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An Update on Medical Aid in Dying (MAID) In Vermont

UVMHealth.org/MedCenter

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Disclosures

Founding Board Member of Patient Choices Vermont

- Statewide MAID Educational Organization

- Voluntary Position

Advocacy work for Medical Aid in Dying in other states

- I am occasionally reimbursed for expert legislative testimony

Will be discussing off label use of medications

Objectives

- Describe Eligibility and Best Practices for MAID
- Review updates to MAID in Vermont

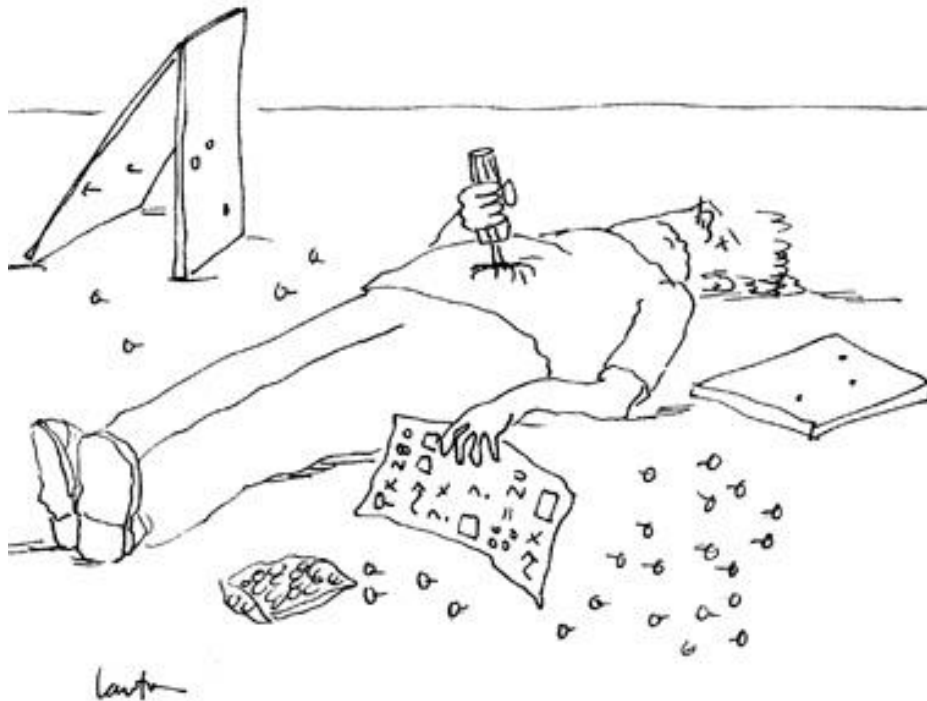


Thoughts From Atul Gawande



“Our ultimate goal, after all, is not a good death but a good life to the very end.”

DEATH BY IKEA



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What IS Medical Aid in Dying

A practice that legally allows a physician
to prescribe a lethal dose of medication

for a *capable*
terminally ill patient
With a *<6 month* prognosis
to *voluntarily self-administer*

for the purpose of *hastening death*

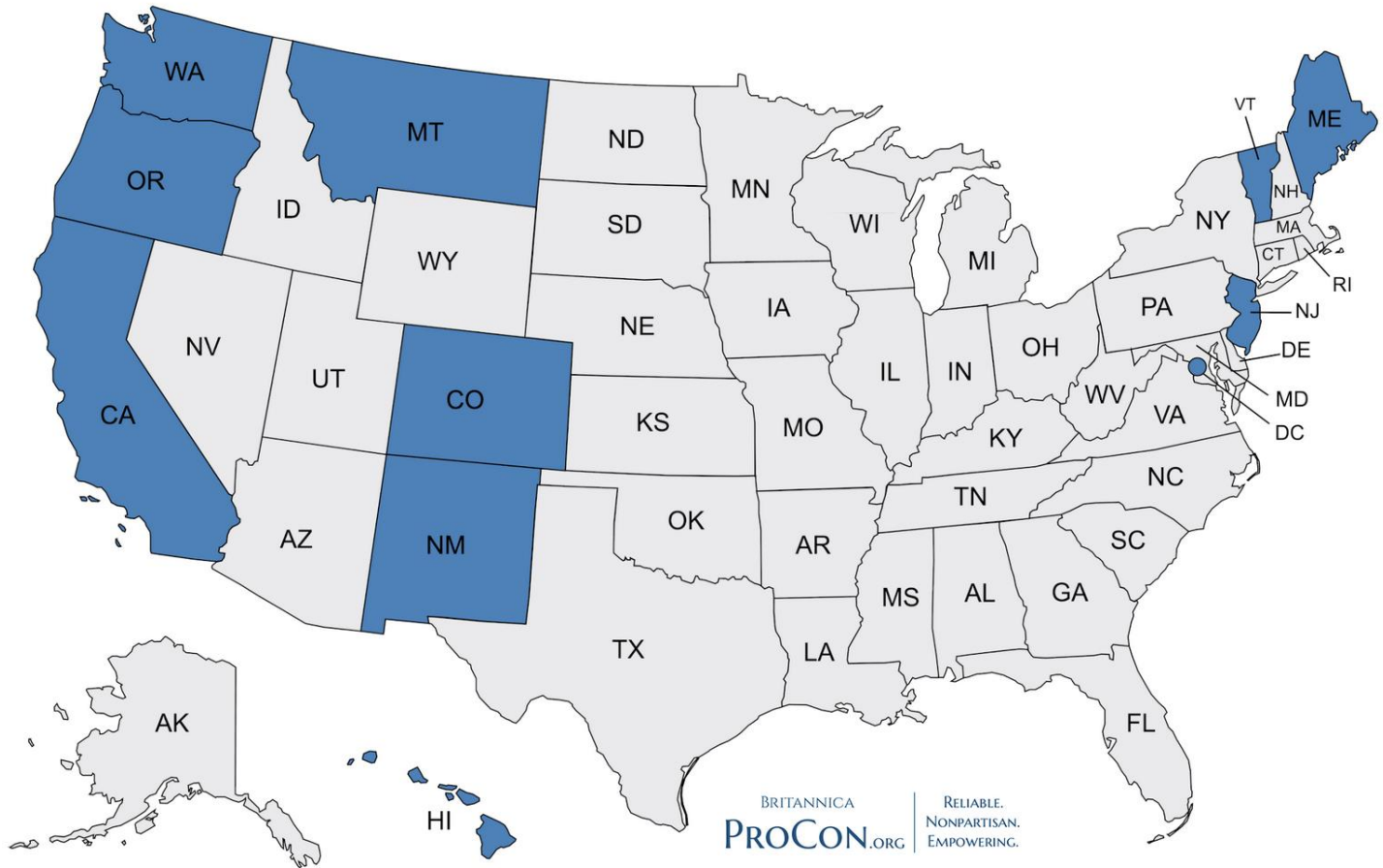
What Medical Aid in Dying is NOT

A substitute for the best possible End of Life Care

A substitute for Hospice

Euthanasia

Suicide



How people want to Die

HOME

Family/Loved ones present

Comfortable/Peaceful

Life and Death



Unique


Individual

Quality

Length

HOSPICE

A decorative horizontal line composed of several overlapping, wavy bands in various shades of green, spanning the width of the page below the title.



PATIENT CENTERED
Response
to
SUFFERING

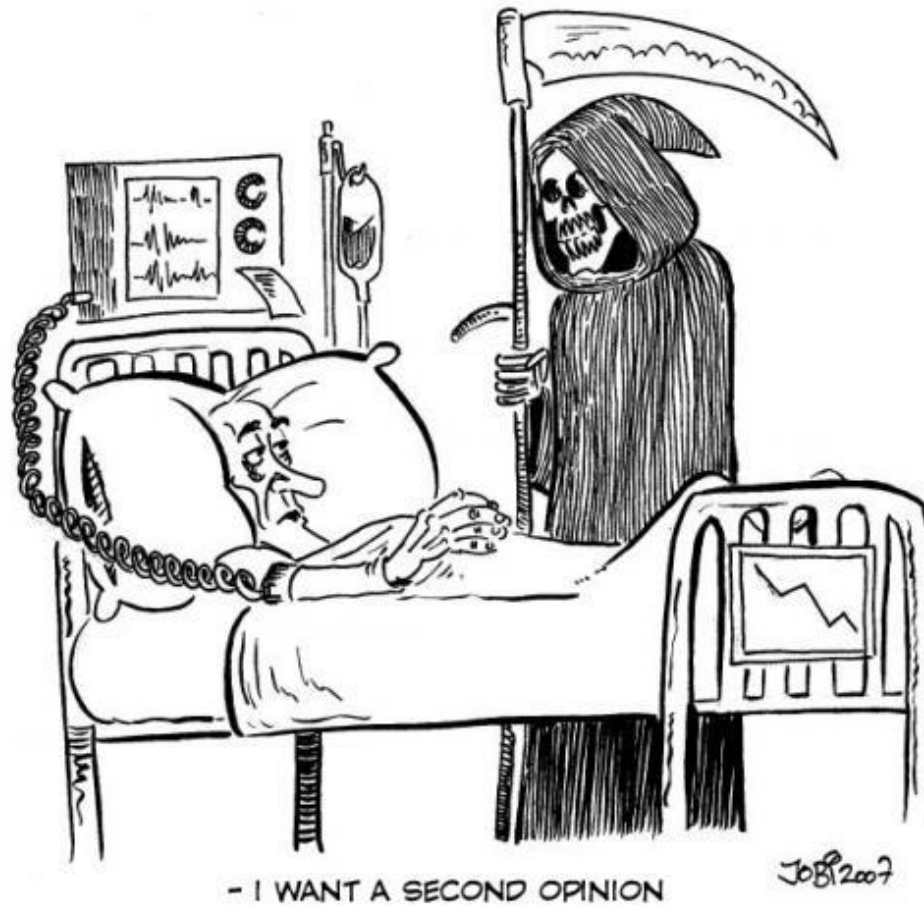
Dr. Eric Cassell- N Engl J Med. 1982; 306:639-45

Suffering is experienced by persons, not merely by bodies, and has its source in challenges that threaten the intactness of the person as a complex social and psychological entity.

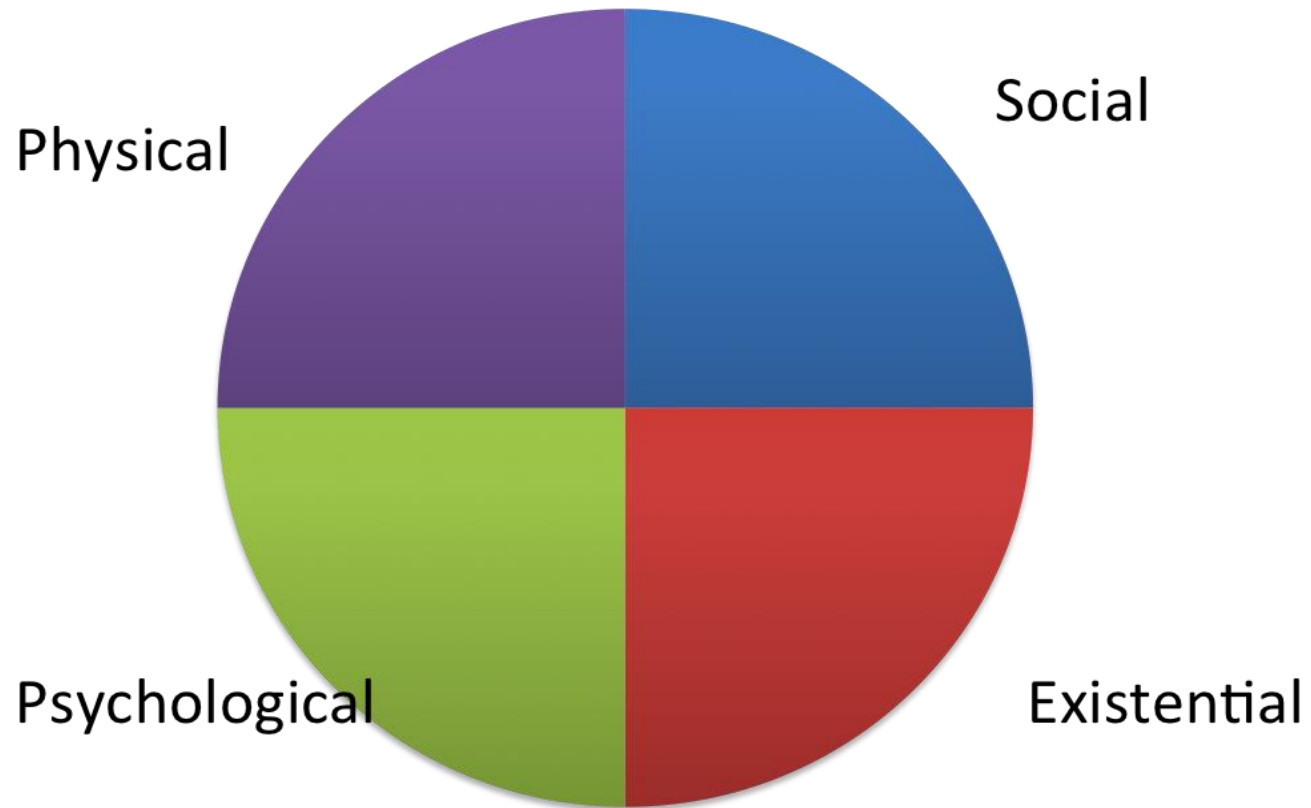
Suffering can include physical pain but is by no means limited to it. The relief of suffering and the cure of disease must be seen as twin obligations of a medical profession that is truly dedicated to the care of the sick.

Physicians' failure to understand the nature of suffering can result in medical intervention that (though technically adequate) not only fails to relieve suffering but becomes a source of suffering itself.

We all Die



Total Suffering



Responding to End of Life Suffering

- open ended questions
- listen without judgement
- Validate
- Previous experience with Loss
- Identify Strengths and Support
- Silence

Responding to a Request for MAID

- Eligibility
- Understanding of the law
- Determine your role
- Timeline
- Explore Alternatives
- Use your Team
- Continually Assess and Treat suffering
- Follow up

Responding to a Request for MAID

- Discuss other options your patient has to maintain control and/or to minimize suffering
- Normalize option to decline or to stop burdensome treatments which may prolong suffering near end of life

Consider who *may* not be a Good MAID Candidate

- When the patient's capacity is likely to diminish
- Illness too Trajectory of illness too fast to complete process
- Complex gastrointestinal issues
- Location, location, location

Medical Aid in Dying in Vermont

- Vermont Department of Health biennial reports
- Most Recent Covers 5/31/13-6/30/21
- 116 People had a prescription written
 - Vast majority (77%) Cancer
 - Followed by Neurodegenerative illness (ALS, PKD)
- Running total thru 12/31/22 173
- About 60% of patients who received a prescription, took the medication
- Numbers are increasing with increased public awareness

MAID in Vermont-Eligibility

- Be 18 or older
- Terminal Illness
- \leq 6 month prognosis*
- Voluntarily make a request
- Capable of making an informed decision
- Able to self administer medication to hasten death

MAID Process

Prescribing Physician First Request

- Assess Eligibility
- Provide Patient Information

Prescribing Physician Second Request

- ≥ 15 days later

Consulting Physician Request

Patient Written Request

Contact Pharmacy with Prescription

File Vermont Department of Health paperwork

Clinician's Guide - Patient Choices Vermont



- HOME
- NEWS
- ABOUT ACT 39
- RESOURCES
- CLINICIAN'S GUIDE
- FOR NON-RESIDENTS
- VIDEOS
- EVENTS
- ABOUT PCV
- DONATE
- CONTACT

Clinician's Guide to Medical Aid in Dying Under Vermont's Act 39

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Contributors: Diana Barnard, M.D. Toni Kaeding, MS RN, Betsy Walkerman, Esq

This Guide is intended as a practical tool for clinicians as they support patients who are considering or actively pursuing medical aid in dying (MAID).

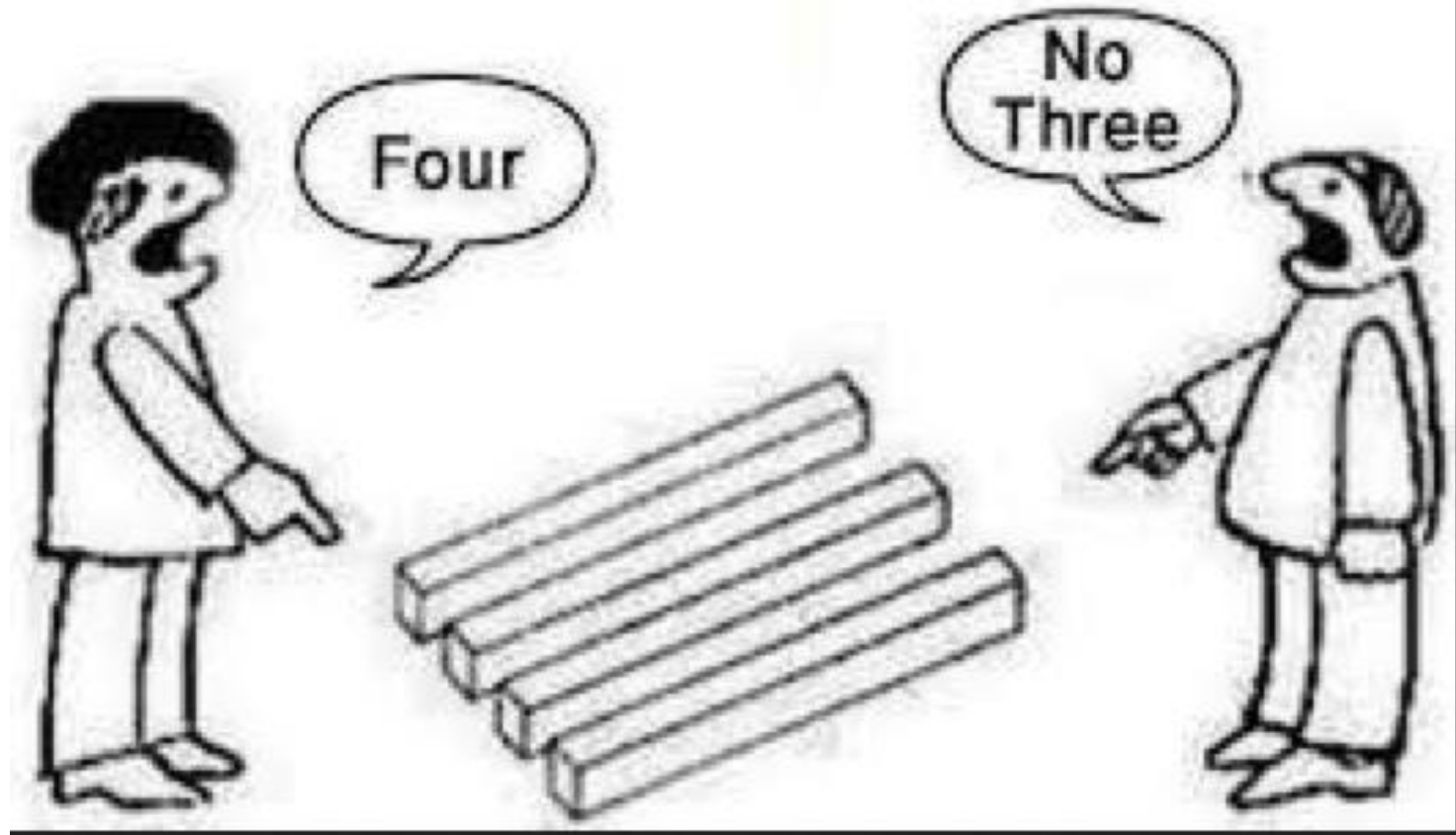
What is Medical Aid in Dying?

MAID in the Context of End-of-Life Care

Current Recommended Protocol

- Pre-medicate with anti-emetics
- Mix DDMAPh powder in 2-4 ounces clear liquid
- Consume in 1-2 minutes

It is really confusing!!!



MAID Follow up

- As with any death, follow up with family for support
- Listen and learn about the experience
- Answer any questions
- Vast majority of families deeply grateful for help, support
- Assure appropriate bereavement follow up

- Follow up and get support for your own emotions and professional questions.

MAID timeline in Vermont

Act 39

- Passed in 2013

S. 74

- Passed in 2022
- Allowed for telemedicine
- Added explicit protection for all members of the health care team
- Removed the final 48 hour waiting period

H.190

- Passed in 2023
- Removed residency requirement

Challenges for Out of State Patients



For Non-Residents - Patient Choices Vermont



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Guidelines and Checklist for Non-Residents of Vermont and Their Doctors

Removal of Residency Requirement:

The Vermont Legislature has passed and the Governor has signed a bill removing the residency requirement from Act 39, the Patient Choice at End of Life law. This means that providing medical aid in dying to anyone in Vermont regardless of their legal state of residency is now legal.

While the legal impediment has been removed, obtaining medical aid in dying in Vermont will not be easy for people coming from out of state. There are many arrangements that must be made in a step-by-step process. If you are early in your terminal diagnosis, if you are relatively mobile, if you have the ability to do research, and make the arrangements, then it is more likely that you will be able to access this care. Most people will find that having a group of supportive friends and family to assist them with tasks will be valuable.

Please be aware that the Vermont medical community is already working hard to serve its existing patients. Many areas of Vermont remain underserved with doctors and healthcare providers. Vermont's doctors may not be readily available to assist you with medical aid in dying. It may take some time to accomplish all that is required.

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Checklist for Patients

Act 39 is Now Available to Both Residents and Non-Residents

We are strongly recommending that all steps be taken physically in Vermont. Here's why:

- Many states have laws that criminalize assisting a suicide.
- The patient's family would be at risk if they assist the patient with medical aid in dying in their home state

Doctors and other providers are immune from liability in Vermont as long as patients meet the standard Act 39 criteria and complete all the required steps.

All aspects of Act 39 remain voluntary

Non-Resident Checklist - <https://www.patientchoices.org/non-residents.html>

- Provides a practical checklist for patients and families, emphasizing that all steps, including use of the medication, must be in Vermont
- Encourages patients to review all their options with their existing providers
- Suggests that the best way to find a Vermont doctor is to ask for a referral from their own physician

For Further Information and Help:

Clinician's Guide to Medical Aid in Dying:

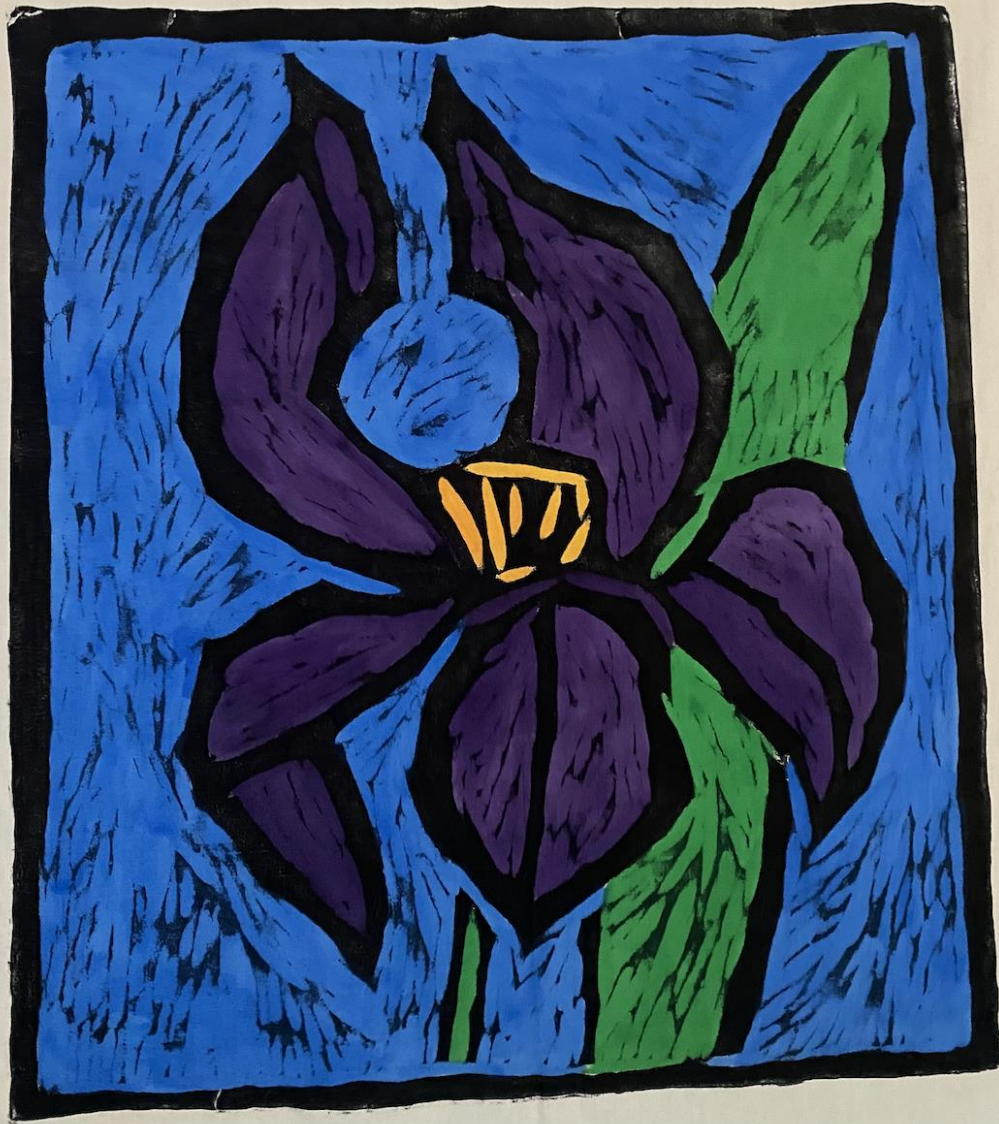
<https://www.patientchoices.org/clinicians-guide.html>

Non-Resident Checklist: <https://www.patientchoices.org/non-residents.html>

PCV Helpline: Assistance for clinicians, patient, families and friends

802-448-0542; info@patientchoices.org

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References/Information

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<https://www.acamaid.org/>
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