



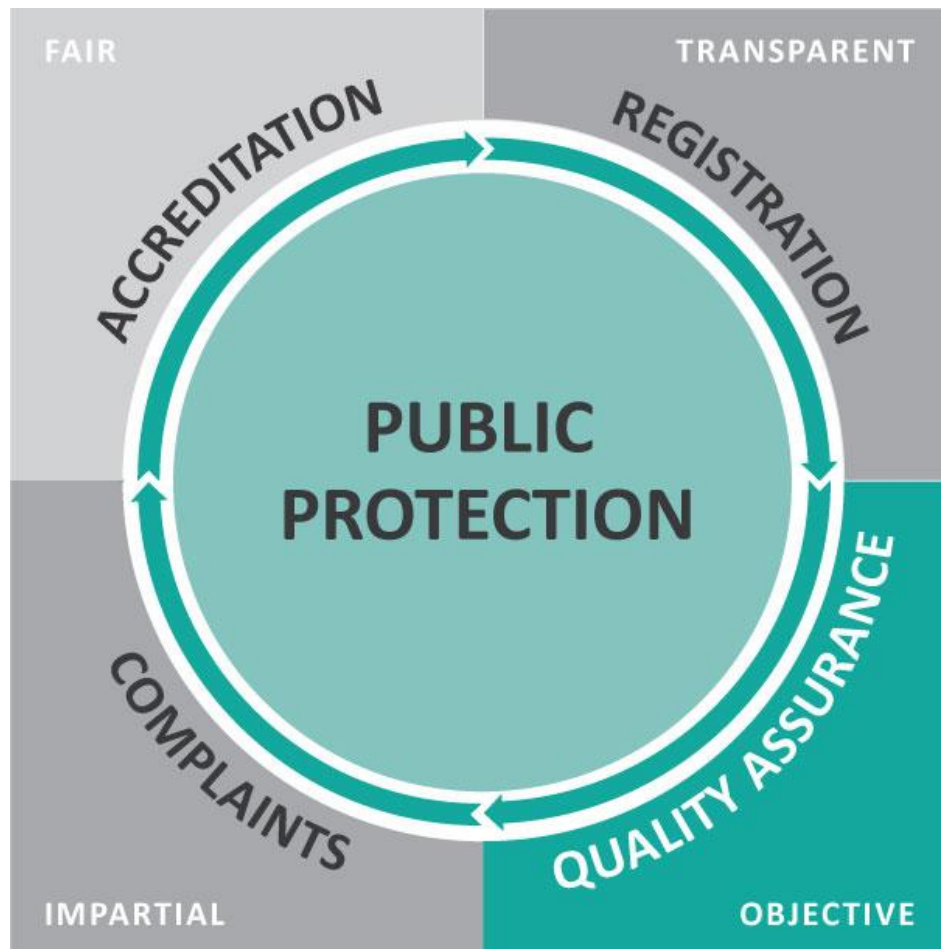
# Medical Assistance in Dying

Charter rights and repeal of portions of the Criminal Code

# Role of the College

- Regulate the practice of medicine in the public interest
- Set standards to ensure ethical and professional practice by physicians
- Interpret laws and legislation for physicians so that they conduct themselves in accordance with expectations
- Sole interest is public protection and patient safety





# MAID

- Not a debate about being for or against
- Duty to set ethical and professional standards for lawful medical acts
- Carter decision called for a regulatory scheme to reconcile the charter rights of patients with conscientious objection of some to providing assistance in dying

# Interim guidance

- The College of Physicians and Surgeons of BC (along with sister colleges) published interim guidance on MAID to meet the initial February 6, 2016 implementation date
- Federal government introduced Bill C-14
- We are all waiting to understand what the law will be as of June 6

# Action of College to date since February 6, 2016

- Submission to court
- Part of provincial working group lead by MOH
- Working with CRNBC and CPBC on developing joint ethical/professional standards
- Currently revising guidance based on probable proclamation of Bill C- 14



# Eligibility criteria

- 18 years or older and competent
- Have grievous and irremediable medical condition
- Make a voluntary request
- Give informed consent
- Eligible for public health services



# Grievous and irremediable

- Serious and incurable illness, disease or disability
- Be in an advanced state of irreversible decline in capability
- Experience suffering (physical and psychological) that is intolerable and cannot be relieved
- Person's natural death has become reasonably foreseeable



# Safeguards

- Medical or nurse practitioner must confirm person meets eligibility criteria
- From the College's perspective this means the physician has completed a comprehensive assessment of the patient including a review of all relevant records, consultations investigations etc. that confirm diagnosis and prognosis, and all of this is in the medical record

# Safeguards con't

- Must confirm person made a request in writing, and that this is signed and dated in the presence of two independent witnesses
- Must ensure that a second medical/nurse practitioner provides a second written opinion confirming person's eligibility
- Must ensure a period of at least 15 days has elapsed since written request, unless death or loss of capacity eminent
- Must immediately before providing assistance reconfirm person's consent

# Independent witnesses

- Not in the will
- Not providing care

# Independent practitioners

- The medical/ nurse practitioners cannot be connected in a way that impairs objectivity
- Cannot be in a business, mentoring or supervising relationship
- Also cannot be in the will

# Patient unable to sign

- There are provisions for workarounds for those who are not physically capable of signing their request for assistance in dying

# Reasonable knowledge and skill

- Act requires the practitioner to act with reasonable knowledge and skill
- Also required to inform the pharmacist of the purposes of the medical assistance in dying
- From the College's perspective this means that the medical record shall include a notation of which of the two practitioners is writing the prescription or administering the drugs, as well the conversation with the dispensing pharmacist

# Monitoring

- To be determined

# Offenses (criminal liability)

- Failure of practitioner to comply with safeguards
- Forging or destroying documents



# Not eligible

- Mature minors
- Those that are not competent (no advance directives or substitute decision-making)
- Persons where mental illness is sole underlying medical condition

# Conscientious objections

- College expects physicians to respect patients' rights to autonomy, informed decision making, and to not be abandoned.
- Physicians (and institutions) must provide patients with enough information to make an informed decision. They must not impose their beliefs on a person, nor require them to justify their decisions. They must not abandon care. Physicians must provide assistance and transfer care upon request.



# Provincial working group

- CPGs, forms, policies, processes
- Likely get some direction on medical certificates of death, reporting requirements, drug protocols, etc.
- College's position is that prescriptions for MAID must be written in the person's name, and not "for office use" medication



# Outside College mandate

- Keeping a list of those willing to provide service
- Coordinating access
- Educating physicians, or setting standards for privileges
- Establishing drug protocols

# What isn't MAID

- Withdrawal or withholding life supporting care or treatment
- Palliating symptoms (pain, dyspnea, agitation) with increasing doses of medication that may lead to deep sedation

# Challenges for palliative care

- Those that do palliative care are well suited to explore with a patient their wishes for end-of-life care, for which voluntary euthanasia or suicide may be an option
- Is not an either/or, but a choice for some patients who view this as a “good death” option
- Current strain on health system means that not all patients have access to or receive good palliative care or end-of-life care

# Challenges continued

- Risk that limited resources for palliative and end-of-life care may be directed into assessing and providing assistance in dying!

# Call to action

- Ensure all Canadians have access to quality end-of-life care and palliative care
- For those patients that meet the criteria for assistance in dying, that access and navigation of the system is easy (no referral for example)
- That assistance is provided in the patient's home or facility where they live
- If transfer to a facility is needed, that it not be to "palliative care"
- That some patients in their palliative journey may chose assistance in dying, and we must respect that



# Thank you

- Questions?
- [www.cpsbc.ca](http://www.cpsbc.ca)

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