

MAiD: Considerations for the Stroke Patient

Stroke Summit 2024

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Inspired by research. **Inspiré** par recherche.
Driven by compassion. **Guidé** par la compassion.

Conflict of Interest

Sara Olivier: None to declare

Dr. Wesley Edwards: None to declare

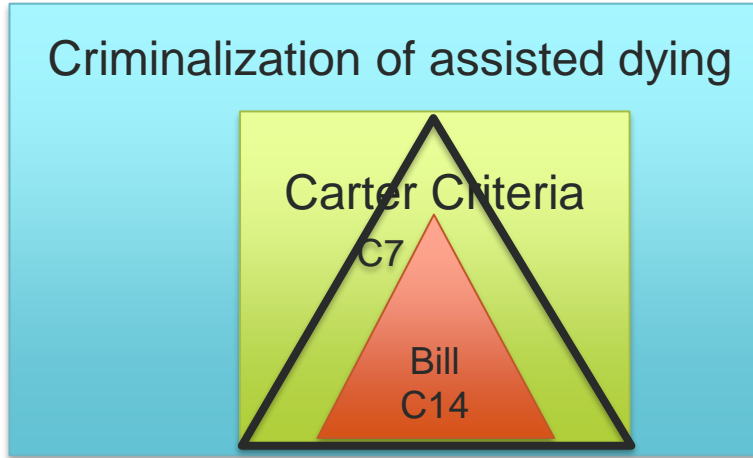
Learning Objectives

- 1) Outline the historical context and legislative journey of Medical Assistance in Dying (MAiD) in Canada.
- 2) Outline the regional consultation process and communication surrounding MAiD, emphasizing sensitivity and ethical considerations.
- 3) Discuss specific considerations for engaging in MAiD discussions with individuals who have experienced a stroke.
- 4) Examine the collaborative role of allied health team members in facilitating informed consent to support decision-making processes.

National Context

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Quick History Review



- Competent adult
- Grievous and irremediable condition
- Intolerable suffering
- ~~Reasonably foreseeable natural death~~
- Excluded mental illness x2 years
- Introduced use of waivers

2015

Carter v Canada,
SCC 5

2016

Bill C-14
Legalization of
MAiD in Canada

2019

Quebec Superior
Court decision in
Truchon-Gladu
case

2021

Bill C-7

2023

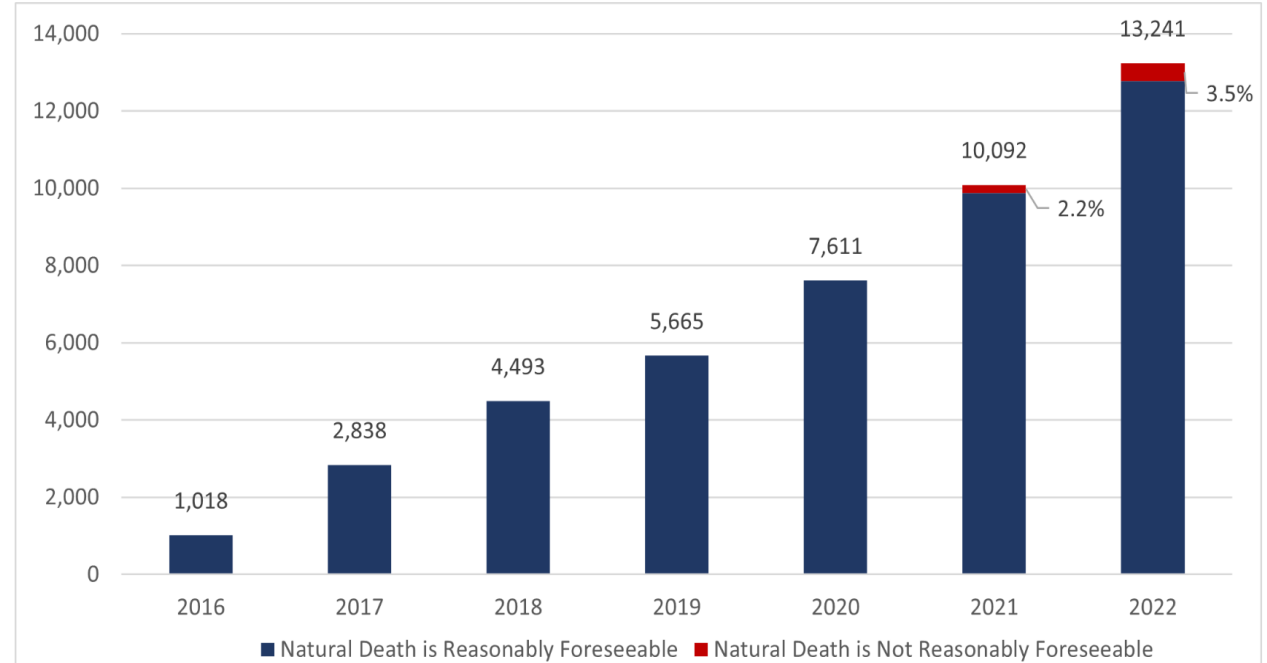
Sunset clause for
mental health
delayed to March
2024

2024

Further delay of
mental health to
2027

Quick Numbers – Growth (2022 data, Canada)

Chart 3.1: Total MAID Deaths in Canada, 2016 to 2022

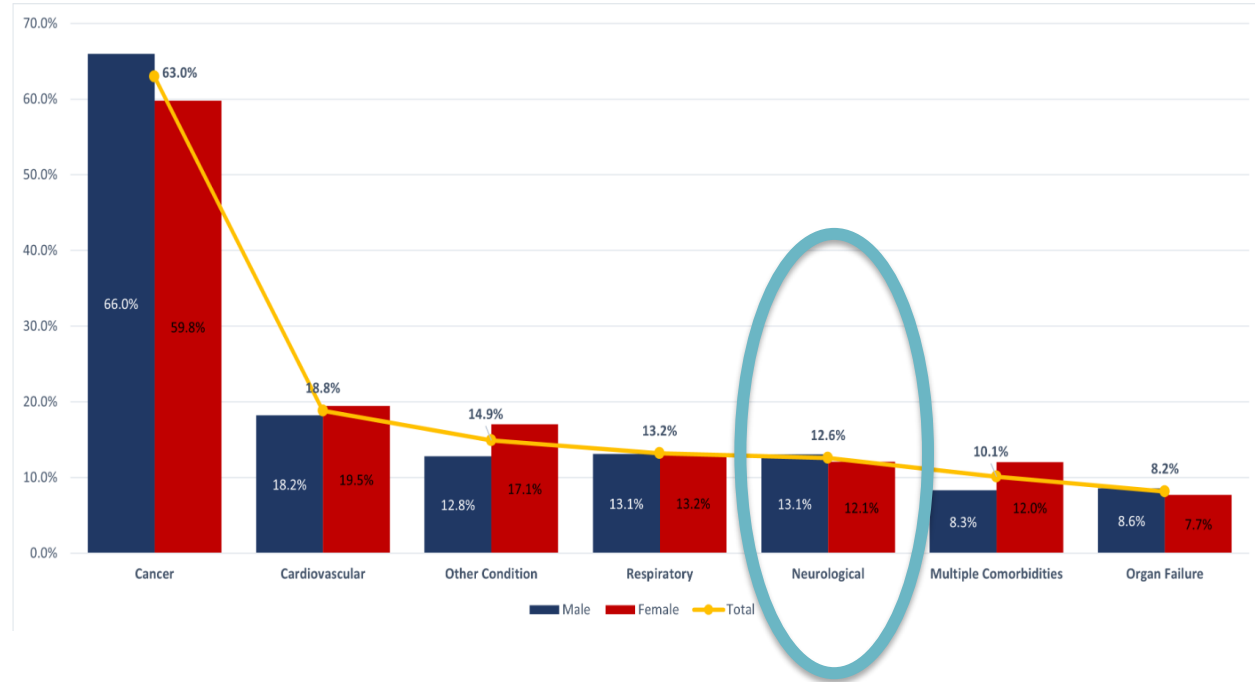


MAID accounted for 4.1% of all deaths in Canada.

3.5% of MAID provisions (n=463) were “Track Two” (in 2021)

Quick Numbers – MAID Provisions in Canada (2022 data, Canada)

Chart 4.1A: MAID by Main Condition, 2022



63%
had a
cancer
diagnosis

86.3%
requested MAID because of loss of
ability to engage in meaningful
activities
81.9%
due to loss of ability to perform
activities of daily living

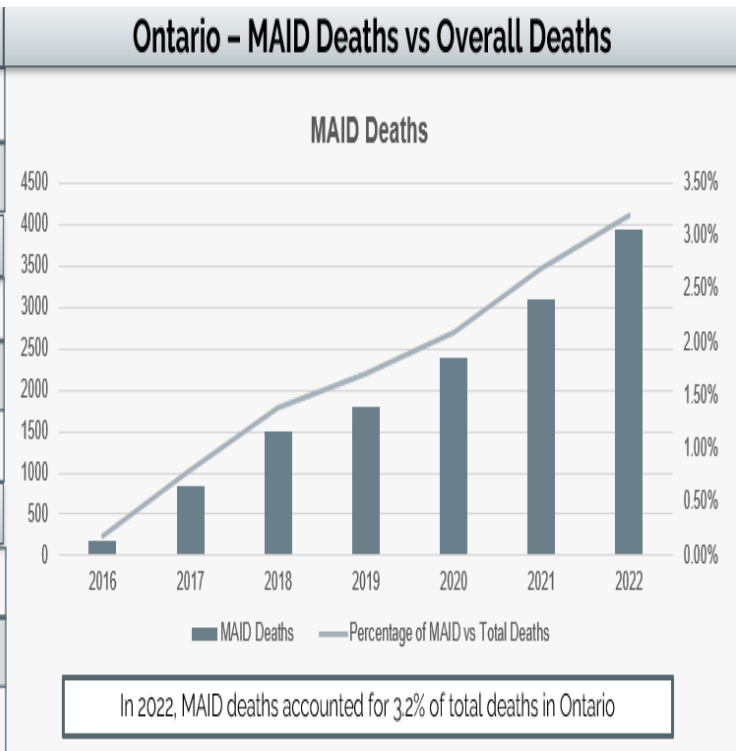
77.6%
of recipients
received
palliative care

Local Context

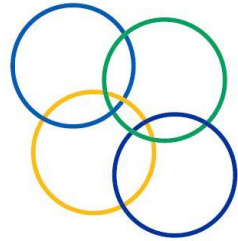
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Quick Numbers – MAID Provisions in Ontario

MAID Provisions in Ontario			
As of May 2024	Total	YTD	May Total
Provisions	20,456	2,080	432
Track 1 and 2 MAID Provisions in Ontario			
	May 2024		
Track One	419		
Track Two	13		
MAID Administration – Since Inception			
Administration Type		Total	
Clinician Administered		20,453	
Patient Administered		3	



Champlain Regional MAiD Network

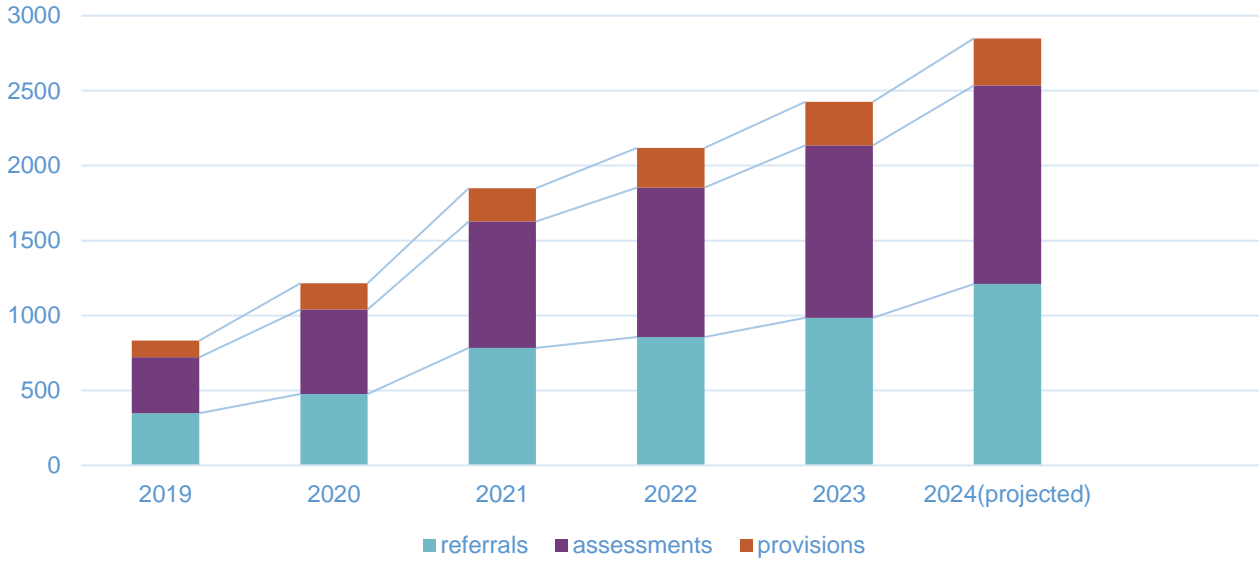


Champlain Regional **Medical Assistance in Dying** (MAiD) Network

- TOH started as a hospital-based program but quickly pivoted to a regional program with funding from the LHIN, then Ontario Health
- Team currently consists of Medical Director, APN/Manager, 2 RN Navigators and 1 coordinator
- Our program structure is unique in the province of Ontario
- We provide education, mentorship, clinical support, and navigation services.

Our Numbers

CRMN Volumes



MAiD Process

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ELIGIBILITY CRITERIA

1. Patients must be eligible for health services in Canada.
2. >18 years of age and **capable** of making decisions about their health throughout the process.
3. **Voluntary request** for MAiD in writing (Clinician Aid A).
4. **Two independent medical assessments.**
5. Give **informed consent** to receive MAiD.
6. **Suffering from a grievous and irremediable medical condition.**

Medical Assistance in Dying means: (a) the administering by a medical practitioner or nurse practitioner of a substance to a person, at their request, that causes their death; or (b) the prescribing or providing by a medical practitioner or nurse practitioner of a substance to a person, at their request, so that they may self-administer the substance and in doing so cause their own death.

Authorized third person is a person who is at least 18 years of age and who understands what it means to request medical assistance in dying and who does not know or believe that they are a beneficiary under the will of the person making the request, or a recipient, in any other way, of a financial or other material benefit resulting from that person's death may sign and date the request in the presence and on behalf of the person requesting medical assistance in dying.

An independent witness is any person who is at least 18 years of age and who understands the nature of the request for medical assistance in dying who (a) does not know or believe that they are a beneficiary under the will of the person making the request, or a recipient, in any other way, of a financial or other material benefit resulting from that person's death; (b) is not an owner or operator of any health care facility at which the person making the request is being treated or any facility in which that person resides. An independent witness may include a person who is paid to provide health care services or personal care to the person requesting medical assistance in dying. A medical assistance in dying provider, assessor or where applicable, the consulting practitioner with expertise in the condition causing the person's suffering is not permitted to act as a witness.

A person is considered to have a **grievous and irremediable** medical condition where:

- they have a **serious and incurable** illness, disease or disability; and,
- they are in an advanced state of **irreversible decline** in capability; and,
- they are experiencing enduring physical or psychological suffering, due to the illness, disease, disability or state of decline, that is intolerable to the person and cannot be relieved in a manner that they consider acceptable.

Note: Persons whose sole underlying medical condition is a mental illness, and who otherwise meet all eligibility criteria, are not currently eligible for MAiD. The term mental illness does not include neurocognitive or neurodevelopmental disorders, or other conditions that may affect cognitive abilities.

The use of this aid is **voluntary**. It is being provided to assist you in making a written request for medical assistance in dying that complies with the legal requirements.

Once you complete this request, you should provide it to your doctor or nurse practitioner. The completed aid may be included in your medical records and may be used by your doctor or nurse practitioner to provide health care to you.

Section 1 – Patient Information

Last Name		First Name	
Gender	Date of Birth (yyyy/mm/dd)	Health Insurance Number (e.g., OHIP Number)	Version Code
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		<input type="checkbox"/> Not Applicable	
Province or Territory that Issued Health Insurance Number		Postal Code Associated with Patient's Home Address	
<input type="checkbox"/> Patient does not have a home address			

Section 2 – Request for Medical Assistance in Dying

You must personally verify all data in this section and sign your own name. If you are unable to sign for yourself, you may ask an authorized third person to complete it for you and sign their name in Section 3 under authorized third person signature.

I, _____ (Last Name, First Name)

request that a doctor or nurse practitioner help me to die. I confirm that:

I am eligible for health services funded by a government in Canada (i.e., I have a valid OHIP card or proof of other Canadian publicly-funded health insurance – e.g., from another province) or, but for any applicable minimum period of residence or waiting period, I would be eligible for health services funded by a government in Canada.

I am at least 18 years of age.

I have been informed by my doctor or nurse practitioner that I have a **grievous and irremediable** condition.

Grievous and Irremediable Medical Condition

Serious and incurable illness, disease or disability, in an advanced state of decline that cannot be reversed

Experience *unbearable physical or mental suffering*, caused by their medical conditions, that is *intolerable* to the person and cannot be relieved under conditions acceptable to them

** Under Bill C7 Canadians whose only medical condition is a mental illness are not eligible for MAiD.

Independent medical assessments X2



In Ontario a physician or a nurse practitioner can assess and provide MAiD

One of the assessors is usually the provider.



Track One

YES

RFND?

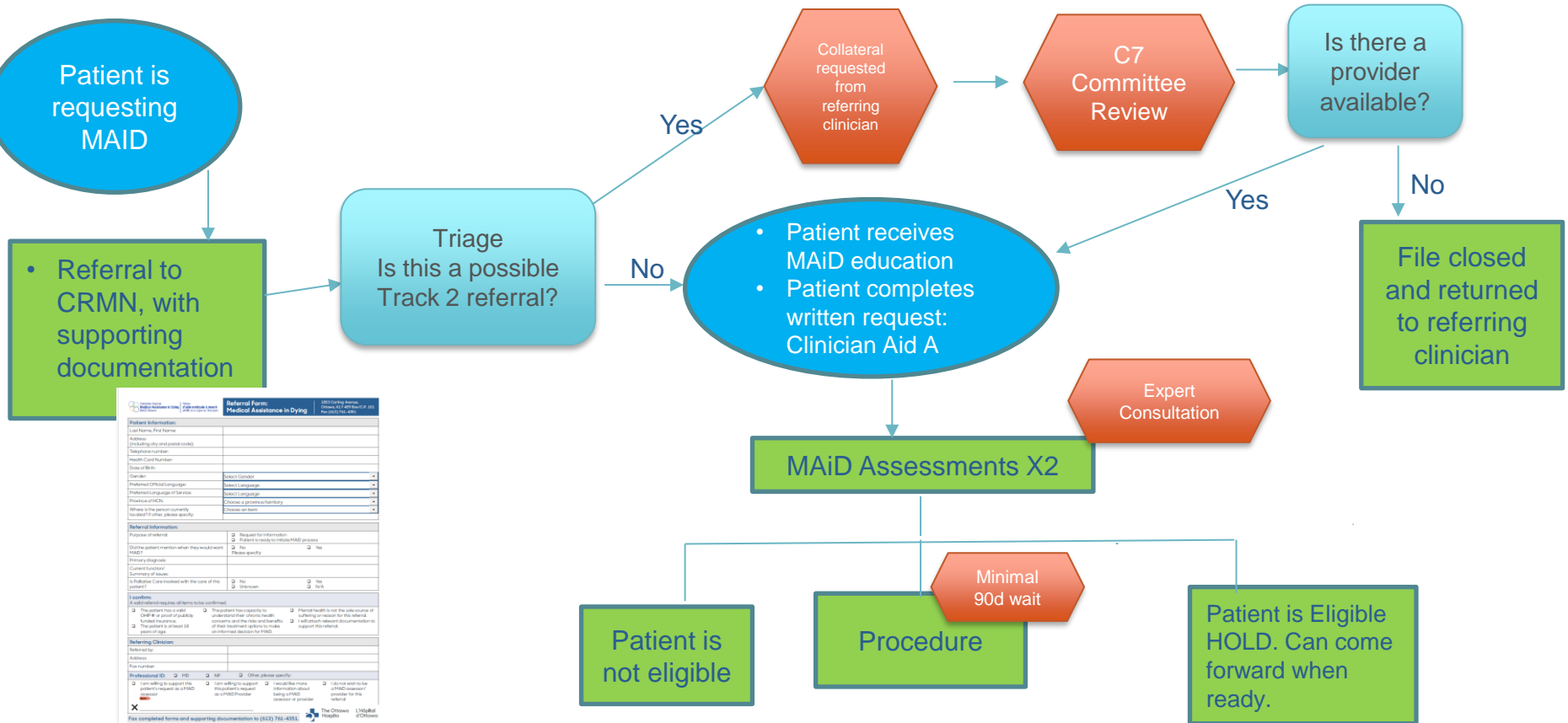
NO

Track Two

- No waiting period
- May sign a Waiver of Final Consent

- 90-day waiting period
- Consultation with a practitioner who has expertise in your medical condition that is causing your suffering
- Informed of available, appropriate support services, community services and palliative care

CRMN MAiD process



Referral Form Medical Assistance in Dying	
Patient Information:	
Last Name, First Name	
Address (Including city and postal code)	
Telephone number	
Health Card number	
Date of Birth	
Gender	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other
Preferred Official Language	<input type="radio"/> English <input type="radio"/> French
Preferred Language of Service	<input type="radio"/> English <input type="radio"/> French
Province/territory	<input type="radio"/> Alberta <input type="radio"/> British Columbia <input type="radio"/> Manitoba <input type="radio"/> New Brunswick <input type="radio"/> Newfoundland and Labrador <input type="radio"/> Nova Scotia <input type="radio"/> Ontario <input type="radio"/> Prince Edward Island <input type="radio"/> Quebec <input type="radio"/> Saskatchewan <input type="radio"/> Yukon, Northwest Territories, Nunavut
Where is the person currently located? (If not please specify)	<input type="radio"/> Home <input type="radio"/> Hospital <input type="radio"/> Other
Referral Information:	
Purpose of referral	<input type="checkbox"/> Request for information <input type="checkbox"/> Patient is ready to discuss MAiD option
Did the patient mention when they would want MAiD?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Please specify: _____
Primary diagnosis	
Current language	
Summary of issue	
Indicate Care Provider with the case of this patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Comments:	
<input type="checkbox"/> The patient has no other options to be considered. <input type="checkbox"/> The patient has other options to be considered. <input type="checkbox"/> The patient is not eligible for MAiD. <input type="checkbox"/> The patient is not ready to discuss MAiD. <input type="checkbox"/> The patient is not eligible for MAiD. <input type="checkbox"/> The patient is not ready to discuss MAiD. <input type="checkbox"/> The patient is not eligible for MAiD. <input type="checkbox"/> The patient is not ready to discuss MAiD.	<input type="checkbox"/> Please note to the extent of your knowledge, the patient has no other options to be considered. <input type="checkbox"/> Please note to the extent of your knowledge, the patient has other options to be considered. <input type="checkbox"/> Please note to the extent of your knowledge, the patient is not eligible for MAiD. <input type="checkbox"/> Please note to the extent of your knowledge, the patient is not ready to discuss MAiD.
Referring Clinician:	
Address	
Phone number	
<input type="checkbox"/> I am willing to support this request as a MAiD provider. <input type="checkbox"/> I am willing to support this request as a MAiD provider. <input type="checkbox"/> I am willing to support this request as a MAiD provider. <input type="checkbox"/> I am willing to support this request as a MAiD provider.	<input type="checkbox"/> I am willing to support this request as a MAiD provider. <input type="checkbox"/> I am willing to support this request as a MAiD provider. <input type="checkbox"/> I am willing to support this request as a MAiD provider. <input type="checkbox"/> I am willing to support this request as a MAiD provider.
<input checked="" type="checkbox"/> I am willing to support this request as a MAiD provider.	

Waiver of Final Consent

For RFND
only

Assessed and
approved to
receive MAID

At risk of losing
decision-
making capacity
before **their**
preferred date
to receive MAID,
and has been
informed of that
risk

The person **makes an
arrangement in writing**
with their practitioner to
waive final consent.

No legal duty
on
practitioner
to provide
MAiD

Special Considerations

Conscientious objection

MAiD for a Stroke Patient

Can a person who has had a stroke apply for MAiD?

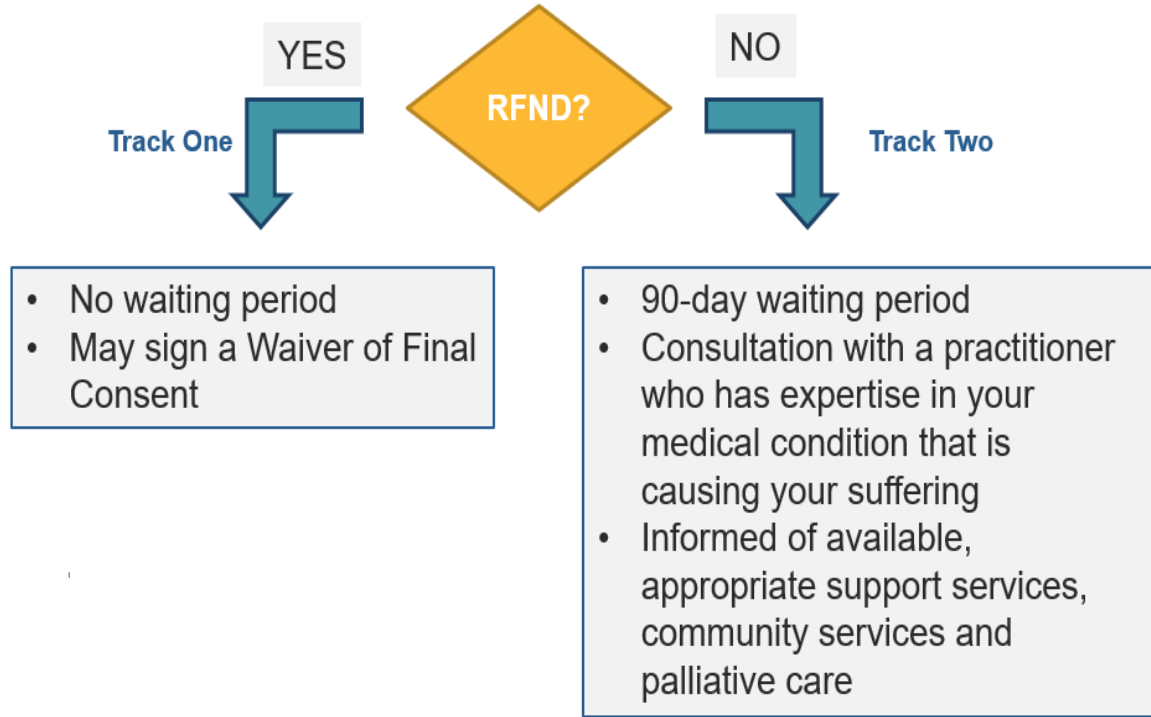
Serious and incurable illness, disease or disability, in an advanced state of decline that cannot be reversed

Experience *unbearable physical or mental suffering*, caused by their medical conditions, that is *intolerable* to the person and cannot be relieved under conditions acceptable to them

Do they have Capacity?

- *Individual's ability to receive, understand, hold, process and apply information to their situation that would enable them to make and communicate a decision relevant to a specific issue at a specific point in time*
- *Understand/appreciate/communicate*
- *Task, context and temporally specific*

Reasonably Foreseeable Natural Death ?



What if
they lose
capacity?

Waiver of final verbal consent

Versus

Advance  directive

Resources

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Resources

In My Own Time
(film)

[In My Own Time - FULL FILM](#)
([youtube.com](https://www.youtube.com))

MAiD Overview, Government of Canada

[Medical assistance in dying: Overview - Canada.ca](#)

Canadian MAiD Curriculum [Canadian MAiD Curriculum - CAMAP | ACEPA](#)
(camapcanada.ca)

Champlain Regional MAiD Network [Medical Assistance in Dying](#)
(ottawahospital.on.ca)

Center for Effective Practice [CEP Providers | Tools](#)

Dying With Dignity Canada [Dying With Dignity Canada | It's your life. It's your choice.](#)

Canadian Virtual Hospice [Canadian Virtual Hospice](#)

Bridge C-14 [Bridge C-14 | Support Through the MAiD Journey | Canada](#)
(bridgec14.org)

Questions?

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