Integration of MAID into Palliative Care

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Disclosures

- Paid consultant to Joule, Inc. for CMA course on MAID
- Member and former chair of Physician Advisory Committee for Dying with Dignity Canada
- Big Pharma- Boehringer-Ingelheim (Canada), Medtronic, Novartis

- MAID and Palliative Care provider

Overview: No reason to separate PC and MAID

- MAID is not a threat to PC
  - Macro, Meso or Micro
  - PC is not able to treat all suffering
- The goals of PC are (broadly speaking) the goals of MAID
  - The physician-patient relationship
- There are negative consequences to separating PC and MAID

I’m not going to discuss…

- …whether we should or should not legalize MAID
- …whether MAID is ”right” or “wrong”
- …threats to the vulnerable
- …the right of individual providers to conscientious objection

PC and MAID in Canada

END OF LIFE Fri Feb 20, 2015 - 3:47 pm EST

Canada's palliative care doctors want no part in assisted suicide

Assisted Suicide , Carter Decision , Euthanasia , Palliative Care , Supreme Court Of Canada

February 20, 2015 (LifeSiteNews.com)—Most of Canada's palliative care doctors want nothing to do with assisting people to commit suicide, presumably by providing

CSPCP SCMSP
Canadian Society of Palliative Care Physicians
Société canadienne des médecins de soins palliatifs

POSITION STATEMENT
FOLLOWING SUPREME COURT JUDGEMENT RE: CARTER
February 12, 2015

anadian Society of Palliative Care Physicians (CSPCP) welcomes the ongoing
tion to suffering at the end of life in Canada. Equitable access to quality palliati
has the ability to reduce suffering for the majority of Canadians and CSPCP

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Palliative care centres say no to medically assisted death

West Island Palliative Care Residence won't obey Quebec's 'dying with dignity' law

CBC News Posted: Sep 02, 2015 11:30 AM ET | Last Updated: Sep 02, 2015 11:30 AM ET

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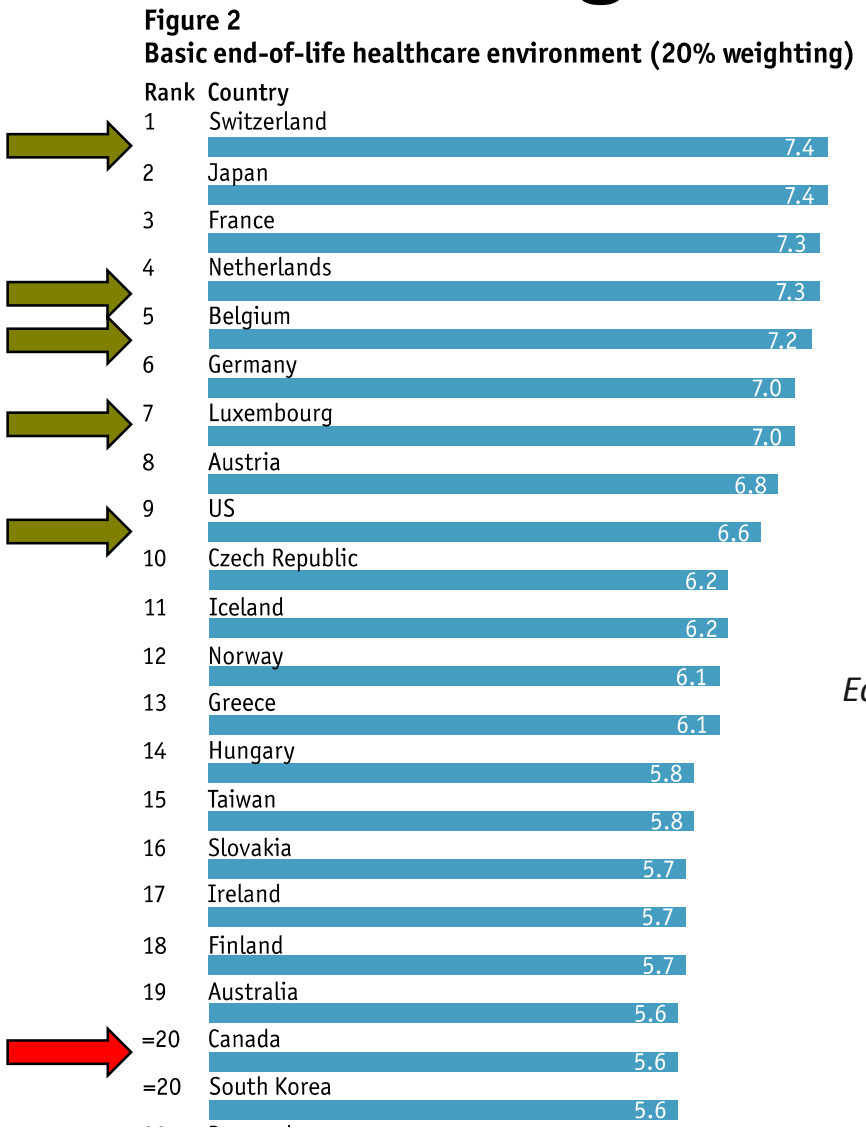
Models of Integration

PC in Jurisdictions that legalize MAID



Economist Intelligence Unit, 2010

PC in Jurisdictions that legalize MAID

- Availability of PC in US hospitals (2015)

1. Vermont (100%) - A
2. New Hampshire (100%) – A
3. Montana (100%) – A
4. Washington (93%) – A
5. Nevada (92%) – A
6. New Jersey (91%) – A
7. Rhode Island (89%) – A
8. South Dakota (89%) – A
9. Oregon (89%) – A
10. Massachusetts (88%) – A
11. Wisconsin (88%) – A

…

23. California (74%) – B

http://www.capc.org/reportcard/topten

Does MAID replace PC?

EOL Practice	1998	2001	2007	2013
"Palliative Care"	**34.8%**	**44.8%**	**58.6%**	**53.2%**
"Intensified Alleviation of Symp."	18.4%	22.0%	26.7%	24.2%
WHLS/WDLS	16.4%	14.6%	17.4%	17.2%
Continuous Deep Sedation	--	8.2%	14.5%	12.0%
Physician Assisted Death	**4.4%**	**1.8%**	**3.8%**	**6.3%**
Euthanasia	1.1%	0.3%	1.9%	4.6%
Assisted Suicide	0.12%	0.01%	0.07%	0.05%
LAWER	3.2%	1.5%	1.8%	1.7%

↑19%

↑1.9%

Belgium

Chambaere et al. NEJM 2015;372:1179-81.

Does MAID replace PC?

“Intensified Alleviation of Symptoms”

Cause of Death	2001	2005	2010
Cancer	33.4%	37.1%	47.7%
CV Disease	11.1%	14.3%	21.5%
Other	17.1%	24.1%	36.0%
TOTAL	**20.1%**	**24.7%**	**36.4%**

↑16%

Physician Assisted Death

Cause of Death	2001	2005	2010
Cancer	7.4%	5.1%	7.6%
CV Disease	0.4%	0.3%	0.5%
Other	1.2%	0.4%	1.1%
TOTAL	**2.8%**	**1.8%**	**3.0%**

↑1.2 %

Netherlands

Onwuteaka et al. Lancet 2012;380:908-15.

Does legal physician-assisted dying impede development of palliative care? The Belgian and Benelux experience

- Compared with UK (2002-2011)…
  - …Belgium had similar growth of PC (12%/yr)
    - Home care
  - …NL and Luxembourg had dramatically higher growth in PC resources, beds

Chambaere K, Bernheim JL. J Med Ethics 2015;41:657–660.

The physician-patient relationship

- What % of palliative pts will support PAD?
- How many people support PC and oppose MAID?

Ipsos-Reid Poll, Oct 2014

The physician-patient relationship

- Survey of Oregon MDs 5y after passage of DWD Act
  - 2641 responses (66%)

Attitude towards DWD/legalization of PAS	**%**
Strongly support	22
Support	29
Neutral	17
Oppose	15
Strongly oppose	16
Change in first 5 years	
More supportive	13
No change	80
Less supportive	7

Ganzini et al. *JAMA* 2001;285(18):2363-9.

Is Palliative Care able to treat all suffering?

- “Palliative care is provided up until the end of life and is by definition never futile.”
  - EAPC White Paper (2016)

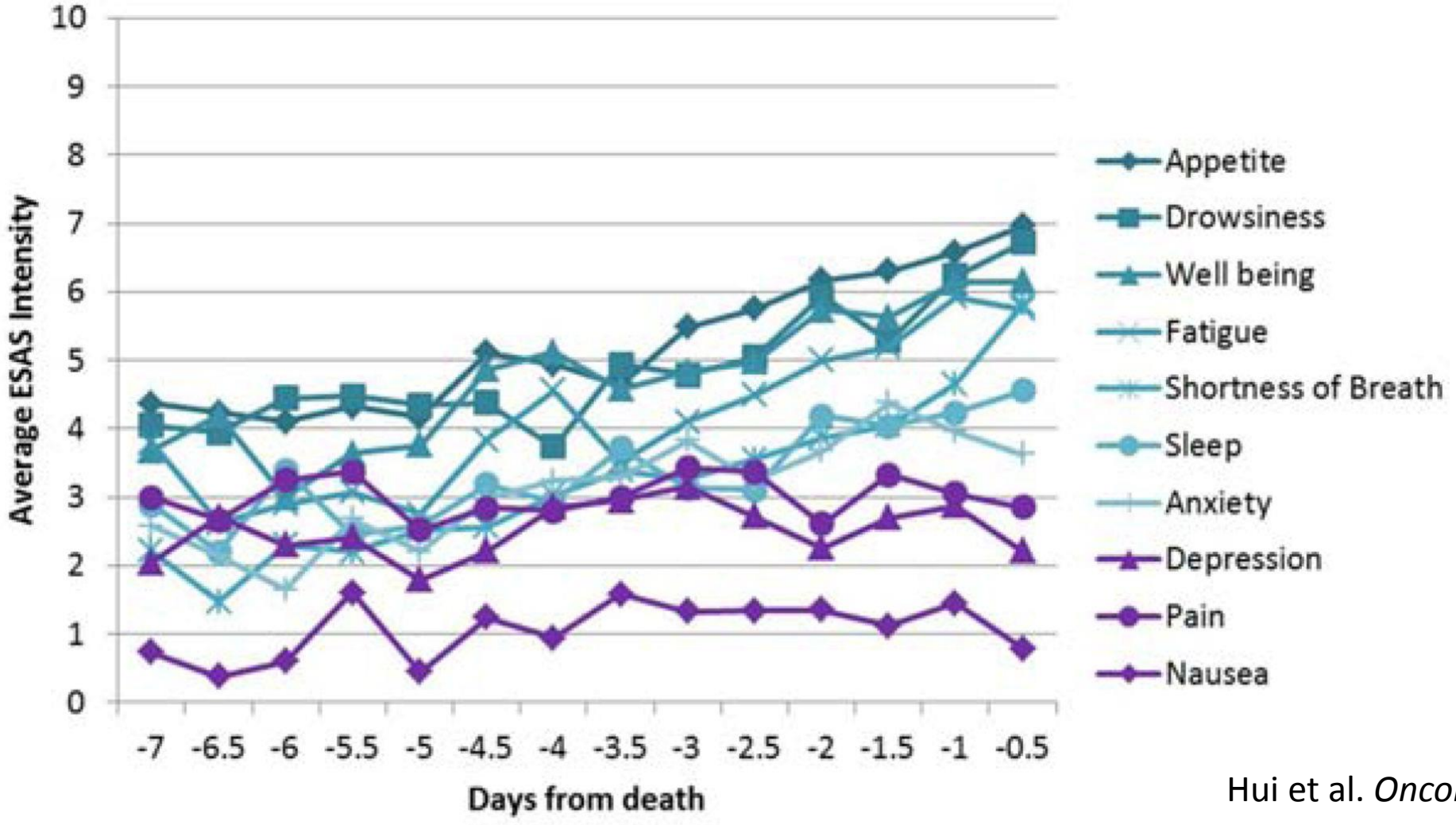
Radbruch et al. *Palliative Medicine* 2016;30:104-16.

Retrospective report of final 2 weeks of life…

Comfort Level	PC	No PC
Very Comfortable	13%	8%
Comfortable	18%	18%
Somewhat Comfortable	21%	24%
Somewhat Uncomfortable	20%	20%
Very Uncomfortable	27%	30%

Currow et al. Supp Care Cancer 2008;16:1255-63

Is Palliative Care able to treat all suffering?



Hui et al. *Oncologist* 2011.

Is Palliative Care able to treat all suffering?

- Is Palliative Sedation *really* an option in Canada?
  - <2 weeks of life?
  - Not for existential distress except in ”rare cases of severe…distress and after careful consultation with experts in the area.”
- Is Palliative Sedation *really* an option in the US?
  - Not for existential suffering.
- Can I treat existential distress?
- Can I treat dependence or social deprivation?

Dean et al. J Pall Med 2012;15:870-9.
“Sedation to unconsciousness in end-of-life care” AMA, June 2008

Why do patients request PAD?

- Not physical symptoms
  - 2/5 in importance
- Most important factors
  - Loss of control
  - Dependence on others

Ganzini. *J Gen Intern Med* 2007;23(2):154–7

Table 2. Family Members' Views on Why Patients Requested Physician-assisted Death

Reason for request	Median score*	Interquartile range†
Wanting to control circumstances of death	5	5,5
Fear of poor quality of life in future	5	4,5
Loss of independence in future	5	4,5
Loss of dignity	5	3.5,5
Fear of inability to care for self in future	5	3,5
Wanting to die at home	4.5	2,5
Fear of worsening pain in future	4	2.5,5
Poor quality of life	4	2,5
Worried about loss of sense of self	4	1,5
Perceived self as burden to others	3.5	1,5
Not wanting others to care for him/her	3.5	1,5
Witnessed bad deaths	3	1,5
Lack of energy in future	3	1,4
Not able to pursue pleasurable activities	2	1,5
Ready to die	2	1,5
Fear loss of bowel/bladder control in future	2	1,4
Inability to care for self	2	1,4
Loss of independence at time of request	2	1,4
Pain at time of request	2	1,4
Fear of worsening [illegible] in future	1	1,4
Life tasks complete	1	1,4
Fear of worsening confusion in future	1	1,3.5
Lack of energy	1	1,3
Dyspnea	1	1,2
Loss of bowel/bladder control	1	1,2
Perceived self as financial drain	1	1,2
Confusion	1	1,1
Depressed mood	1	1,1
Lack of social support	1	1,1

**Importance of reason in decision rated on a 1–5 scale where 1=not at all important reason for request and 5=very important reason for request.*

Why do patients request PAD?

- Assisted suicide
  - Oregon (1998-2012)
  - Washington (2009-2012)

Characteristic	Washington	Oregon
Number	255	935
Age 85+	15%	11.9%
White	95.2%	97.6%
High school graduate	94.1%	93.2%
No health insurance	2.7%	1.7%
Enrolled in hospice	83%	90%
EOL concerns		
Loss of autonomy	90.6%	90.9%
Inability to engage in enjoyable activities	88.6%	88.3%
Burden on family	38.6%	36.1%
Financial implications of treatment	4%	2.5%

Loggers et al. *NEJM* 2013;368:1417-24.

Futile, ineffective, or simply irrelevant?

- MAID is not a failure of Palliative Care
- The purpose of Palliative Care is not to prevent or dissuade patients from MAID

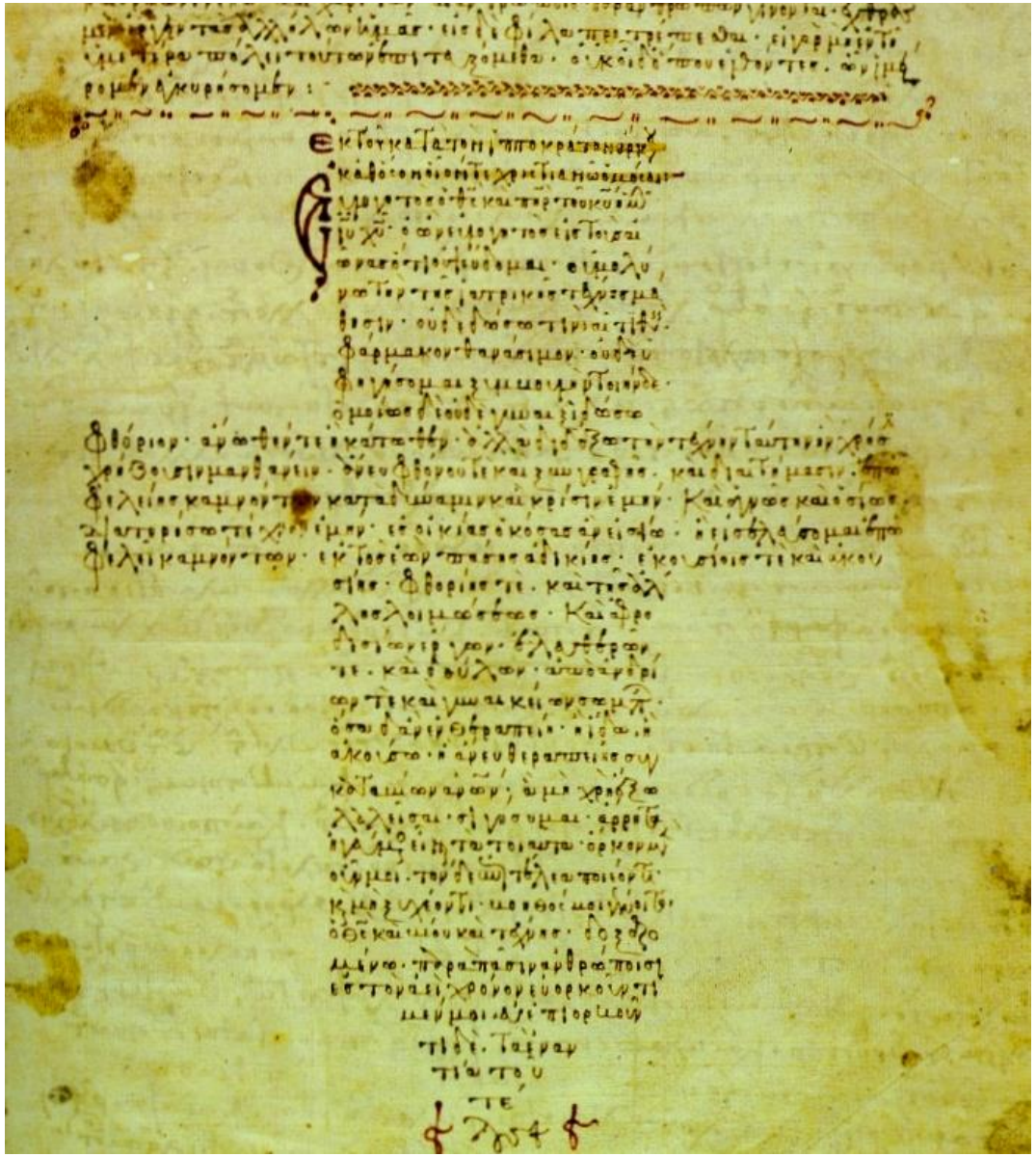
Is MAID excluded from PC by definition?

- “Palliative care intends neither to hasten or postpone death”
    - WHO Definition of Palliative Care
- “The provision of euthanasia and PAS should not be included into the practice of palliative care.“
    - EAPC White Paper (2016)
- Doctrine of Double Effect
    - One intended (e.g. pain relief), one foreseen but not intended (e.g. potential shortening of life)
    - Cannot achieve the intended effect through deliberately causing death

Radbruch et al. *Palliative Medicine* 2016;30:104-16.

Hippocratic Oath

- Original Hippocratic Oath…
  - …swears by the original Greek gods
  - …bans giving a “deadly drug”
  - …bans giving women “an abortive remedy”
  - …suggests that only males be taught medicine.
- Tradition, modified to reflect modern beliefs



http://en.wikipedia.org/w/index.php?title=Hippocratic_Oath&oldid=591885698

http://en.wikipedia.org/wiki/File:HippocraticOath.jpg

Should we tell patients bad news?

- Not found in Hippocratic Oath
- Not found in World Medical Association Declaration of Geneva
- Modern inclusion in American Medical Association code of ethics (1980)
    - “Be honest in all professional interaction”

Should we tell patients bad news?

"A physician should studiously avoid making gloomy prognostications, as they savour of empiricism, and magnify the importance of his services to the treatment of the disease. But he should not fail, on proper occasions, to give to the friends of the patient timely notice of danger when it really occurs; and **even to the patient himself, if absolutely necessary**. This office, however, is so peculiarly alarming when executed by him, that it ought to be declined whenever it can be assigned to any other person of sufficient judgment and delicacy. For the physician should be the minister of hope and comfort to the sick; that by such cordials to the drooping spirit, he may smooth the bed of death, **revive expiring life**, and counteract the depressing influence of those maladies which often disturb the tranquility of the most resigned in their last moments. **The life of a sick person can be shortened, not only by the acts, but also by the words or the manner of a physician**. It is, therefore, a sacred duty to guard himself carefully in this respect, and to avoid all things which have a tendency to discourage the patient and depress his spirits."

CMA Code of Ethics (1868)

The premise of MAID vs. the premise of PC

- Prioritization of quality of life over quantity of life
- Patients best able to find the balance

- Finding meaning in suffering?
- Moral agency?
  - Does compassionate motivation and consent of the patient affect agency?

Overlap between MAID and PC?

Drugs and doses used†	Intensified alleviation of pain and other symptoms, No. (%) *n* = 1249	Life-ending act without explicit patient request, No. (%) *n* = 66	Euthanasia or assisted suicide, No. (%) *n* = 142
Drugs	*n* = 1199	*n* = 65	*n* = 139
Opioids	1 139 (95.0)	61 (93.8)	56 (40.3)
As the only drug	703 (58.6)	29 (44.6)	22 (15.8)
With benzodiazepines	284 (23.7)	17 (26.2)	20 (14.4)
With drugs other than benzodiazepines	78 (6.5)	8 (12.3)	3 (2.1)
With benzodiazepines and other drugs	74 (6.2)	7 (10.8)	11 (7.9)
No opioids	60 (5.0)	4 (6.1)	83 (59.7)
χ^2 *p* value	0.2		< 0.001
Reported OME opioid doses used in last 24h‡, mg	*n* = 821	*n* = 37	*n* = 44
1–119	307 (37.4)	14 (37.8)	6 (13.6)
120–239	267 (32.5)	10 (27.0)	10 (22.7)
240–479	179 (21.8)	10 (27.0)	21 (47.7)
≥ 480	68 (8.3)	3 (8.1)	7 (15.9)
χ^2 *p* value	0.9		0.04

Chambaere, Bernheim, Downar and Deliens. *CMAJ Open* Dec 2014.

Overlap between MAID and PC?

Drug(s) used	Administration schedule	Expressed wish to end life		No expressed wish to end life		Total
		Explicit	Implicit	Patient incapable	Patient capable	
Opioid dose no higher than necessary for symptom control, with or without low-dose benzodiazepines	Stable dose over final 3 d	1	1	7	2	11
	Gradual increase in opioids over final 3 d	1	2	8	2	13
	Strong increase in opioids on final day	2		3		5
Opioid doses or sedatives not normally used as part of mainstream palliative care	Opioid doses exceeding symptom requirements, but either stable or gradually increasing, with or without low-dose benzodiazepines			3	1	4
	Opioid doses exceeding symptom requirements and strongly rising on last day, with or without low-dose benzodiazepines	3	2	6		11
	Strong sedatives (barbiturates, propofol or high-dose benzodiazepines)	3	7	9	1	20
Unspecified doses of opioids, benzodiazepines or both			1	1		2
Total		10	13	37	6	66

Chambaere, Bernheim, Downar and Deliens. *CMAJ Open* Dec 2014.

Negative effects of excluding MAID from PC

B.C. man faced excruciating transfer after Catholic hospital refused assisted-death request

Tom Blackwell | September 27, 2016 | Last Updated: Sep 28 12:52 PM ET

More from Tom Blackwell | @tomblackwellNP

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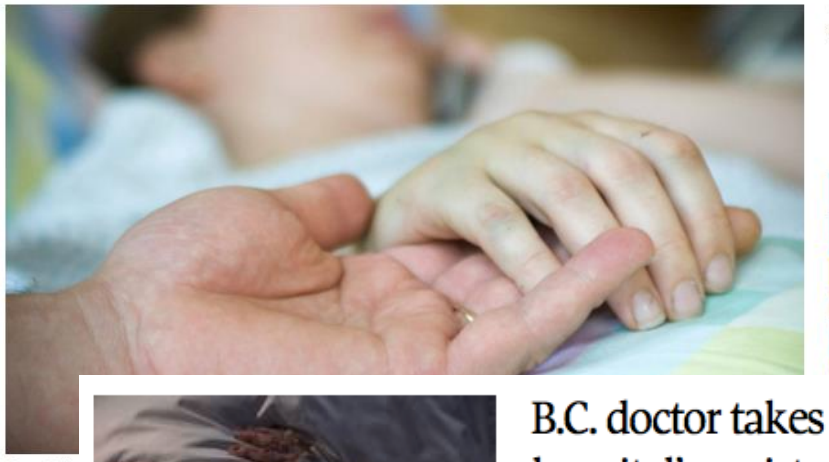
Ian Shearer's daughter, Jan, says she was surprised by his request for doctor-assisted death, but she realized that he was dying "a slow, painful" death. Handout

When it comes to physician-assisted death, could religious hospitals ethically refuse?

'People pay taxes in the hope of receiving services which are deemed legal,' Right to Die Society says

By Laura Fraser, CBC News Posted: Mar 02, 2016 9:00 AM ET | Last Updated: Mar 02, 2016 1:52 PM ET



Some Catho provide the

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B.C. doctor takes stand against Catholic hospital's assisted dying policy

MIKE HAGER

VANCOUVER — The Globe and Mail

Published Tuesday, Oct. 18, 2016 9:50PM EDT

Last updated Wednesday, Oct. 19, 2016 2:54PM EDT

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INNOVATION

A Vancouver Island doctor is resigning from the ethics committee at a local Catholic hospital because it refuses to offer assisted dying on site, a stand that he says is unnecessarily causing critically ill patients more suffering as

Negative effects of excluding MAID from PC