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 only 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.

   Consider: That when initially responding to a request for MAID, it is an excellent opportunity to ask questions and explore what lead to the patient's request.

   For example: Usually when a patient asks about MAID, they are suffering a lot. “Can you tell me more about how you are feeling?”

Case # 1

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?”
Caution: Even though as a physician you may not agree with MAID, it is still important to respond in a manner that invites the patient to tell you more about why they are asking about MAID.

i. Remember that as physicians, we cannot abandon our patients

ii. This does not mean we have to act against our conscience

iii. This does mean we have an obligation to respond to a request and provide care and information in a non-judgmental manner

3. **What are the reasons that people request a hastened death?**

A desire for hastened death is a complex, multifactorial phenomenon usually triggered by a physical or psychological exacerbation of symptoms which leads to emotional distress or suffering. The literature has described possible driving factors (put refs) which can be grouped into “loss of self” and “fear” (ref is the 2012 systematic review).

A sense of “Loss of self” can occur when people feel that they can no longer define themselves or what they were proud of due to various losses, such as loss of:

- Bodily functions
- Mobility
- Control
- Meaning
- Dignity
- Independence
- Quality of life

This “loss of self” could extend to them withdrawing from family/friends which can increase the risk of depression and anxiety.

“Fear” can be of:
- The dying process
  - worsening symptoms
  - progressive dependency and burdening loved ones
- Imminent death
  - no treatment options
  - feeling hopeless

When ‘Loss’ or ‘Fear’ drives a wish for hastened death, the actual request may represent:

a. a way to “end suffering”

b. a “cry for help” – a desire to live, just not in the current way

c. “an ace up one’s sleeve” – an exit plan in case the situation becomes intolerable
4. **How would you evaluate the reason why Ms. K is expressing a desire for hastened death? What are some questions you can ask?**

   a. Try to determine if this an impulsive request or has the patient been thinking about this for some time
      - For example: “How long have you felt this way?”

   b. Explore what is driving the desire for hastened death.
      - For example: “Usually when people ask me about ‘assisted suicide’ they are suffering a lot. Can you tell more about how you are feeling right now?”

   c. If the patient mentions a specific symptom (whether physical or psychological) you can ask if that symptom were better managed would they feel differently about MAiD. If the answer is yes, this can be an opportunity to involve palliative care, psychiatry, social work, or spiritual care colleagues.

**Back to the case...**

After exploring further you find out that Ms. K does not have a family doctor and when she was experiencing abdominal pain she went to multiple walk-in clinics and no one would prescribe her anything stronger than a Tylenol #3.

She got the sense that the physicians felt she was drug seeking. Now she is taking 10 tablets of Tylenol #3 a day with only moderate pain relief and is severely constipated. Her last bowel movement was 11 days ago.

You also discover that she has no family in town and her close friends have all died. She is on a fixed income, but has been so unwell she has been taking taxis to the hospital which has been financially burdensome. She has an older sister in Winnipeg, but she is quite frail as well and cannot travel to see Ms. K.

The things she enjoyed, such as cooking and walking her dog, have become increasingly difficult due to her pain and progressive fatigue.

**Discussion Questions**

5. **Now what do you think are the factors leading to Ms. K’s request for hastened death?**

   They may include:
   - Feeling isolated
   - Overwhelmed by how she will manage on her own
   - Being a burden to others
   - Poor pain control
   - No longer able to do things she enjoyed
6. **How would you respond to Ms. K now?**

**Consider:** Try to repeat/reflect back to Ms. K some of her concerns

For example: “It’s hard enough being diagnosed with cancer, but it sounds like there have been a lot of other stressors like finances and uncontrolled pain.”

**Caution:** Try to be specific, as opposed to simply saying “I hear you” (which can come across as trite).

7. **What interventions would you recommend?**

- For the financial and practical concerns – social work
- Poor pain control – palliative care referral
- If the patient continue to express an interest in MAiD you could direct her to the MOHLTC resources page including the clinician A form which provides the framework for a written request for MAiD


**References:**


