

MAiD and Dementia

What are the “rules” of medical assistance in dying with respect to dementia, when to refer, and case examples

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Learning Objectives

1. Review eligibility criteria for MAiD
2. Clarify criteria for MAiD provision for individuals with cognitive impairment
3. Identify pitfalls of the “intolerable suffering” criterion for MAiD provision in individuals with cognitive impairment
4. Differentiate between a “waiver of final consent” and an “advanced request” for MAiD in order to assist patients in advanced care planning
5. Identify the appropriate timing for MAiD referrals to be made

Bias and disclosures

I am a MAiD assessor and provider

What is MAiD?

Medical Assistance in Dying

The administration of medication(s) that will hasten a person's death

May be physician administered or patient-administered; the vast majority of MAiD provisions are physician-administered

Why is it important to talk about MAiD and dementia?

Changing landscape of MAiD (eg: mental illness as a qualifying diagnosis as of March 2027)

Differences in provincial legislation (eg: Alberta's recent proposed Bill 18)

Patient questions and clarifications

Family questions and clarifications

MAiD eligibility

To qualify for MAiD, a person must satisfy the following criteria:

1. Be eligible for government-funded health services in Canada
2. Be 18 years of age or older
3. Have a **grievous and irremediable medical condition**
4. Have made a voluntary request for MAiD that was not a result of external pressure
5. Have **decision-making capacity**
6. Give **informed consent to receiving MAiD** after having received all information needed to make this decision, including a medical diagnosis, available forms of treatment, and options to alleviate suffering (including palliative care)

A grievous and irremediable medical condition

This requires having a **serious and incurable illness, disease, or disability**, be in an **advanced state of irreversible decline in capability**, and be **experiencing enduring, intolerable physical or psychological suffering that cannot be relieved under conditions acceptable to them** (source: Department of Justice Canada)



Is dementia a grievous and irremediable medical condition?

Is it serious and incurable?

Is someone with dementia in an advanced state of irreversible decline in capability?

Are they experiencing intolerable suffering?

What is suffering?

Different types of suffering -
physical vs. emotional/existential

Varies in intensity, may fluctuate
over time

Driven by the patient's own
experience of their illness, NOT by
what their family witnesses, what
their physician's opinion is, etc...



Case 1: Mrs. L



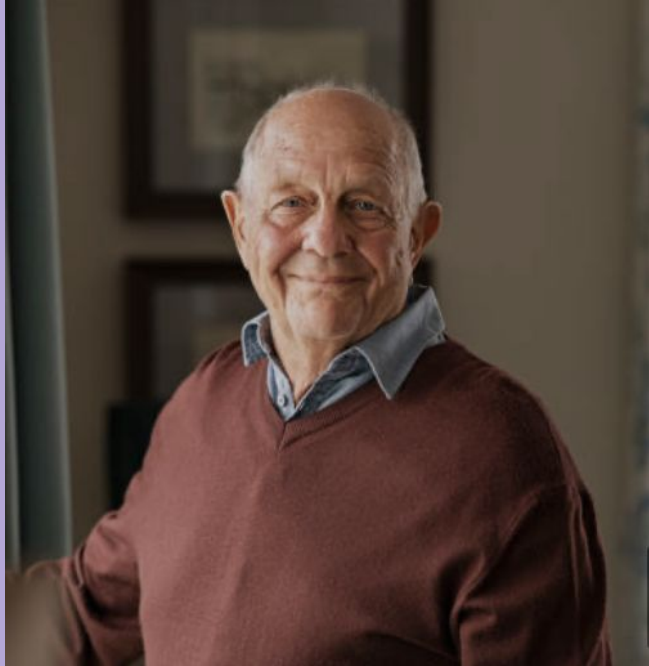
84 y.o. lady diagnosed with mixed dementia in 2020

Last 2 years has worsened - now lives in retirement home and has IADL assistance but can manage most ADLs ok

Knows her cognition is declining and is worried about becoming a burden on her family

This worry keeps her up at night - she is anxious and fearful about the possibility of not being able recognize her children and grandchildren

Case 2 - Mr P



82 year old man diagnosed with Alzheimer's dementia in 2022

Is doing fairly well - living at home with some PSW support and a weekly cleaner

Really does not want to have to “go into a home”

When asked about his current state he states he is “doing pretty well at the moment” and doesn't want MAiD now, he just “wants something in his pocket for down the road”

Case 1

Does Mrs. L meet the criteria for MAiD?

- Serious and incurable illness, disease or disability - **Y**
- Advanced state of irreversible decline in capability - **Y**
- Experiencing enduring, intolerable physical or psychological suffering that cannot be alleviated under conditions considered acceptable to her - **Y**

Case 2 cont'd

Does Mr. P meet the criteria for MAiD?

- Serious and incurable illness, disease or disability - **Y**
- Advanced state of irreversible decline in capability - **Y**
- Experiencing enduring, intolerable physical or psychological suffering that cannot be alleviated under conditions considered acceptable to him - **N**

Anticipatory vs. anticipated suffering

Anticipatory suffering = suffering occurring now, in this moment, when contemplating a future state

Anticipated suffering = imagining that one will suffer in the future

The only one that qualifies a person for MAiD is **ANTICIPATORY** suffering



Suffering in dementia

Suffering can look different for different people - it is generally a very subjective state

What about the “happily demented” patient who made it clear before their dementia progressed that they would absolutely not want to live in long term care or become dependent for ADLs - that they would clearly have considered this to be “suffering” in their pre-disease life?

Consenting to MAiD



Must have capacity to consent to MAiD prior to and on the day of MAiD provision

The capacity to consent applies **ONLY** to MAiD and not necessarily to other procedures/interventions

Usual criteria of capacity assessments apply - ability to describe the procedure, the outcome, and alternatives

Advanced Requests for MAiD

Mr P is really asking for an “advanced request”

A document that outlines what conditions a patient would consider to be “suffering” and informs their care providers of a time at which they would want to receive MAiD

This is legal in Quebec, does not exist elsewhere in the country

A cause of confusion in the rest of Canada - patients may ask for this but this is NOT available in Ontario at this time

What is a waiver of final consent and where does it come in?

AKA the “Clinician Aid D”

This is a document that states that if a patient should lose capacity before the date of provision, that the physician who has assessed the patient for MAiD agrees to proceed with provision on the agreed-upon date

Example: patient with brain mets who may lose capacity; patient who is taking opioid analgesia that could lead to sedation; patient with dementia who develops a UTI and delirium shortly before the provision date

Thanks Shannon, that's great. So when do I refer my dementia patient for a MAiD assessment?

It will take some clinical judgement and discussion with the patient to determine if they meet the criteria for MAiD provision

The “Sweet Spot” - a patient has enough awareness of their decline and deficits that they are suffering and can articulate their suffering, and still has the capacity to consent to MAiD provision

There is no magic MOCA/MMSE score (common concern/misconception)

Is this clear now?



It's ok if it's not!

This is why we have MAiD Care Coordinators and MAiD assessors

This is why I am always happy to take questions about MAiD - I am always learning too

Resources

The Canadian Association of MAiD Assessors and Providers:

<https://camapcanada.ca/>

Medical Assistance in Dying in Canada:

<https://www.canada.ca/en/health-canada/services/health-services-benefits/medical-assistance-dying.html>

Canada's Medical Assistance in Dying Law:

<https://www.justice.gc.ca/eng/cj-jp/ad-am/bk-di.html>

Dying with Dignity Canada: <https://www.dyingwithdignity.ca/>

Thank you!