Navigating Medical Assistance in Dying (MaiD) in Primary Care: Readiness, Roles, and Realities

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Cecelia Palmer and Jennifer Morritt:

- Have not received any commercial support
- Have no conflicts to declare
LEARNING OBJECTIVES

1) Discuss current perspectives on readiness and roles of the Mental Health Clinician in Primary Care Teams implementation

2) Identify existing primary care competencies and needs in supporting patients requesting MAiD, their loved ones, and providers

3) Identify competencies and learning needs for Mental Health Clinicians related to patient and family counselling, and in support, debriefing and training other team members
• **An old story with a new ending**
  
  - Patients with serious/incurable illness have been requesting help to die probably as long as most of us have been practicing... and longer

• **Requests take many forms:**
  
  - Explicit: “Please help me die.”
  - Water Testing: “I don’t know how long I can do this”.

• It’s the legislation, not the request that’s new!

• Request is an invitation to engage in a conversation about end-of-life matters and the nature of suffering.
Responding to the Inquiry

**SECTION 2: Assessment of Patient Eligibility for MAID on page 4**

**Clinician:**
- Provides the patient with an overview of the MAID process
- Continues to provide ongoing care to the patient

**Clinicin chooses not to participate in the provision of MAID due to religious or conscientious objections**

**Clinician discusses and explores the request with the patient and provides information on all available treatment and care options**

**Patient chooses to explore alternate care options and chooses not to pursue MAID at this time**

**Patient chooses to proceed with MAID**

**Clinician continues to provide ongoing care to the patient**

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Assessment of Patient Eligibility for MAiD

Clinician conducts patient eligibility assessment for MAiD

Eligibility Criteria:
1. Is at least 18 years of age
2. Is capable of making decisions with respect to their health
3. Has a grievous and irremediable medical condition
4. Has made the request voluntarily (not due to external pressure)
5. Has provided informed consent to receive MAiD, after having been apprised of alternate care options that are available to alleviate their suffering, including palliative care
6. Is eligible for publically funded health care services in Canada

Patient meets ALL eligibility criteria

Patient completes and signs formal written request (signed and dated by two independent witnesses)

Patient does not meet eligibility criteria

Communicate ineligibility to patient and inform the patient of their right to consult a different Clinician to obtain another eligibility assessment

Reflection period begins:

Independent Second Clinician conducts a separate assessment of patient eligibility for MAiD

Patient meets ALL eligibility criteria

Clinician develops plan for the administration of MAiD, in consultation with the patient, family/caregivers (with consent), and other members of the care team (including the pharmacist)

Designated facilities under the Trillium Gift of Life Network (TGLN) Act notify TGLN of patient’s request for MAiD when patient’s death is imminent by reason of injury or disease

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CPSO, CNO, CPO, COTO, CPTO, CRPO, 0CSWSSW all have published guidelines for their membership.

Existing Competencies for Consideration:

Social Work Competencies in Palliative Education

- Modified Delphi process
- Eleven core competencies in Hospice Palliative Care.

Competencies

Advocacy
Assessment
Care delivery
Care planning
Community capacity building

Decision making
Evaluation
Education and research
Information sharing
Interdisciplinary team
Self-reflective practice

Emerging Themes from MHC'ss

Perceived role of the MHC in the FHT
“We see our role as validating feeling, giving patients information and connecting them to the MAiD service.”

Perceived needs of the MHC re: MaiD
“We feel comfortable talking with patients but we need more training on death and dying (and cross cultural) along with compassion fatigue.” (echoed in 13 other comments)

Perceived barriers to MAiD in the FHT
“Expectation re: non-judgemental/neutral attitude, despite option to be conscientious objector.”
Emerging Themes from MHC's

How the MHC is personally impacted
“...requires greater reflection. I am open to support in any way that I can, and that the impact would result in minimal personal influence, acknowledging that the decision of the patient is based on what they and the MAiD team view as an appropriate decision.”

General perceptions and questions about MAiD
“Suffering is individual and attitude is a significant factor in this perception.”
Contacts

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