

Medical assistance in dying (MAID)

TIME FOR DIALOGUE

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The decriminalization of MAID lends urgency to understanding the impact on clinicians. A symposium at the CAPO 2017 conference entitled “Engaging psychosocial clinicians in a conversation about MAID: implications for clinical practice,” engaged participants in a dialogue about what they’ve learned from experience to date. Carole Mayer moderated the symposium; Madeline Li served as discussant; and presenters were Mark Katz, Renée Mallet, Jillian Romanko.

REPORT FROM THE SYMPOSIUM: The heated conversations prompted by this symposium attest to the different experiences of medical assistance in dying (MAID) since its decriminalization in Canada in June 2016. Psychosocial oncology clinicians discussed their role in MAID and the important challenges they encountered prior to the implementation of guidelines. Dr. Mayer highlighted that as of March 2017, 66% (n=242) of Ontario MAID requests involved cancer patients. The decriminalization of MAID has created an important role for psychosocial clinicians as holistic cancer care providers. Two seemingly paradoxical themes emerged during the symposium: that MAID practices involve unanticipated situations requiring a psychosocial team, and that most cases were unanimously deemed appropriate for a meaningful death. The symposium high-

lighted the need for clinician self-care practices and awareness of personal and professional limits.

When MAID practices became lawful, the psychosocial clinician’s role became of utmost importance due to the conditions for the provision of MAID set out by the Canadian government. Cognitive and emotional capacities are required to make the decision to end one’s life. Dr. Katz discussed the psychiatrist’s role in capacity assessments, raising some particularly challenging circumstances. Delirium and dementia can produce altered decision-making capacity over the required 10-day reflection period; in severe depression, consent capacity may be limited by excessive guilt and pessimism. The legal conditions state that death must be reasonably foreseeable in a grievous and irremediable medical condition, which therefore excludes people with mental illness from recourse to MAID. However, many intolerable symptoms from physical illness are psychologic in nature. Dr. Katz reported that most MAID requests are prompted by existential distress: helplessness and hopelessness; the perception of loss of control, dignity and meaning; and feeling isolated and alone. Psychotherapeutic interventions for existential distress must be available and proposed to patients who are requesting MAID. MAID legislation also states that requests for MAID be made without external pressures. The symposium highlighted ways in which healthcare providers may inadver-

tently influence patient decision-making, and Ms. Romanko proposed a conversation framework to ethically and legally guide patients through the consultation process.

Unexpected challenges were expressed by presenters, the discussant and moderator, and audience members. Although MAID is a personal decision, it inevitably will influence the family and medical staff, especially in a medical culture focused on interventions to either extend life or palliate symptoms until natural death occurs. Ms. Romanko introduced considerations, such as how to prepare children for bereavement following MAID, and how to maintain confidentiality if requested by the patient. Guideline development is helping clinicians to navigate these situations, but the very personal and interpersonal nature of MAID means that unique situations will arise. Interprofessional collaboration is therefore needed to respect the legislation, while providing high-quality personalized care.

There is growing experience with MAID in the clinical community and much to be learned from discussion around this experience. Dr. Li reported that most issues end up being resolved. She commented that her practice leading a MAID team strengthened her understanding of the desire for MAID. She reported that most patients were competent in their MAID decisions and found it to be very meaningful. Participants appreciated the medical, spiritual and psychologic benefits MAID offered patients and families, considering that it is well aligned with psychosocial oncology's holistic focus. For some, MAID allows for a high quality of death and dying, and provides meaning even to family members by contributing to the legacy of their dying relative.

As MAID implementation continues across the country, it has led to conversations around death and dying, and has created an opportunity for reflection. This symposium drew attention to the lack of formal psychosocial training on end-of-life care and on the quality of death and dying. Existential distress in the end of life, and meaning, purpose and spirituality assessments and interventions should be formally

IN BRIEF

Already known

- Medical assistance in dying (MAID) was decriminalized in June 2016.
- 66% of MAID requests in Ontario involve cancer patients.

What this symposium showed

- Psychosocial clinicians have an important role to play in MAID.
- Clinicians are confronting unexpected situations and dilemmas in the provision of MAID.

Next steps

- The symposium emphasized the need for discussion, preparation and peer support to help clinicians adapt to the new availability of MAID.

integrated into training for mental health practitioners. In addition to improving professional preparation, this might encourage trainees to reflect on their own beliefs and practice values. This would provide a deeper understanding and appreciation of how these may differ from the beliefs of others. Ms. Mallet emphasized the importance of peer consultation, transparency and personal awareness, particularly when confronting different belief sets. This includes accepting the rights of patients and families to decline treatments even when we believe these will alleviate suffering. Presenters also emphasized the need for peer support and transparency of personal reactions to MAID. Debriefing on difficult cases and respecting one's need for self-care and respite are important to prevent fatigue, while providing high-quality care at the end of life.