



Medical Assistance in Dying (MAID): Introduction to the PGME Educational Resource Kit

All PDs & Family Medicine Site Directors Meeting

Friday, December 15, 2017

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Post MD Education

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Objectives

- Understand rationale for the Educational Resource Kit (ERK)
- Review components of the ERK
 - Slide show & videos
 - 4 case scenarios (small group)
- Discuss roll-out of ERK
- Time for questions

Rationale for the Educational Resource Kit

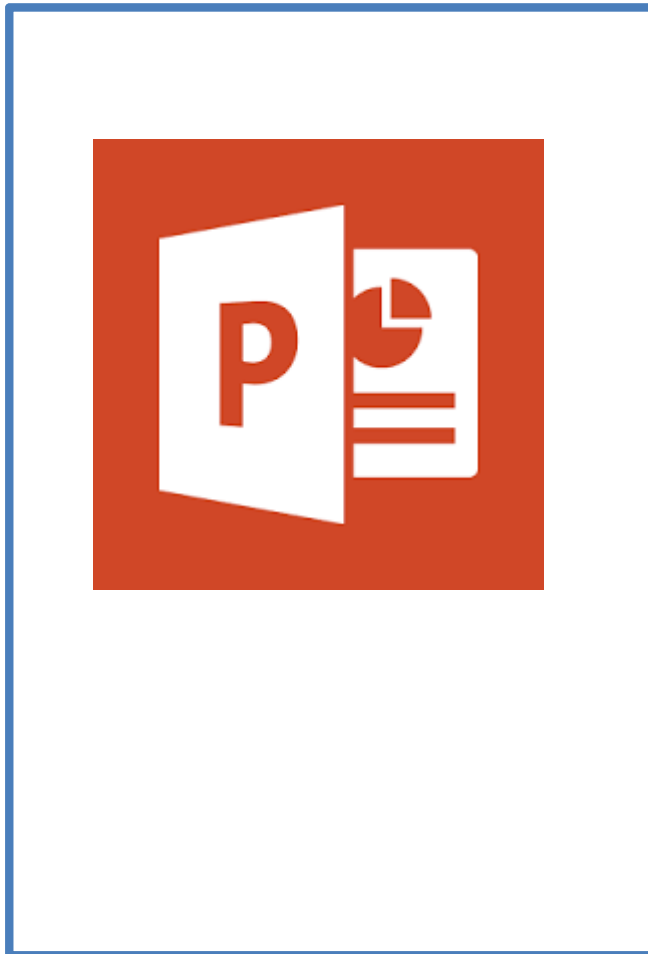
- *Carter vs Canada* (2015, SCC) decision and subsequent passing of Bill C-14
- Significant MD discomfort with discussing end-of-life, dying, “desire for hastened death”
- 50% of GPs in Netherlands avoided discussing euthanasia because it went against values or was emotionally burdensome

Potential harms of discomfort with discussing “desire for hastened death” (DHD)

- Patients feel abandoned
- Clinicians feel emotionally burdened
- Referral to the wrong services
- Delay in appropriate assessments and treatments

Educational Resource Kit

Slideshow with videos



Small group: 4 cases

MAID Case #1 **Facilitator Guide**

You are a surgical resident. You meet Ms. K, an 80 year old woman with newly diagnosed **locally advanced pancreatic cancer** after a 3 month history of progressive abdominal pain. She is in the surgical oncology clinic to discuss if the mass is resectable. After reviewing the imaging, your attending staff feels it would be too risky to proceed with surgery. Your staff explains to the patient that the cancer is not curable and a referral will be made to medical and radiation oncology to discuss treatment options to slow down progression and control symptoms. After your attending staff leaves the room, Ms. K says to you: "What's the point if it can't be cured? Why prolong things? I'd rather just die sooner. Can't patients request assisted suicide now?"

1. When a patient asks about MAID what is your initial gut reaction?

- a. This can be an emotionally challenging question and can impact residents in different ways. MAID is a controversial topic and physicians have varying viewpoints. These viewpoints are often based on the moral or religious beliefs that we acquire throughout a lifetime and can be deeply ingrained.
- b. When a patient asks a question that is so controversial and touches on our core beliefs, we can be quick to respond before understanding the entirety and complexity of a situation.

2. When a patient like Ms. K asks about MAID, how would you initially respond?

Consider: The most important initial response is to validate the patient's emotions.

For example: "I'm sorry. You've just heard some very bad news" or "I can't imagine how you are feeling right now".

Caution: It may be tempting to answer in a factual way.

For example: "Yes, Medical Assistance in Dying is legal. Do you want a referral for an assessment?"

For most patients this is a premature statement without a better understanding why they are asking for hastened death.

Slideshow

- Didactic portion of the ERK
- Reviews historical context of MAID
 - Carter v Canada
 - Bill C-14
- Definition of MAID
- Residents' role in MAID
 - Explore request, have goals of care discussion
 - Should not be first or second assessor
- 10 Step Process Map for MAID
- Complex situations (4 videos)



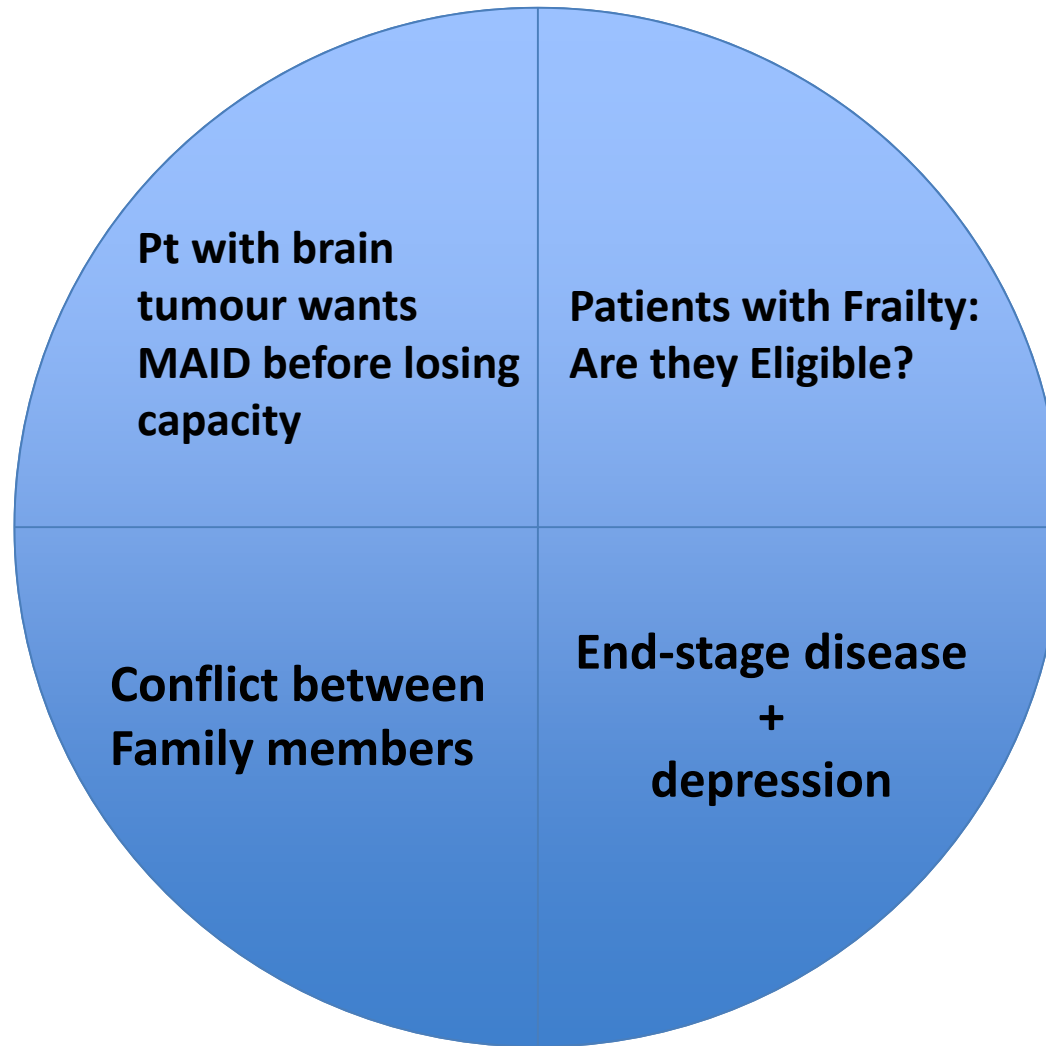
10 Step Process Map for MAID

1. Patient makes initial inquiry
2. Assess the patient against eligibility criteria
3. Patient makes written request
4. Remind patient of ability to rescind request
5. 2nd physician assess for eligibility
6. Period of reflection
7. Informing the pharmacy
8. Provision of MAID
9. Certification of Death
10. Wellness and resiliency post MAID

Complex Situations (videos)

- Goal of ERK is to provide foundational skills and knowledge around MAID and assessing a voiced desire for hastened death
- However, there are numerous emotional and ethical complexities that may arise
- 4 videos of MDs who assess for or provide MAID commenting on some potential complex situations

Complex Situations

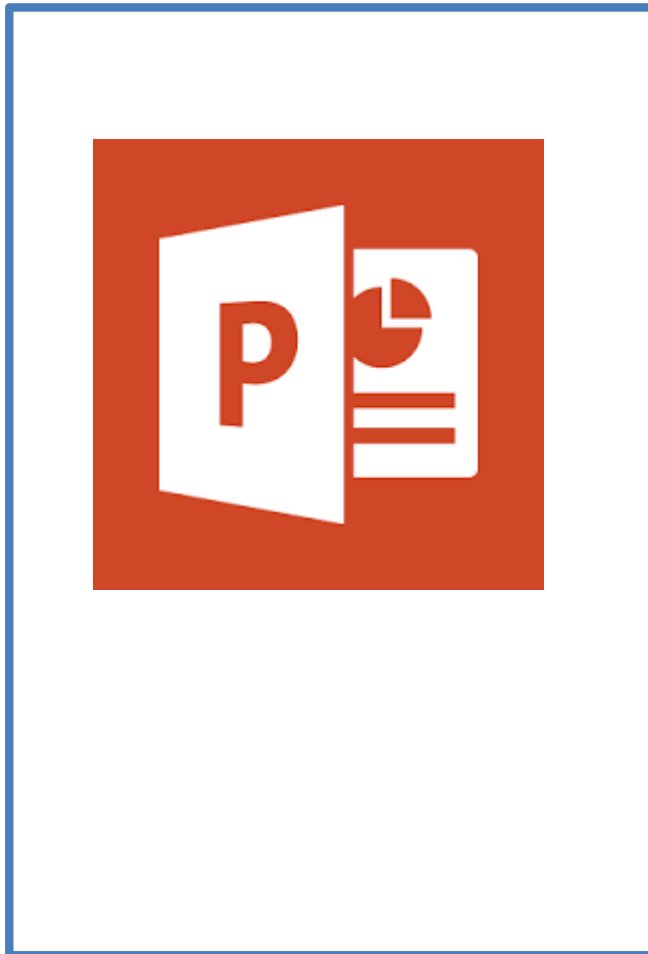




What are some good strategies to mitigate the complex situation where there is conflict amongst family members when MAID has been requested?

Educational Resource Kit

Slideshow with videos



Small group: 4 cases

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"What's the point if it can't be cured? Why prolong things? I'd rather just die sooner. Can't patients request assisted suicide now?"

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Consider: The most important initial response is to validate the patient's emotions.

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Caution: It may be tempting to answer in a factual way.

For example: "Yes, Medical Assistance in Dying is legal. Do you want a referral for an assessment?"

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Small Group: 4 Cases

MAiD Case #1

Facilitator Guide

You are a resident on a surgical rotation. You meet Ms. K, an 80 year old woman with newly diagnosed **locally advanced pancreatic cancer** after a 3 month history of progressive abdominal pain. She is in the surgical oncology clinic to discuss if the mass is resectable. After reviewing the imaging, your attending staff feels it would be too risky to proceed with surgery. Your staff explains to the patient that the cancer is not curable and a referral will be made to medical and radiation oncology to discuss treatment options to slow down progression and control symptoms. After your attending staff leaves the room, Ms. K says to you: "What's the point if it can't be cured? Why prolong things? I'd rather just die sooner. Can't patients request assisted suicide now?"

1. When a patient asks about MAiD what is your initial gut reaction?

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2. When a patient like Ms. K asks about MAiD: How would you initially respond?

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For example: "I'm sorry. You've just heard some very bad news" or "I can only imagine how you are feeling right now".

Small Group: 4 Cases

For Cases 1-3 the general objectives are:

- (1) Gain comfort with responding to patients who request MAID
- (2) Understand how to explore patients' motivations behind MAID requests

Slight variability between the cases cover topics such as:

- Differentiate between Palliative Sedation Therapy and MAID
- Approach to a patient requesting MAID who may be depressed

Case 4 focuses on

- understanding what happens when a patient receives MAID
- variations in institutional policies and procedures
- importance of reflection and self-care

How is the ERK meant to be utilized?

- It is a toolkit meant as a resource to all programs in PGME
- Can be used in whole or in parts as the curriculum requires (with attribution to the PGME MAID ERK)
- Ideally, each program would identify its own facilitator(s)

How is the ERK meant to be utilized?

- The ERK team can provide as-needed support (especially in the initial phases) but cannot teach the modules to all programs
- A workshop is being planned for early 2018 for interested parties to gain more familiarity with the ERK
- Landscape of MAID continues to change – ERK will require occasional updating
- Very open to feedback

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