

Impact of Assisted Death on the Practice & Provision of Palliative Care in Canada

Dr Leonie Herx

1

What is 'Medical Assistance in Dying' aka 'MAiD' in Canada?

Death intentionally caused by a lethal dose of drugs, includes both:

Assisted suicide – doctor/nurse practitioner writes the prescription for lethal dose of drugs; patient self-administers

Euthanasia – doctor/nurse practitioner directly administers the lethal dose of drugs, usually via intravenous route

Almost all cases of 'MAiD' in Canada are euthanasia

****NOT the same thing as discontinuation of medical treatment or palliative care****

2

Background: Progression of Canadian Legislation

- **2016:** initial 'Medical Assistance in Dying' (MAiD) legislation for those whose natural death was "reasonably foreseeable" (RFND)
 - progressive interpretation of C-14 legislation via court rulings
- **2021:** legislation amended removing requirement for RFND, allowing MAiD for chronic disease or disability, and as of March 2024, mental illness as sole diagnosis
 - existing safeguards revised including # witnesses from 2 to 1 and for RFND (track 1) removed the requirement for 10 day reflection period & capacity at time of MAiD procedure
- **2023:** joint parliamentary committee recommended expansion to children and advanced requests for MAiD

3

Distinction between MAiD and Palliative Care



Enhances quality of life –
'Medical Assistance in Living'
(MAiL)



Does not hasten death



Internationally recognized as a
practice distinct from MAiD -
philosophically, clinically and legally

4

Distinction between MAiD & Palliative Care recognized by:



ANZ JPM



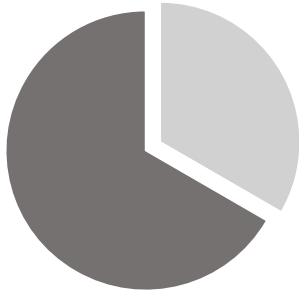
5

Conflation of MAiD with palliative care

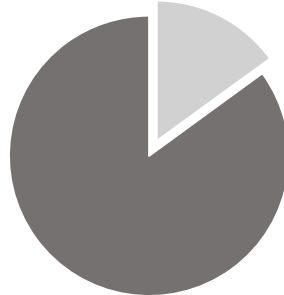
- “Medical Assistance in Dying” terminology confusing
- MAiD = end of life care = palliative care
 - MAiD described as another tool in the “End of Life Care basket” and an “extension” of palliative care
- Palliative care programs tasked with implementing & coordinating MAiD after legalization in many jurisdictions.
- Palliative sedation presented as an alternative to MAiD

6

Access to Palliative Care in Canada



30-50% have access to some kind of palliative care of unknown quality



15% have access to specialist palliative care to address more complex issues



Lower access to palliative care if you are poor, Indigenous, homeless, incarcerated or rural

7

Medical Assistance in Dying (MAiD)

Originally established for exceptional circumstances, but now offered to those lacking palliative care, homecare and disability care

16.8% of those receiving MAiD in 2021 had no palliative care (8.5% unknown)

21.4% only received palliative care within 2 weeks MAiD request

17.4% only received palliative care within 2-4 weeks of MAiD request

At least 38% had little to no palliative care

8

Impact of MAiD on Palliative Care



Nurses have left jobs



Admin detracts from other patients



Moral distress leading to loss of staff



Less access to specialised palliative care beds



Fear of palliative care because of perceived associations with MAiD



Patients requesting MAiD because of a trusted doctor's suggestion



Patients requesting MAiD because of lack of palliative care

9

Lessons from Canada

- Palliative Care needs to be funded & universally accessible as an essential medical service to help people live well, even while dying.
- Increased public & healthcare professional education on the unique role of palliative care
 - On ordinary dying & death
 - Earlier palliative care – suffering can be alleviated before it becomes irremediable
- When legalized, MAiD becomes conflated with palliative care and erodes palliative care practices and resources, and can become a replacement for palliative care

10