

Back to the case...

Your attending staff acknowledges that he has not assessed a patient for MAID eligibility before and is not comfortable with the process. He tells you that there is a MAID consulting service in the hospital and suggests that you liaise with Ms. M's neurologist first to see if they have any additional information.

In a telephone conversation, Ms. M's neurologist acknowledges that MAID had been discussed with the patient previously as a therapy Ms. M's would be interested in when her ALS became more advanced and she became more physically dependent. Her neurologist has been an assessor before for MAID eligibility and would be open to assessing Ms. M if required.

2 months later Ms. M leaves a message for you to call her. Over the phone she tells you that she has become increasingly more short of breath and was finding it more difficult to manage at home alone. She is not interested in a g-tube or bipap. She handed her written request for MAID to her neurologist a couple of weeks ago and the assessments for eligibility had subsequently been completed. She requested to have MAID through IV drug administration and was waiting for bed availability in the hospital for admission and provision of MAID. Her brothers would be present for the intervention; however, her mother would be too medically frail. They had had a small gathering for family and close friends over the weekend to say their goodbyes.

Ms. M thanks you for the compassionate care you have provided her the past couple of years. She did not want to impose, but asked if you could be present when she received MAID. The physician who would administer the medications would be unfamiliar to her and she would feel more comfortable if you attended.

3. How would you feel about this request and scenario?

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After much consideration, you decide you wish to attend and are able to be present to support Ms. M when she receives MAID. Your attending staff supports you in this decision and agrees to cover your practice and pager while you attend the procedure.

The next day, you are informed that Ms. M has been admitted and the procedure has been scheduled for 1 pm. At noon you arrive at Ms. M's bedside to find her surrounded by family members. They are sharing stories about her younger years and laughter fills the room. She is eating her favourite ice cream that her brother brought in for her.

The primary clinician, Dr. W is outside the room speaking to the pharmacist who has brought a "kit" containing the medications that will be administered as part of MAID. She asks the nurse to check if the two IVs are still patent.

4. What are the typical routes of administration for medications used in MAID? What are the types of medications used?

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Once the medications are drawn up, Dr. W asks Ms. M. again if she wishes to proceed, and confirms that the patient is capable of providing informed consent. Once this is confirmed, Dr. W begins to explain the process. She provides the names of the four medications that will be administered and what the purpose of each of them is, and explains that once the process begins, the patient will die within "5 or 10 minutes."

When Ms. M says that she is "ready", one of her brothers, visibly tearful, reaches over to hold his sister's hands. The first medication administered is a sedative, and within about thirty seconds, Ms. M becomes visibly sleepier. Dr. W explains to the family that the next medication is like anesthesia before an operation, and will put her fully to sleep. She administers propofol and the Ms. M appears to be even more sedated, to the point that her breathing is barely perceptible and her colour noticeably changes.

Next, a paralytic agent is administered, and Ms. M stops moving completely

Finally, Dr. W administers potassium to cause cardiac arrest, and after auscultating the precordium, tells the family that Ms. M has died. At this point, Dr. W asks all of the healthcare providers, including you, to leave the room so that the family can have privacy. She tells them to take as long as they need.

You are invited to attend a debriefing session for staff on the floor who were involved in her care, and return to the nursing station where one of the brothers is speaking to other team members. He thanks you for all the help you provided and that his sister had expressed how much comfort your support gave her in the past couple of years.

5. What could be the impact on clinicians being involved in MAID?
