THE FRAIL ELDERLY: MAiD CONSIDERATIONS

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DISCLOSURES

- I have a membership with CAMAP (Canadian Association of MAiD Assessors and Providers)
- I provide FFS MAiD services and received a small honorarium for this presentation
- I will provide all references for any information presented today

LEARNING OBJECTIVES

- 1. Brief review of the history/expansion of MAiD in Canada
- 2. Eligibility for MAiD
- 3. MAiD application process – forms/timelines
- 4. Dementia and Frailty – tools for assessment
- 5. MAiD procedure – what to expect/how to support patient and families

BACKGROUND

- Legal June 2016 – Bill C-14
  - Eligibility restricted to natural death being reasonably foreseeable
  - Required 10 day reflection period
- Amended March 2021 – Bill C-7
  - Eligibility **no longer requires** natural death to be reasonably foreseeable (Track 2) but have **90 day waiting period**
  - New waiver of consent for those that are **reasonably foreseeable (Track 1)** and remove waiting period
- Likely Delayed March 2027 – MDSUMC
  - Mental Illness as sole underlying diagnosis
- Pending future legislative changes:
  - Mature Minors
  - Advance Directives

ELIGIBILITY

1. Has a **grievous and irremediable** medical condition, i.e**., serious and incurable illness, disease or disability**
2. advanced state **of irreversible decline** in capabilities
3. enduring **physical or psychological suffering**, caused by the medical condition, that **is intolerable to the person**
4. Age >18yrs
5. Eligible for health care in Canada
6. Capable of **THIS** decision
7. **Voluntary** request
8. Informed consent after being informed of other means to alleviate suffering

APPLICATION PROCESS – STEP ONE

Patient Request (PR) – 1632 From

Can be found on the GovBC website for MAiD under "Forms"

- https://www2.gov.bc.ca/assets/gov/health/forms/1632fil.pdf

- Witness Pitfalls:
  - NOT a family member
  - NOT yourself if you intend to complete the assessment
  - If staff witness – okay to use workplace address – not personal
  - Proxy and Witness are TWO different people

APPLICATION PROCESS

STEP TWO: send to the MAiD Coordination Centre for Fraser Health (info at bottom of 1632)

Fraser Health Authority Phone: 604-587-7878, **Fax: 604-523-8855, Email: mccc@fraserhealth.ca** https://www.fraserhealth.ca/Service-Directory/Services/end-of-life/medical-assistance-in-dying

APPLICATION PROCESS – STEP THREE

- Complete the first assessment form – 1633

- Send to MCC once completed.

- If prefer not – let the MCC know and they will arrange for one of the program assessors to see

- https://www2.gov.bc.ca/assets/gov/health/forms/1633fil.pdf

APPLICATION PROCESS

- STEP FOUR: MCC will arrange a provider to see the patient to complete the final assessment (1634)

- TIMING:
  - MUST have a 1632 to move forward – so best to complete ASAP
  - 1633 often completed soon after 1632 – but depends on clinical urgency
  - 1634 now being triaged to more imminent cases
  - Once eligible – does not have an expiration – except if there is a loss of capacity without a waiver of consent
  - Track 1 eligible to book a provision as soon as process complete

- Waiver of Consent – only for Track 1 (RFD) cases and only completed by the Provider with the patient

REASONABLY FORESEEABLE: CAMAP RECOMMENDATIONS ON INTERPRETATION

- 1. Clinicians need not change the interpretation of "natural death has become reasonably foreseeable" from that used prior to the legislative amendments of March 2021 (the passing of Bill C7).
- 2. Clinicians may interpret **"reasonably foreseeable" as meaning "reasonably predictable".** This may mean that there is sufficient **temporal proximity to death** (it is coming soon), and/or that the **trajectory towards death** is predictable from the person's combination of known medical conditions and potential sequelae. In clinical circumstances this would include the consideration of a person's individual circumstances such **as age and frailty**.
- 3. Clinicians need not employ or support rigid timeframes in their determination of whether a person has a reasonably foreseeable natural death (RFND). The **law does not require a prognosis** to be given as to the length of time the person has remaining. For greater clarity, "natural death has become reasonably foreseeable" **does not mean** that the person must be **terminally ill or expected to die within a set period such as 6 or 12 months**.
- 4. A person may meet the "reasonably foreseeable" criterion if they have demonstrated a **clear and serious intent to take steps to make their natural death happen soon** or to cause their death to be predictable. Examples might include stated declarations **to refuse antibiotic treatment** of current or future serious infection, to **stop use of oxygen therapy**, to **refuse turning if they have quadriplegia**, or to **voluntarily cease eating and drinking**.

REASONABLY FORESEEABLE

- 5. If, after an assessment, a Provider is **uncertain about the foreseeability** of a person's natural death, the Provider may consult with the other Assessor **or seek the advice** of another MAiD clinician with additional experience or expertise.
- 6. If the Provider deems a person eligible for MAiD but not to have a reasonably foreseeable natural death the person should be informed that legislation requires additional safeguards to be satisfied before MAiD can take place. These safeguards should be explained to the person.
- 7. It is the **Provider who has the responsibility to assess RFND**. The law does not require the Assessor to assess RFND although in most provinces the **Assessor is required to give their opinion**. The law does not require that the Provider and the Assessor agree on the issue of RFND. However, CAMAP's recommendation is that if the Provider is of the opinion that the person has an RFND but the Assessor disagrees, the Provider should consider **seeking a third opinion** from another clinician.
- 8. If a **person disagrees** with the finding that their natural death is not reasonably foreseeable they should be told that they have the **right to seek the opinion of an additional assessor or assessors**.
- 9. If there are **uncertainties** regarding the application of legislation to a specific case, it is reasonable to **seek medico-legal advice** from the Canadian Medical Protective Association (CMPA) or the Canadian Nurses Protective Society (CNPS)

CAPACITY

- Ability to **understand** the relevant information;
- Ability to **appreciate** the relevant information and the consequences of accepting or declining the proposed treatments or interventions
- Ability to **reason** about treatment options and their consequences.
- Ability to communicate **a choice** (even with appropriate help)

- Key Considerations:
  - time and task dependent
  - MMSE/MoCA not directly applicable but MMSE<19 usually incapable; MMSE>25 usually capable

AID TO CAPACITY EVALUATION (ACE)

1. Medical Condition
2. Proposed Treatment
3. Alternatives
4. Option to refuse treatment
5. Consequences of refusing treatment
6. Screen Depression/Psychosis

https://jcb.utoronto.ca/wp-content/uploads/2021/03/ace.pdf

DEMENTIA

- Two Main Questions:
  - How can they be in an advanced state of decline but still have capacity to make decision?
  - Is death reasonably foreseeable?

- Advanced Decline
  - Can be either in physical or cognitive decline
  - If solely cognitive – determined to be at risk of losing capacity based on trajectory of declining function
  - Nursing Home Level of Care Prediction in Dementia https://eprognosis.ucsf.edu/nhloc.php

- Reasonably Foreseeable
  - All primary dementias have shortened life expectancies – usually 2-15yrs depending on type and time of diagnosis

FRAILTY

Clinical Frailty Scale – Dalhousie University

CLINICAL FRAILTY SCALE

	Level	Description
1	**VERY FIT**	People who are robust, active, energetic and motivated. They tend to exercise regularly and are among the fittest for their age.
2	**FIT**	People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**, e.g., seasonally.
3	**MANAGING WELL**	People whose **medical problems are well controlled**, even if occasionally symptomatic, but often are **not regularly active** beyond routine walking.
4	**LIVING WITH VERY MILD FRAILTY**	Previously "vulnerable," this category marks early transition from complete independence. While **not dependent** on others for daily help, often **symptoms limit activities**. A common complaint is being "slowed up" and/or being tired during the day.
5	**LIVING WITH MILD FRAILTY**	People who often have **more evident slowing**, and need help with **high order instrumental activities of daily living** (finances, transportation, heavy housework). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation, medications and begins to restrict light housework.

	Level	Description
6	**LIVING WITH MODERATE FRAILTY**	People who need help with **all outside activities** and with **keeping house**. Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.
7	**LIVING WITH SEVERE FRAILTY**	**Completely dependent for personal care**, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~6 months).
8	**LIVING WITH VERY SEVERE FRAILTY**	Completely dependent for personal care and approaching end of life. Typically, they could not recover even from a minor illness.
9	**TERMINALLY ILL**	Approaching the end of life. This category applies to people with a **life expectancy <6 months**, who are **not otherwise living with severe frailty.** (Many terminally ill people can still exercise until very close to death.)

SCORING FRAILTY IN PEOPLE WITH DEMENTIA

The degree of frailty generally corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.

In **very severe dementia** they are often bedfast. Many are virtually mute.

Clinical Frailty Scale ©2005–2020 Rockwood, Version 2.0 (EN). All rights reserved. For permission: www.geriatricmedicineresearch.ca

Rockwood K et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489–495.

FRAILTY

- Flacker 1 year Newly Admitted LTC Revised Index
  - https://eprognosis.ucsf.edu/flackernew.php
- Comprehensive Prognostic Tool for Adults >70
  - https://eprognosis.ucsf.edu/alexlee.php
- Qmortality
  - https://qmortality.org/

MAiD PROCEDURE

- Booking
  - Patient self directed via the MCC office; often supported by staff/SW in facility
- MAiD Day:
  - Nurse arrives ahead of booked time to meet patient/family, start IV and set up supplies
  - Provider arrives 15-30min later at pre-set time
  - Provider obtains consent if no waiver of consent pre-signed
  - Provider prepares the medications
  - Patient has one last chance to revoke consent prior to procedure starting
  - Provider declares TOD
  - Provider completes MCOD for funeral home to collect remains

MAiD PROCEDURE

- Two Options: IV vs Oral
- 99% preference for IV route
- Fast and efficient <10min start to finish
- Very predictable; minimal reactions/issues
- Difficult IV access – main problem with community provisions
- MAiD Coordination Centre assists in booking nurse to assist with IV starts, supplies and support

IV METHOD

- Midazolam
- Propofol
- Rocuronium
- +/- Bupivacaine (usually younger population)

MAiD SUPPORT

- **Clinicians:**
  - MAiD Coordination Centre – Fraser Health
    - Fraser Health Authority Phone: 604-587-7878, **Fax: 604-523-8855, Email: mccc@fraserhealth.ca**
  - BC Government MAiD website
    - https://www2.gov.bc.ca/gov/content/health/accessing-health-care/home-community-care/care-options-and-cost/end-of-life-care/medical-assistance-in-dying
  - CAMAP
    - https://camapcanada.ca/

- **Families:**
  - https://maidfamilysupport.ca/
  - https://www.bridgec14.org/

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QUESTIONS?