



Shared health
Soins communs
Manitoba

Medical Assistance in Dying (MAiD)

Provincial MAiD Team

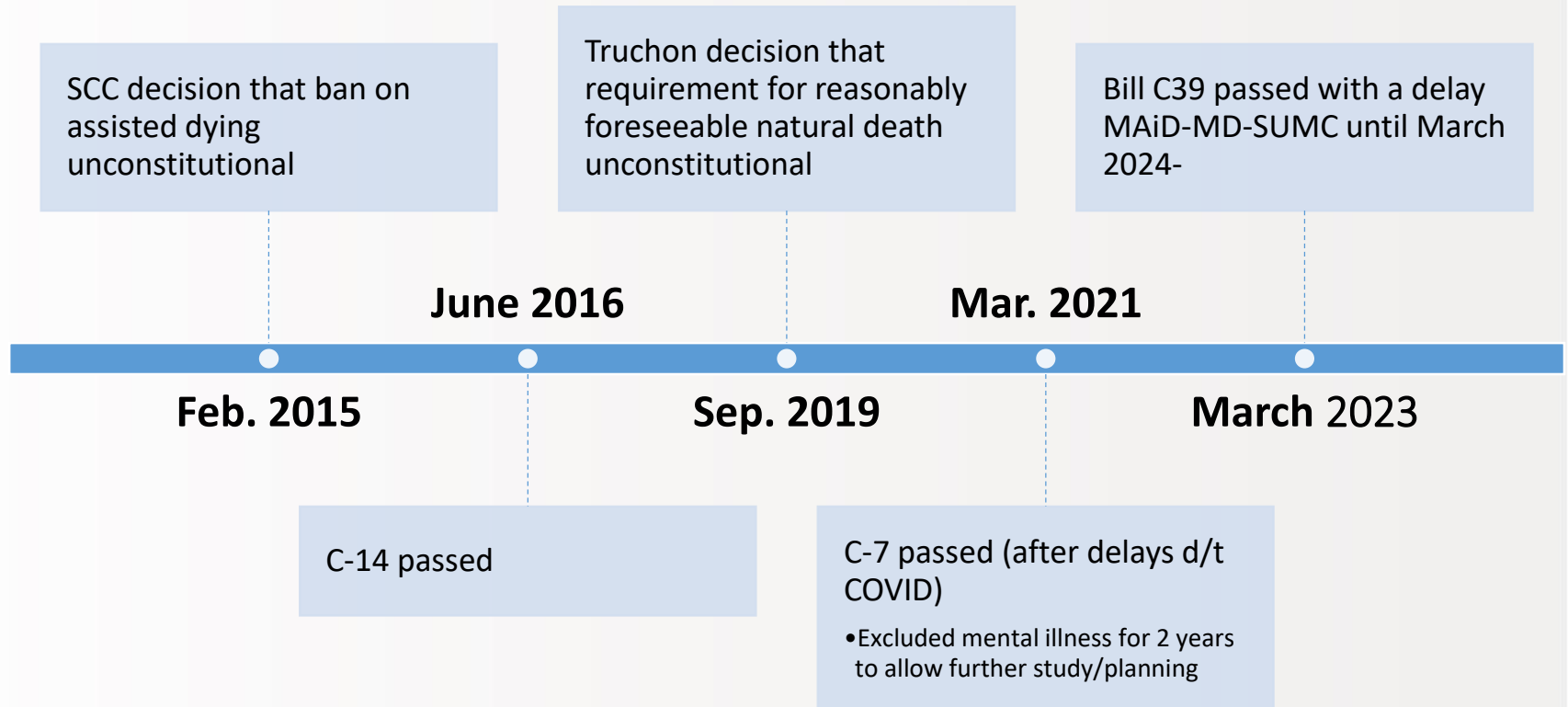
Statement of Acknowledgement of Indigenous Ancestral and Territorial Lands

Health services across Manitoba are provided in facilities located on the original lands of First Nations, Inuit, and on the homeland of the Métis Nation. Manitoba's health authorities respect that First Nations treaties were made on these territories, acknowledge harms and mistakes, and we dedicate ourselves to collaborate in partnership with First Nations, Inuit, and Métis peoples in the spirit of reconciliation.

Medical Assistance in Dying (MAiD)

The situation where a patient seeks and if eligible, obtains medical help to end their life.

History of MAiD in Canada



Eligibility Criteria

1. Eligible gov't funded health services (no tourists)
2. Adult (18 years) + capable making their own medical decisions
3. Grievous + Irremediable medical condition
4. Voluntary request not result external pressure
5. Informed consent after review all options including *palliative care*

Grievous and irremediable medical condition

MUST HAVE ALL of THE FOLLOWING:

1. Have a serious + incurable illness, disease or disability (excluding mental illness - until 2024)
2. Be in an advanced state of irreversible decline in capability
3. Have intolerable suffering (due to #1 or #2) that cannot be relieved by treatment acceptable to patient

Current MAiD pathways

TRACK 1

Reasonably Foreseeable
Natural Death
(RFND)

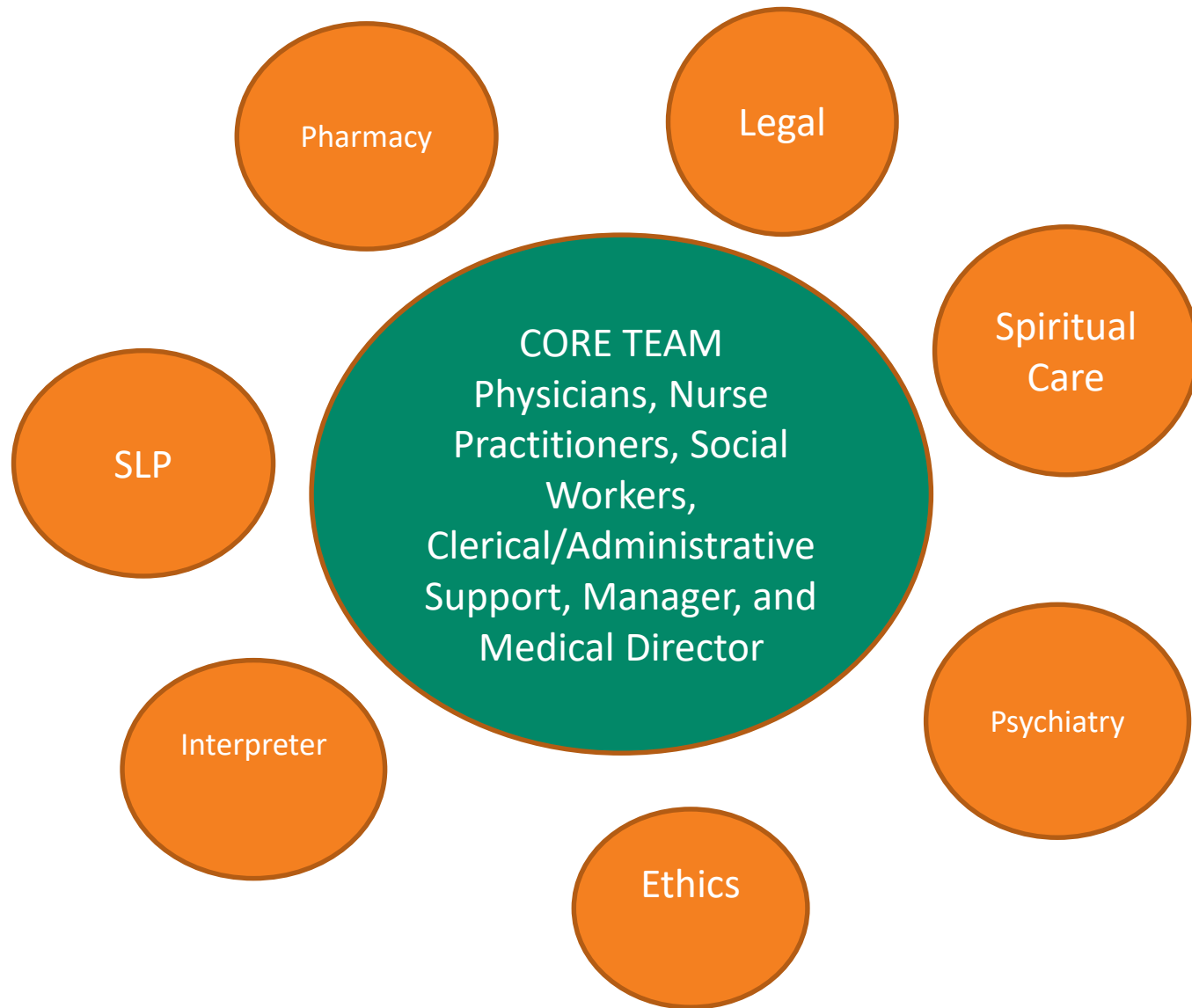
On a path towards death

TRACK 2

No Reasonably Foreseeable
Natural Death
(NRFND)

Chronic Illness that is not
life limiting

Manitoba MAiD Team - Provincial Delivery



Manitoba MAiD Team



Team set up to provide all parts of the MAiD process but welcome participation from other Health Care Providers

Non-MAiD physicians/NPs can do assessments and provisions with team's support

Health Care Provider's Role

No health care provider is required to participate in MAiD

ALL health care providers have professional responsibility to:

- ✓ Respond to a patient's request
- ✓ Continue to provide non-MAiD related medical care (non-abandonment)
- ✓ Ensure timely access to a resource that will provide accurate information
- ✓ provide medical records and documentation as requested

Health Care Providers Role - *Your patient is requesting MAiD*

1. Talk to the patient
2. Complete MAiD contact (referral) form
[Advice for Professionals - MAiD - Health Providers
\(sharedhealthmb.ca\)](https://sharedhealthmb.ca/Advice-for-Professionals-MAiD-Health-Providers)
3. Complete MAiD Health Care Provider input form
4. Send records in timely fashion - can be faxed
5. Continue care planning
 - a. Consultations
 - b. Discharge planning - including Long Term Care paneling

Shared Health Providers-



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Home > Services > Medical Assistance in Dying > Guidance for Health Professionals

Guidance for Health Professionals

Referring patients

The MAiD service is now using the [MAiD Contact Form](#) in order to help improve efficiency in patient flow through the MAiD process.

The information collected in the MAiD Contact Form helps the MAiD team gather accurate clinical information in a timely manner that will help get patients through the MAiD triaging process quicker. The information requested on the form includes diagnosis, prognosis, functional status, concerns about losing decision making capacity and patient demographic information. Additional clinical information can be attached and sent as well as part of the MAiD process includes a chart review for potential patients. Our team does have access to electronic charting programs including ARIA, Accuro, EPR and echart.

The MAiD Contact Form can be completed by a care provider involved in the patient's care and who has access to the information requested in the form including Physicians, Nurse Practitioners, Nurses and Care Coordinators.

The MAiD Contact Form is also accessible through Accuro and can be faxed into the MAiD office from Accuro. The MAiD team may also send the form to be completed by the most responsible care provider via fax.

Additional Resources

- [MAiD Contact Form](#)
- An [information pamphlet \(French\)](#) may be provided to patients and families

It is important for all health-care providers in Manitoba to be aware of the legal requirements and processes associated with medical assistance in dying, and their professional responsibilities. While health-care providers are not obligated to provide or participate in medical assistance in dying, all health-care providers have professional responsibilities to their patients.

The provincial MAiD team has developed a Guideline for health-care providers (document currently being revised).

Health-care providers should also be aware of their responsibilities under [Federal reporting requirements](#).

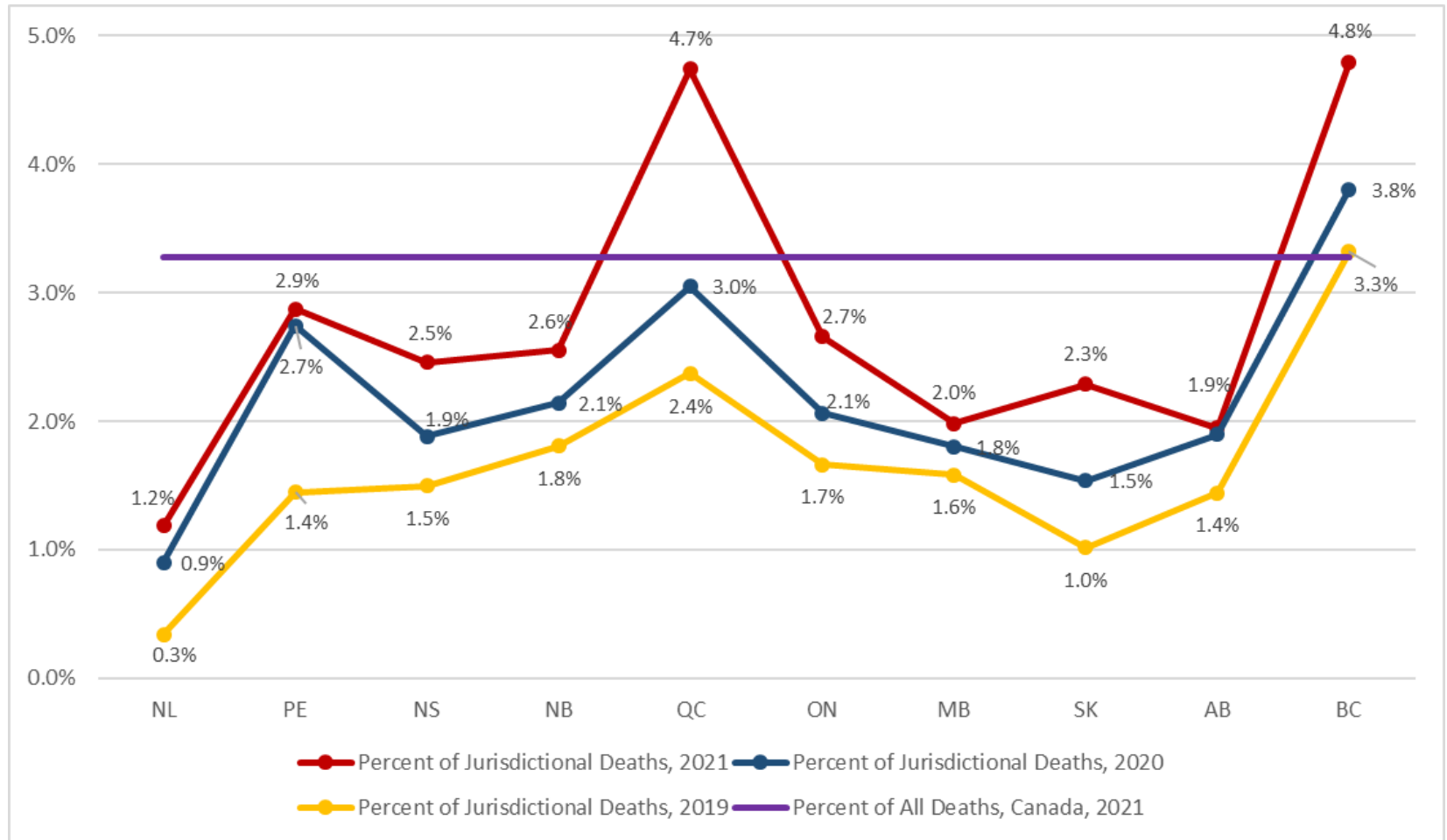
Abstaining Facilities

- Some faith-based facilities in Manitoba do not permit the act of provision on site due to religious affiliation.
- Requests for MAiD and assessments are performed on location
- Patients are required to transfer to alternate location for life-ending medications to be given
 - The health care team from the abstaining facility need to assess the patient to ensure they are able to be transferred safely
 - Patients may go to the community or another facility for their provision
 - Transferring facility holds their bed until after the provision

Manitoba MAiD Stats Jan-Sept 2023

1. Intakes = 841
2. Written requests = 282
3. Assisted deaths = 166 (+ 20 cancellations)
 - a. Average 5 assisted deaths per week
4. Unassisted deaths = 162 (26% approved)
5. Transfers from abstaining facilities = 20
6. Declines = 72

Percentage of Total Deaths Attributed to MAID by Jurisdiction 2019-2021



Clinical & Preventive Services Plan alignment

1. Use of virtual visits
2. Go to the patient
 - a. Meet needs at/close to home
 - b. Eliminate need for patients to travel to Winnipeg
 - c. Promotion of hub supports
3. Develop standard provincial practice that is integrated with care providers and various stakeholders provincially

Collaboration with other Service Delivery Organizations

1. Work closely with Cancer Care Manitoba
2. Work closely with palliative care in all SDO's
3. Have identified 'local champions' in many rural facilities- very supportive with team transportation
4. Work closely with teams promoting safe transfers when required
5. Communication with Long Term Care, Geriatric assessment teams, Paramedic services, etc.
6. Medication dispensing in Brandon, Dauphin, Selkirk, and on the horizon in Flin Flon

Current work initiatives

1. Learning Management System module
2. Nurse Practitioner pilot in North
3. Transition away from self-referral
4. Preparing for MAiD for mental disorders
5. Revising workflows/model of care
6. Policy + Procedure development
7. National collaboration and leadership on standards of practice and interdisciplinary model of care

Future Opportunities

1. Provincial Electronic Medical Record to support timely access to patient information
2. Equitable access to care across province including Home care, Palliative care, Spiritual health, Geriatric care and other specialties
3. Consideration of MAiD spaces on campus of abstaining facilities
4. Increase awareness + education (HCP + public)
5. Collaborate with other end-of-life services

MAiD resources

1. *Shared Health web sites- Internet and SH– Health Providers site.*
2. *Guidance documents and standards of practice from Colleges and Regulatory bodies- ex CPSM, CRNM*
3. *Health Canada*
4. *CAMAP- Canadian Association of MAiD Assessors and Providers*
5. *The MAiD team*
6. *LMS- under development*

THANK YOU

