

Reasons for Requesting Medical Assistance in Dying (MAiD) in Canada

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Disclosures

None

Methods

- Retrospective chart review: Research assistant and each doctor reviewed chart together
- Patients assessed for MAiD Feb 6 and Dec 17, 2016
- Patients in 6 practices (for 2 practices only data on completed MAiD)
- Completed cases = died by Dec 17, 2016

Rationale

- Official forms do not document reasons or assessments
- Data from chart reviews include everyone (no consents required)

Primary Diagnoses related to MAiD Requests (n=270)

Primary diagnoses	Assisted death (n=132)	Assessment only (n=90)	Natural deaths (n=14)	Not eligible (n=34)
malignancy	48 (42.5%)	50 (55.6%)	7 (63.6%)	8 (23.5%)
neurological disease	25 (22.1%)	19 (21.1%)	2 (18.2%)	4 (11.8%)
end-organ failure	27 (23.9%)	11 (12.2%)	1 (9.1%)	2 (5.9%)
other	13 (11.5%)	10 (11.1%)	1 (9.1%)	20 (58.8%)

Why did some not have MAiD?

(n=138)

Not eligible	34
Waiting	30
Other provider	25
Died before	14
Not requested	12
Changed their mind	6

Why were people refused?

(n=34)

Death in the foreseeable future	18
Primarily psych	8
Capacity	7
Suffering unbearably	1

Was telehealth used?

	Assisted death (n=132)	Assessment only (n=90)	Natural deaths (n=14)	Not eligible (n=34)
Yes	26 (19.8%)	20 (22.2%)	3 (21.4%)	10 (29.4%)
No	105 (80.2%)	70 (77.8%)	11 (78.6%)	14 (70.6%)

First two most important reasons for the request for assisted death (n=254)

	Assisted death (n=113)	Assessment only (n=130)	Natural death N=11)
Loss of control and independence	59 (52.2%)	49 (37.7%)	4 (36.4%)
Loss of ability to do enjoyable and meaningful activities	56 (49.6%)	47 (36.2%)	6 (54.6%)
Illness-related suffering (pain, nausea, etc)	68 (60.2%)	58 (44.6%)	7 (63.6%)
Fear of future suffering	27 (23.9%)	61 (46.9%)	3 (27.3%)
Previous negative experience around death and dying	4 (3.5%)	2 (1.5%)	1 (9.0%)

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Most important reason for request by diagnosis in patients with completed assisted deaths (one reason per person) (n=113)

	Malignancy	Neurological disease	End-organ failure
Loss of control and independence	8 (16.7%)	7 (28.0%)	7 (25.9%)
Loss of ability to do enjoyable and meaningful activities	10 (20.8%)	11 (44.0%)	10 (37.0%)
Illness-related suffering (pain, nausea, etc)	27 (56.3%)	3 (12.0%)	9 (33.3%)
Fear of future suffering	3 (6.3%)	4 (16.0%)	0

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Diagnoses

The Netherlands 2013:

- Cancer 74.3%
- Neurological 6.1%
- Multiple geriatric syndromes 5.2%
- Cardiovascular 4.6%

Oregon 1997-2013:

- Cancer 79.4%

Why the differences in diagnoses?

- Netherlands: trending to less cancer
- Oregon: must be <6 months and yet capable of self-administration
- Canada: first 6 months, ?pent-up demand of neurological cases, ?trend to more cancer

Reasons (Oregon)

- Loss of autonomy (91.4%)
- Decreasing ability to participate in activities that made life enjoyable (86.7%)
- Loss of dignity (71.4%)
- Pain and other symptoms = <10%

Why are reasons different from other studies?

- Other studies about reasons are qualitative
- Reasons reported to doctors and then filtered by doctors
- No bias related to people choosing to be interviewed
- This study took place in the first 6 months

What is similar?

“Unbearable suffering” is “medical, psycho-emotional, socio-environmental and existential...especially fatigue, pain, decline, negative feelings, loss of self, fear of future suffering, dependency, loss of autonomy, being worn out, being a burden, loneliness, loss of all that makes life worth living, hopelessness, pointlessness and being tired of living”.

Dees MK, Vernooij-Dassen MJ, Dekkers WJ, Vissers KC, van Weel C.
'Unbearable suffering': a qualitative study on the perspectives of patients who request assistance in dying. *J Med Ethics*. 2011 Dec;37(12):727-34.