

Mapping out the implementation of Bill C-14 in Metro Vancouver

Wainer and Kryworuchko

School of Nursing - UBC

E: rafawa@mail.ubc.ca

“How many people will find it worthwhile living once they
don’t have to die?”

Elias Canetti

“The first activity of culture relates to *survival*, lifting the event of death above the level of the mundane, the ordinary, the natural; directly or indirectly (yet still more importantly), making the job of death somewhat more difficult.” (Bauman 1992: 5-6)

Social impact and collective effects of MAID:

1. This is not *only* about MAID
2. MAID has reconfigured the meaning of hope and the role of medical professionals at the end of life

Participants		
#1	GP (senior)	MAID provider
#2 (x2 interviews)	(senior)	MAID provider
#3	PC specialist (senior)	
#4	GP (young)	MAID provider
#5	(senior)	MAID provider

Results

1. Working with other providers: collaboration and avoidance

...it has a very positive benefit. And we are accessing more people now, some of them at a stage where nobody had really recognized that they were suffering. You know, their suffering was hidden... (Palliative care specialist, participant #3).

It is not that they get sidelined or ignored, or not used; on the contrary, I think palliative care arises in everybody's consciousness when you are talking about ways to die. So, actually, I think that they should just relax and, you know, they will find that it is not used less, it will be used more because people would suddenly see it as an alternative while they are waiting for their MAID, or as an alternative they don't even know about... (MAID provider, participant #5)

Hospice palliative care continues to be recognized as a *parallel issue* that is *separate* from Medical Assistance in Dying (CHPCA, our italics).

MP: I'd like to talk to you about physician-assisted death because I am planning to be a provider.

PCS: No.

MP: I am just talking about having a coffee.

PCS: I don't want to be seen with you

2. Suffering and hope

I think, like with anything, as people learn more about it and know, the reality of it becomes less scary and people know, would hopefully become confident that there aren't people being taking advantage of, that this is a service that brings a lot of peace and hope to families as opposed to crises. (MAID provider, participant #4).

... when palliative specialists are not offering MAID as an option... that to me is where the main tension lies I think. And I have the philosophy that patient should be allowed to choose the way they die ... We had this argument for 20 years with abortion. It's the same thing. You don't have to be an abortion provider as a GP, but you do have to be responsible for your patient's care. So, if you don't want to talk about it, or you don't want to provide it, you must at least refer your patient to someone who can talk about it. (MAID provide, participant #5).

Is MAID part of a progression of the end of life care or is not?

I totally accept that there are people who have irremediable suffering. I do not think that there are many of them. But there are people for whom palliative medicine, even the best quality of palliative medicine [won't work]. And I think there are a small group of people that they're going to have this need to die, this wish to die, that's overwhelming, and I am glad that we now have this option to present to them.
(Palliative care specialist, participant #3).

Discussion

1. Decision-making

Anyone who has unbearable suffering, no, not anybody, everybody that I've seen so far, generally speaking, their illness was far enough advanced that I am fine to provide them with MAID whenever they wanted it. And interesting enough, the patients themselves knew when they wanted it. There are some who say, "Yep, I wanted it a week ago." And some who are saying, "I am not quite ready. I just want to get my paperwork in order and then come back to you in about three months." And patients who come back in three months and say, "I am still not ready, can we wait a little longer?" (MAID provider, participant #5).

2. Patient's intolerable suffering

Generally, you know, I don't particularly have any problem with it. Why don't I? I think maybe it got to do with the unbearable suffering. When I see patients suffering unbearably, as far as I am concerned, their death is foreseeable, predictable, you know, so I don't necessary feel I need to put a time with it. (...) But I think the Government actually did us a favor by being so vague with 'foreseeability.' And I certainly feel that it's allowed me quite a bit of leeway, either way. (MAID provider, participant #5).

Conclusions: Reassembling Hope

It is not the conviction that something will turn out well, but the certainty that something makes sense, regardless of how it turns out (Havel 1990: 180).

Oh, look, so peaceful. She is not shaking anymore. She is not moving anymore. Rest, finally, rest.

Thank you.