you want to do before you die or become more disabled?
- * Has your life been worthwhile?
- * Have you discussed MAiD with your family or significant others?

The Process

- * Discuss when in their condition.
e.g. no longer able to swallow
- * Discuss where the patient would prefer to access MAiD.
- * Discuss the probable outcomes of the medications prescribed.
- * Recommend that patient seek advice on life insurance and pension plan implications.

Remind the Patient ...

- * They will have to be conscious and competent at the time of MAiD.
- * They will be asked at the time whether they wish for the provider to proceed.
- * They can change their mind at any time.

Documentation

- * Document your discussion in the chart.
- * Patient or proxy must complete the witnessed Record of Patient Request prior to arranging referral to Provider.
- * Complete the MAiD Assessor's Assessment Record.

Documentation

The proxy and witnesses must sign in the presence of the patient:

- * Must be at least 18 years of age
- * Understand the nature of the request
- * To the best of their knowledge, are not beneficiaries under the patient's will
- * Do not provide personal care or health care to the patient
- * Do not operate or act as a proxy for the operators or owners of the facility

Documentation

- * Retain both Request and Assessment forms in health record.
- * Submit both forms to IH Care Co-ordination Centre.
- * If the service is to be provided in the community, then submit forms to the CPSBC.
- * Engage Care Coordination if you are an assessor only and require a provider for the patient or an assessment of capacity to make a medical decision for the patient.
- * For legal advice and assistance through the process, please call CMPA at 1-800-267-6522.

MAiD Care Coordination Centre

- * For assessor and provider inquiries
- * For advice, education, mentoring, and support
- * Contact IH MAiD Care Co-ordination Centre at:
 - * MAiD@interiorhealth.ca
 - * 1-877-IHA-2001 or 1-877-442-2001