

# How did Medical Assistance in Dying (MAiD) impact Palliative Care?

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# Conflict of Interest Disclosure

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Has no real or apparent  
conflicts of interest to report.



# Background

- Medical Assistance in Dying (MAiD) legalized in Canada in June 2016
- 6,749 MAiD cases since the introduction of the legislation (until Oct 2018)
- Absence of clear guidelines on role and scope of practice for palliative care (PC) providers in this context
- Knowledge gap on specific challenges and opportunities created for PC providers, and how MAiD has changed PC



# MAID Debate



- 1) Euthanasia can erode public confidence and trust in healthcare systems and palliative care, especially as many members of the public are already misinformed about what it represents
- 2) Euthanasia may be a source of tension and conflict among palliative care teams identifying as conscientious objectors
- 3) The health care teams caring for terminally ill patients on a daily basis are already exposed to adverse psychological and emotional implications, and being involved in Euthanasia or PAS may add burden



## Study question:

- “What is the impact of MAID introduction on palliative care practice ?”

## Study design:

- Qualitative descriptive design using data collected through semi-structured interviews



# Recruitment

- English speaking palliative care physicians and nurses.
- Practiced 6 months or more before the introduction of MAID
- Participants were selected based on purposeful sampling and convenience sampling to assemble a broad representation
- Semi-structured interviews, using a study questionnaire as guide.



# Demographics n=21

Variable	Participants number
Female gender (%)	76.2%
Physician	11 (52%)
Nurse	10 (48%)
Mean Age (Range)	42 (27-64)
Average Years of Palliative Care Practice	8.25 years





SCOPE OF PRACTICE	N= number of participants
INPATIENT HOSPITAL BASED CONSULT SERVICE	5
COMMUNITY BASED PALLIATIVE CARE	7
PALLIATIVE CARE UNIT AND HOSPICES	9



LEVEL OF INVOLVEMENT WITH MAID	N= number of participants
DISCUSSED MAiD WITH PATIENTS	16
MADE REFERRALS FOR MAiD	8
DID MAiD ASSESSMENTS	4
WITNESSED MAiD PROCEDURE	7
PERFORMED MAiD PROCEDURE	2



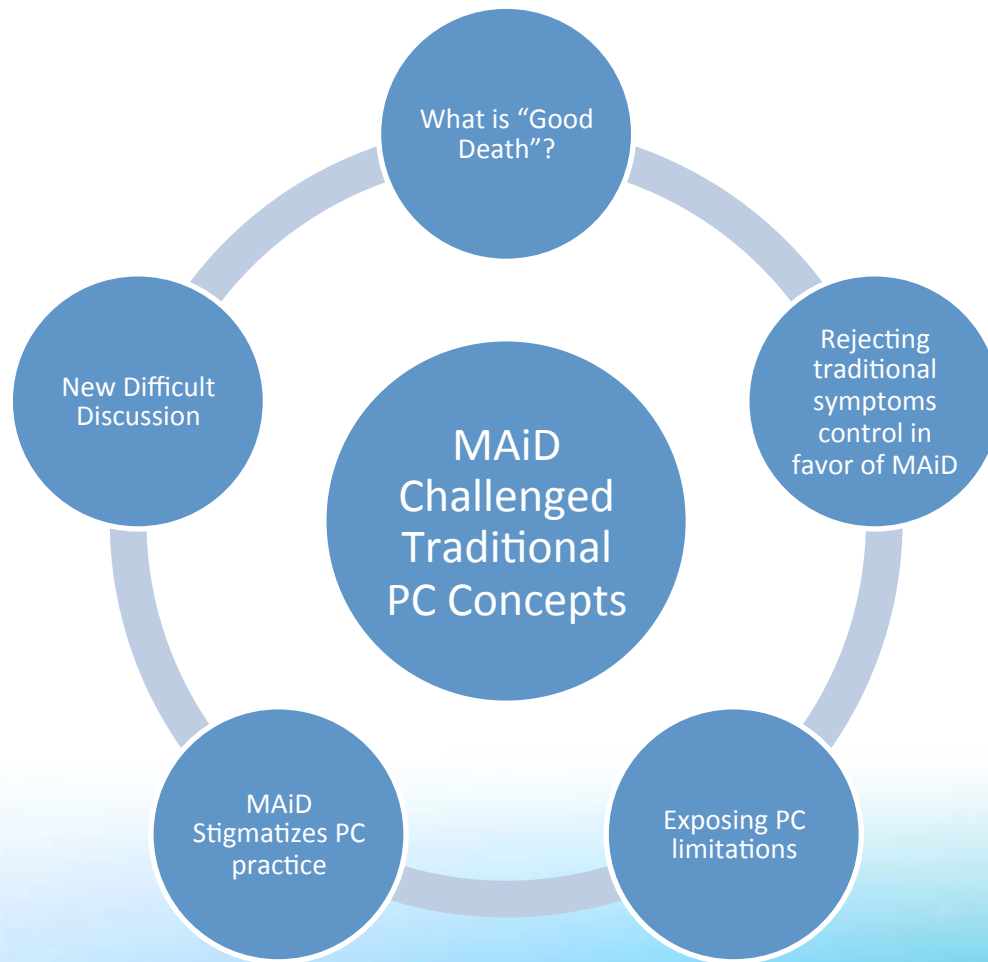
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# MAiD Challenged Traditional PC Concepts

- **What is a “Good Death”?**

“There’s a lot more preparation with MAiD, as opposed to an unexpected death where that doesn’t happen ...I think before MAiD, I always believed I could steer people towards dying well, and MAiD has broken my confidence, because people can choose this swift exit” –N1



# MAID Challenged Traditional PC Concepts

- **Rejecting symptom control in favor of MAiD**

“I would try to suggest options for better pain control and they didn’t want to talk about it... they really just wanted to know when is the MAiD going to happen” -P2



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# MAID Challenged Traditional PC Concepts

- **New “Difficult Conversations”**

“There’s a lot of uncertainty about her [the patient] prognosis and... the evolution of her disease and she’s not sure when to set the date [for MAID] nor can I give her very clear guidance on that either. All we know is that one day things will change.”

P7



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# MAiD Challenged Traditional PC Concepts

- **MAiD Stigmatizes PC**

“There was one family who was very concerned that we were also the MAiD team” –P1



# MAiD Challenged Traditional PC Concepts

- **Exposing PC limitations**
- “There’s still refractory symptoms that sometimes can’t be managed and...you really feel helpless and if [MAiD] wasn’t available... that [would be] really restricting.” –P7



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# Complicated Relationship

- **Opportunities MAiD created for Palliative Care practice**

- Improved symptoms control

“I can think of, you know, a few cases, like two or three, where we were able to help sufficiently with symptoms to where the patient said, you know, “I’m not really interested in this anymore,” and that feels good.” P1



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# Opportunities MAiD created for Palliative Care practice

- Opens communication about EOL care
- Creates more attention for person's concerns and suffering
- Improve providers (MAiD proponents) satisfaction
- Increase patients' options and their satisfaction



# Challenges MAiD created for Palliative Care practice

- MAiD consumes limited palliative care resources

“So, I think it has impact on the palliative care practice, because good palliative care takes a lot of time and you’re interdisciplinary resources, when a patient is requesting MAiD, most of the resources, in my experience, have been sucked up by that one case and it’s all everyone’s talking about and they’re rushing to get stuff done and then there’s this delay and everyone from admin down to the bedside nurse is focusing on MAiD. And all of the good, high-quality palliative care that we do, I think falls by the wayside for some of the other patients.” P6



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# Challenges MAiD created for palliative care practice

- MAiD adds emotional burden on PC providers  
“despite all that effort, it actually hurt me a lot more emotionally than I thought it was going to, mainly because, I think, because I knew... I knew how much they were missing out, how much they missed out on... On the other hand I was surprised at how, I guess, disappointed in myself or how sad I was for the family, because they weren't really thrilled about it either... I couldn't talk my way out of the box, you know, kind of thing. I couldn't talk with them therapeutically enough or something” P5



# Analysis

- MAID has challenged traditional PC concepts, creating new opportunities and challenges.
- It had added new layers of complexity to patient care, with various effects on PC providers.
- Personal views on MAID shaped the participants' perception on the impact of MAID on PC.
- Despite voiced challenges, a gradual acceptance of MAID emerged as a patient's right and as something that can be present alongside traditional PC, even creating some opportunities to improve PC.



# Conclusion

- PC providers and healthcare leaders should be aware of the impact of MAID and the health care system
- The Health Care systems should be equipped with the necessary supports to ensure that PC can be delivered effectively and universally along side the provision of MAID





# Thanks for your attention



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