

# MAID and Geriatrics: A Growing and Complex Relationship

Chair: Dr. Genevieve Casey (Geriatrician, and MAID assessor and provider)

Panel Members:

Dr. Jocelyn Chase, Geriatrician and Ethicist

Professor Jocelyn Downie, Professor of Law, national expert on assisted dying

Dr. James Silvius, Geriatrician and Leadership role of the Alberta Health Services MAID program

Laura Wilding, Advanced Practice Nurse in Geriatrics who now leads regional MAID program

# Faculty/Presenter Disclosure

**Faculty:** James L. Silvius

**Relationships with financial sponsors:**

**Other: Senior Medical Director, Provincial Seniors Health and Continuing Care, Alberta Health Services**

**The other Faculty/Presenters have no disclosures**

# MAID criteria (with passing of C7 legislation)

- be 18 years of age or older and have decision-making capacity
- be eligible for publicly funded health care services
- make a voluntary request that is not the result of external pressure
- give informed consent to receive MAID, meaning that the person has consented to receiving MAID after they have received all information needed to make this decision
- have a ***serious and incurable illness, disease or disability*** (excluding a mental illness until March 17, 2023)
- be in an ***advanced state of irreversible decline in capability***
- have ***enduring and intolerable physical or psychological suffering that cannot be alleviated under conditions the person considers acceptable***

## C7 - removal of reasonably foreseeable natural death (RFND) and addition of Audrey's amendment (final consent waiver)

If you have RFND - one witness (can be a HCP), two assessors, no waiting period and *Capacity for consent can be absent a time of provision, provided written arrangement between patient and provider to move forward on a date (? date interval) if capacity is lost.*

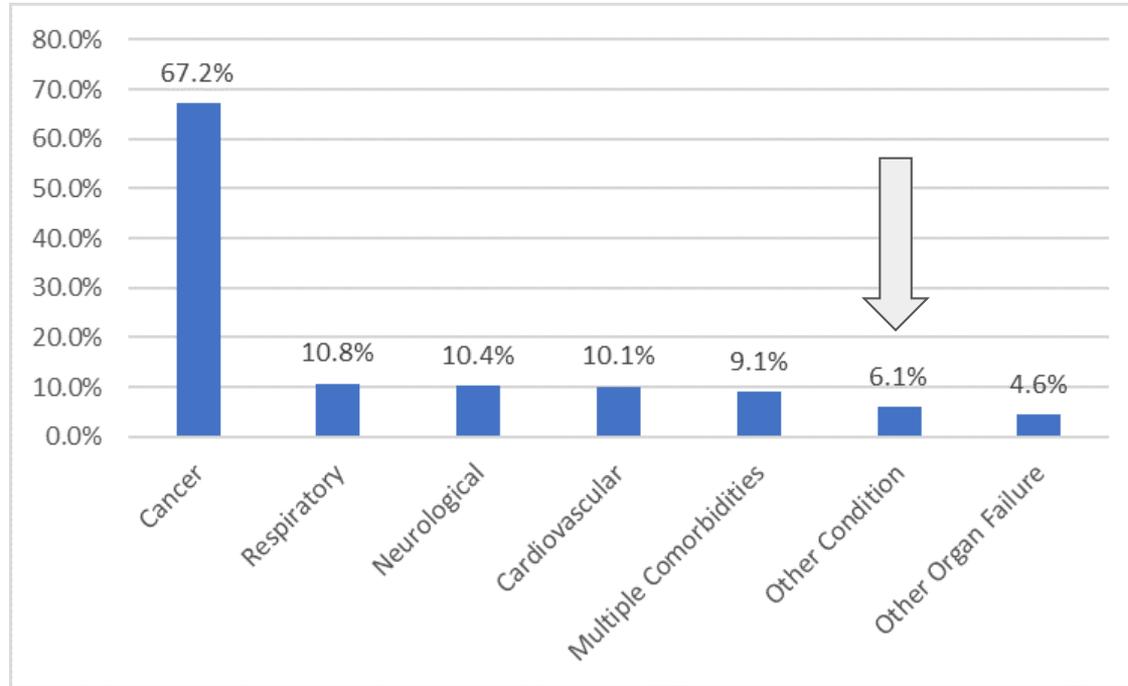
If you don't have RFND - one witness (can be a HCP), two assessors, 90d waiting period from day of request, must be capable at time of assessment and provision *If neither of the assessors has expertise in the condition causing the suffering then they should consult with someone with that expertise.*

# Current statistics of MAID in Canada

From the First Annual Report on Medical Assistance in Dying in Canada, 2019  
(available online)

- In 2019, 5,631 cases of MAID, approx **2% of all deaths** in Canada
- Steady year over year growth since introduction of MAID in 2016
- Total number of cases from 2016 to 2019 is 13,946
- Average age of persons who received MAID was 75.2 years (over 80% of MAID deaths are >65)
- Majority did receive palliative care (82.1%), of those who did not 89.6% had access to it, just chose not to have it.
- 41.3% of patients did require disability support services, 89.8% received them

# Currently in Canada (2019 Calendar year)



## Explanatory Notes

The category of “other conditions” includes a range of conditions, with **frailty** commonly cited

## B.C. man is one of the first Canadians with dementia to die with medical assistance



A person with dementia who meets the MAID criteria should be eligible, doctor says

CBC Radio - Posted: Oct 27, 2019 4:00 AM ET | Last Updated: October 27

---

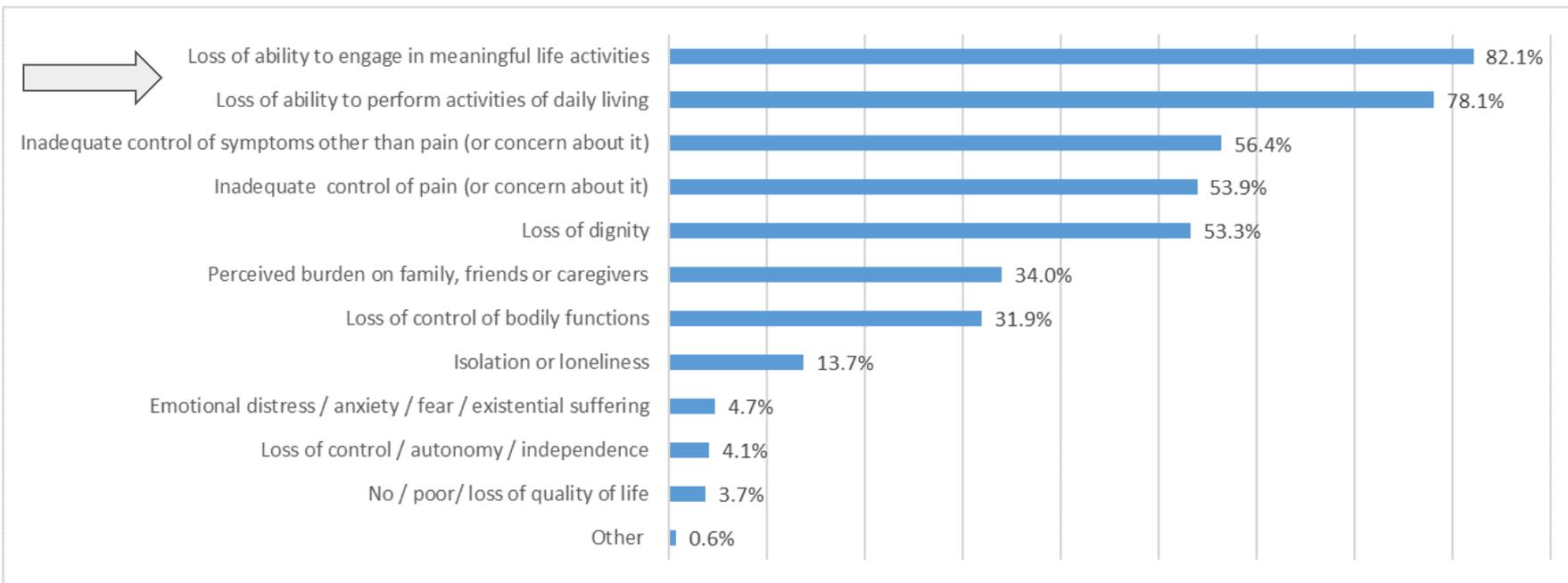
### From dementia to medically assisted death: A Canadian woman's journey, and the dilemma of the doctors who helped

To give Alzheimer's patient Mary Wilson the death she sought, her physicians had to make a tough decision in a short time – and risked going to prison if they got it wrong. Now they've been cleared of wrongdoing in a decision that could have wide-reaching implications for tens of thousands of Canadians

---

KELLY GRANT > HEALTH REPORTER  
PUBLISHED OCTOBER 12, 2019

### Chart 6.1: Nature of Suffering of Those Who Received MAID, 2019



# Requests for Frailty / Dementia is not unusual

|   |       |
|---|-------|
| ● cancer                                    | 4,100 |
| ● neurological disorders                    | 408   |
| ● cardiovascular disease                    | 251   |
| ● pulmonary disorders                       | 187   |
| ● multiple geriatric syndromes              | 172   |
| ● dementia                                  | 162   |
| <i>early-stage dementia: 160</i>            |       |
| <i>(very) advanced stage of dementia: 2</i> |       |
| ● psychiatric disorders                     | 68    |
| ● combination of disorders                  | 846   |
| ● other conditions                          | 167   |

Roughly 3% of all cases are for frailty

And similar for Dementia

Regional Euthanasia Review Committee Annual Report 2019 (The Netherlands)

# A look behind the numbers

***van den Berg et al. Euthanasia and Physician-Assisted Suicide in Patient with Multiple Geriatric Syndromes. JAMA 2020***

Qualitative study of 53 case summaries published by the Dutch Regional Euthanasia Review committees (2013-2019). Triggered by increase in these types of request, low physician comfort with these types of requests and perceived to be more complex.

**Visual impairment [64%], hearing loss [53%], pain [47%], and chronic tiredness [42%],** were common. The request for EAS was often **preceded by a sequence of events (tipping point),** especially **recurrent falls [62%].**

Although physical suffering could be determined in all cases, the case descriptions found that suffering occurred on multiple dimensions, such as the **loss of mobility [83%], fears [40%], dependence [43%], and social isolation [36%]**

# Ms. X

Ms. X, 94 widow, alone in her home. No services - has adaptive equipment for her vision loss

PMHx: Macular degeneration, now legally blind. Osteoarthritis.

Social Hx: Retired teacher, no children, very close with niece. Husband died a year ago, after long hospitalizations including many months at a complex continuing care facility (CCC).

Ms. X describes a year of feeling weaker and more tired, she finds she can't walk as much as she used to (she used to walk to CCC, which is about 1K from her house), due to this and her reduced vision she doesn't feel safe. She can still do her stairs, but it takes a lot out of her. She now naps twice a day.

She thinks she may have lost weight and certainly endorses a reduced appetite. She denies significant pain, her most bothersome symptom is lack of energy and fatigue, also has potentially noted foul smelling BM and change in bowel habit. PCP has offered investigations and screened for depression many times.

## Ms. X continued

Reasons for MAID 'I feel I am done, I am declining, and I know what my future looks like, and I do not want it.'

'I pray every day, and two months ago when I was praying, God let me know that it was OK for me to go, and I felt such immense peace since then knowing that this was the path for me'

' Meeting and connecting with people is the one of the last few enjoyments in my life, and COVID is prohibiting that'

' There is no rehab anyways... I am not interested in it... it's distressing being out of my own home'

# Audience Question

How does this case make you feel?

- a) Sad
- b) Relieved she got to fulfill her own wishes
- c) What's the point of it all?
- d) All of the above