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**Paramedic Professionals
and
Medical Assistance in Dying
“MAID”**

Canadian Bill C14

Objectives

1. To provide a basic overview of MAID implementation in Canada
2. To identify areas where Paramedics have become involved
3. To identify Paramedic practice considerations
4. To share practice challenges that have arisen since MAID came into effect

Patient wishes...

Carter v Canada

- A landmark Supreme Court of Canada decision in which the prohibition of assisted suicide was challenged as being contrary to the Canadian Charter of Rights and Freedoms
- Unanimous Decision on Feb. 6, 2015 striking down the Criminal Code provision

Additional Criminal Code Changes: June 2016

Following the Carter v Canada decision, the Criminal Code needed amendment to permit medical assistance in dying under certain conditions...

Bill C14: Medical Assistance in Dying

- The law indemnifies specific medical professionals from prosecution under the Criminal Code
- **Paramedics are not included in this exemption**

Under the Criminal Code...

Despite MAID changes, it is still a crime to
assist someone to commit suicide or to
counsel them to commit suicide
(p.241(b) Criminal Code)

What is Medical Assistance in Dying?

Two options exist for eligible patients:

- Voluntary euthanasia
- Medically assisted suicide

What is an Eligible Patient?

...and why is this important to the
paramedic?

Who determines eligibility?

- The **Physician or Nurse Practitioner** are the only ones who can make this determination
- Attending paramedics **must** verify eligibility before engaging in any support activity; they actually need to see the documentation

Why is this definition used?

Does this really help?

**IRREMEDIABLE MEDICAL
CONDITION?**

Patients cite their primary motivation as being a loss of control, a loss of dignity and a desire to not be dependent on others for personal care¹

PATIENTS RARELY REQUEST “MAID” FOR UNCONTROLLED PAIN...

1. BACK A, WALLACE J, STARKS H, PEARLMAN R. PHYSICIAN-ASSISTED SUICIDE AND EUTHANASIA IN WASHINGTON STATE. PATIENT REQUESTS AND PHYSICIAN RESPONSES. *JAMA*. 1996;275(12):919-925.

“Informed Consent”

The patient must be mentally competent to make decisions at the time that the service is provided....

Can you see a problem with this?

Who Can Provide Assistance

Any healthcare professional can
provide support,
but not without obligations and
liability...

What about Conscientious Objection?

Paramedics are allowed express objection
to participating but...

What do they do when other laws prohibit
them from refusing service?

PARAMEDIC PRACTICE IMPLICATIONS...

The potential for issues is
massive...

Paramedics could be found guilty of
culpable homicide unless they can bring
their actions within the approved terms and
activities defined in the legislation...

“Why would Paramedics ever need to be involved?”

- Paramedics are often the first called when medical emergencies occur
- Paramedic skill sets are needed to support Physicians and NPs

Patient Self-administration...

**NOW LET'S FURTHER
COMPLICATE THIS...**

Bill C14 explicitly acknowledges
that self-administration of
medication should be a viable
option...

Non-supervised self-administration can lead to complications

- Of 991 patients who self-administered medication ~486 did not have a medical practitioner present
- 4.9% complication rate (mostly regurgitation)
- 6 reported cases of patients regaining consciousness
- Death ranged from 1 minute to 104 hours post ingestion; median time of 25 minutes

Research continued...

Of 114 cases using self-administered medications:

- 10% had some technical problem
- 7% had complications
- 15% had longer than expected time to death or never actually became comatose
- Median time to death was 30 minutes (range: 1 minute to 14 days)
- In 18% of cases, physician decided to administer a legal medication intravenously

Clinical problems with the performance of euthanasia and physician-assisted suicide in The Netherlands. N Engl J Med. 2000;342(8):551-556.

Time to death of up to 104 hours

**GIVEN THESE STATS, CAN YOU SEE
HOW FAMILY MAY CALL FOR HELP?**

What is the appropriate treatment response...

The paramedic is called to a scene where the patient is struggling to die and they know that the patient is part of a MAID process?

The patient changes their mind...

Can a family member with
medical power of attorney
supersede the patient's wishes?

Bottom line...NO

The family panics...

**THE PARAMEDIC IS CALLED IN TO
HELP RESUSCITATE AND KNOWS IT'S
A “MAID” CASE**

Worst possible secret...

**THE PARAMEDIC IS NOT TOLD IT IS A
MAID CASE...**

What if self-administered meds don't work and the family wants the paramedic to help their loved one die...

WHAT ABOUT SUPPORTING DEATH?

What constitutes participation in
MAID by the Paramedic?

Thin Edge of the Wedge...

Starting an IV is considered participation in MAID if that IV is intended for medication administration...

What about providing symptom relief while transporting the patient to the MAID facility?

Legal Opinion

The Paramedic can only assist a
Physician or Nurse Practitioner...
not the patient

What does this mean in reality?

Liability

In Saskatchewan, paramedics are not required to have liability coverage...*yet*

What's missing?

- An understanding by officials that paramedics are actually being included in the process, often without their knowledge
- A script for non-physician/non-nurse practitioner healthcare providers to use in advising patients
- A process map for these same healthcare providers (the current map only contemplates the involvement of the 3 defined practitioners)

Environmental Scan

This is new to healthcare and paramedicine
is no different...

MAID in Canada: Are Paramedics ready?

Thoughts and Questions?



SASKATCHEWAN
COLLEGE OF
PARAMEDICS