Frequently asked questions on the subject of medical assistance/aid in dying (MAID)

1. What did the Supreme Court of Canada rule in Carter v. Canada (Attorney General)?

The Supreme Court decided that the law (Criminal Code) making it a crime for a physician to assist another person to commit suicide, in certain specific circumstances, violated the right to life, liberty and security of the person under the Charter.

According to the ruling, the specific circumstances which must exist in order for a physician to assist a person in dying include that the person:

(a) is a competent adult;

(b) clearly consents to the termination of life;

(c) has a grievous and irremediable medical condition including an illness, disease, or disability (it does not have to be terminal);

(d) the medical condition causes enduring suffering that is intolerable to the person.

2. What is the status of the law on assisted suicide currently?

The Supreme Court of Canada struck down the prohibition on physician assisted death on February 6, 2015. The court gave the Government of Canada one year to change the legislation however, in January 2016; the Supreme Court of Canada granted a four month extension sought by the federal government to continue the suspension until June 6, 2016. During this four month period, the Court will allow any individual the right to apply to a superior court in their province for an order to proceed with medical assistance/aid in dying (MAID). Without a Court’s order, MAID remains illegal. We still do not know how the law will be changed and what it will look like after June 6, 2016.

3. What is the difference between euthanasia and physician assisted suicide? Are they the same as physician assisted dying or medical assistance/aid in dying?

Last month, a joint Senate-Commons committee changed the term physician assisted death/dying to medical assistance/aid in dying, or “MAID.” The Supreme Court of Canada considered the terms “physician assisted dying, physician assisted death and medical assistance/aid in dying” a situation where a physician either provides (commonly referred to as “physician assisted suicide”) or administers (sometimes referred to as “euthanasia”) medication that intentionally brings about the patient’s death, at the request of the patient. The Court held that not having MAID available violated an individual’s rights.

4. How is MAID different from withholding or withdrawing life sustaining treatment?

Where MAID involves actions intended to cause death, withholding and withdrawing life sustaining treatments are decisions made to stop or not start interventions that would prevent an individual from dying. Withholding/withdrawing life sustaining treatments has occurred for many years in Manitoba and is not affected by this decision.

5. How does this decision affect medical practice?

Without a Court’s order, MAID remains illegal. Until June 6, 2016, or new legislation is passed, medical practice in this area will be guided by a specific court order.
It is a challenging time for the health system and health care professionals to know exactly how to respond to requests and know where to seek guidance. Obligations of the health system and health professionals are not clear at this time.

Between now and the time the new law takes effect, the WRHA is directing staff to have discussions with patients to explore why they want MAID and offer other options that may address their suffering.

**If a patient wants to pursue MAID**, we ask all staff to refer these cases up to the chief medical officer/nursing officer of their site (through a manager or supervisor) who will connect with the chief medical officer of the WRHA. The CMO of the WRHA will work with the patient and the health care team. That team can also provide the patient and their family information about accessing the court.

6. **How will it affect medical practice after June 6, 2016?**

Medical practice in the area of MAID will be determined by the new legislation. Until the law has passed, it will be difficult to predict how medical practice will be affected.

Questions that still need to be answered include: who will qualify to receive MAID, who will perform it and how, where it will occur, how will “grievous and irremediable” and “proper circumstances” be defined, who will determine one’s capacity to consent and how geographical and population-based access issues might be addressed. These will hopefully be answered by new legislation and regulations, with the input of health care providers and the Canadian public.

7. **What role, if any, will regulatory bodies and governments play in ensuring access to services?**


8. **I work at a faith-based facility and I don’t believe our faith-based mandate aligns with the practice of MAID – how will the WRHA address that?**

The WRHA respects the position of faith-based facilities and will continue to work collaboratively with those sites as partners as the legislation moves forward. The WRHA has no intention of obliging or compelling any one person or facility to participate in MAID.

We do expect any and all staff and physicians who consider themselves to be conscientious objectors to refer patients to the following resources (not directly to a provider who participates in MAID) so that they may obtain the information they need to make their decision.

Maid@wrha.mb.ca

9. What should I say to patients and families who ask me to assist them in dying?

WRHA has asked that staff have discussions with patients to explore why they want MAID and offer other options that may address their suffering. If a patient wants to pursue MAID, we ask staff to refer these cases up to the chief medical officer/nursing officer of their site (through a manager or supervisor) who will connect with the chief medical officer of the WRHA. The CMO of the WRHA will work with the patient and the health care team. That team can also provide the patient and their family information about accessing the court.

It is important to remember, without a court order, providers can still explore the reason for a request for MAID as it may reveal opportunities to discuss other ways of relieving an individual’s suffering.

Withholding and withdrawing life sustaining treatments is still acceptable when the decision is fully informed. Palliative care and chronic pain management resources should be consulted and implemented for patients in need.

10. I am completely against MAID and consider myself a conscientious objector, what are my options if I am asked, prior to the legislative decision, to assist in or provide information about MAID?

No one will be compelled to participate in the process of or discussions around MAID. We do, however, expect that all patients be provided access to resources and information on MAID. If approached by a patient seeking information on MAID, please reach out to the CMO or CNO at your site (through a manager/supervisor or other leadership as appropriate) who will connect with CMO for the WRHA OR refer them to the following email address to find out more information on their own: maid@wrha.mb.ca

11. I am completely against medical assistance/aid in dying and do not want to participate. What are my options after June 6 2016?

This will be addressed in legislation, regulations and practice standards set by your regulatory body.

12. I feel that medical assistance/aid in dying can fit into my practice. What are my options after June 6 2016?

Again, this will be addressed in legislation, regulations and practice standards.

13. Have we had any requests within the WRHA to offer MAID?

The WRHA is aware that one case is being brought forward to the court for decision on MAID. We will work with patients and their families to address patient suffering as best we can and will cooperate with the court’s decision when requests are made for medical assistance/aid in dying prior to June 6, 2016.

14. Who should I call with more questions?

Maid@wrha.mb.ca
http://www.gov.mb.ca/health/pad.html