

Autonomy in living and dying

By Sarah Vance

There is close to an average of one medically assisted death each day in Ontario. Facilities like Quinte Health Care (QHC) have established procedures for accommodating patients seeking assistance in death.

Medical assistance in dying (MAID) became legal in Canada in June 2016. It can be achieved when a patient self-administers a fatal injection, or with a doctor's assistance. This is known as voluntary euthanasia. QHC would not confirm the drugs used in the injection.

Issues Manager for the Office of the Chief Coroner and Forensic Pathology Service Cheryl Mahyr confirmed the province's rate of medically assisted death with *Bancroft This Week*. She stated that there were 187 medically assisted deaths from June 17, 2016 to December 2016.

Senior director of communications for QHC, Susan Rowe, provided insights into the procedures for a patient seeking MAID.

First, MAID needs to be sought out by the patient. Patients voluntarily initiate all aspects of the process leading up to treatment.

"If a patient wants to pursue medical assistance in dying, he or she should first discuss this with [his or her] primary physician," said Rowe. "That physician can refer to someone else, or can work with the patient throughout the process."

Upon qualifying, the patient can file a written request to pursue medically assisted death. His or her doctor can then make a referral for a second assessment by a new physician.

"This is to ensure the patient has the capacity to make the decision, to ensure the patient understands all options available to them and to provide emotional and or spiritual care and support to the patient and family as needed," Rowe added.

Policy by the College of Physicians and Surgeons of Ontario, published in June 2016, provides medical facilities with a criteria called a process map for use in relation to MAID. This helps doctors establish what constitutes an illness, disease or disability that is grievous and irremediable - both prerequisites to be approved for MAID.

When a patient is approved for MAID, a guideline of around 10 days must pass between when the request for it is signed and when assistance in dying is provided. This is referred to as the reflection period.

"Typically it would be 10 days. It can be less time if the situation warrants the procedure occurring sooner," said Rowe. She also explained that patients can also wait longer, it is up to the patient.

Assisted suicide can occur in home or hospice settings if desired by the patient.

"If a patient chooses to have this procedure at the Quinte hospital, there would need to be medical staff and at least one nurse in the room. Of course, the patient can choose to also have their family or other loved ones in the room throughout," said Rowe.

When recording any death in Ontario, the coroner's office follows the Coroner's Act.

"Currently, coroners indicate that the cause of death is acute drug toxicity with reference to the underlying disease process," said Mahyr. "The manner is listed as suicide."

MAID has been found to be a step towards greater patient autonomy and advocacy in living and dying, by patients living with terminal illness. Of course there are enough stresses at this point in time, looking at a life insurance policy and making sure you [check it meets your needs](#), ensuring your family will be okay after you pass, funeral plans, bucket list... the list goes on. Let alone accepting the fact that you are going to die prematurely.

There are still patients who have identified barriers when seeking qualifying this treatment. Health Canada issued a review into three specific barriers, on Dec. 13, 2016.

Bancroft This Week will consider these barriers through interviews with patient advocacy group Dying with Dignity Canada, the Council of Canadian Academies who are conducting the review and the deputy minister of health, John Fraser.