

## MEDICAL ASSISTANCE IN DYING

### Alzheimer Society of Canada Statement

#### **Background**

Dementia is a progressive, degenerative condition that worsens over time, and is fatal. Many people with dementia live full and active lives for some time after diagnosis.

A diagnosis of dementia does not immediately render a person incapable of making their own decisions. As dementia progresses, however, people with the disease will eventually become unable to make decisions about their own treatment and care. The needs of people with dementia at the end of life are unique and require special considerations. Family members and health-care professionals often need to make difficult decisions on behalf of people with dementia in the later stages of the disease.

#### **What is medical assistance in dying (MAiD)?**

Medical assistance in dying or MAiD became legal in Canada in 2016, when the Parliament of Canada passed Bill C-14, *An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying)*.

This legislation allows for two types of MAiD, both intended to relieve suffering and ensure quality of living and dying:

1. The direct administration of medications or substances by a health-care professional to end the life of a person at their request.
2. The self-administration of medications or substances by a person to end their life, prescribed by a health-care professional and on the person's request.

#### **What are the considerations for people living with dementia?**

Under the current law, a person in the advanced stages of dementia will likely not be able to legally consent to MAiD. Consent to MAiD requires the person to be capable of retaining and understanding new information, analyzing the information and making an informed decision. The effects of dementia in its advanced state may impair a person's capacity to make an informed decision about their end-of-life care.

Though the ability to make an advance request would circumvent this problem, advance requests are not permitted for MAiD at this time. The current legislation states that a person requesting MAiD must have the capacity to provide consent immediately prior to the procedure. Advance consent often requires a mandated period of reflection that allows a person several opportunities to consider their decision and withdraw their consent if they choose.

In addition, every person will experience dementia in their own way. While symptoms and duration can vary from person to person, it is common for individuals to live with dementia for many years. A person's wishes, values and beliefs, may change over time. It can also be difficult to predict future

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suffering.

## **How the Alzheimer Society is engaged on MAiD**

People living with dementia are individuals – first and foremost. They have the same rights as everyone else, including the right to participate in decisions about their life and care. We respect the right of all persons with dementia to advocate for their individual best interests, including advocating for access to MAiD through advance requests.

The Alzheimer Society provides Canadians living with dementia the support and information they need to make informed decisions about their care, including at the end of life.

The right of persons with dementia to advocate for access to MAiD, including through advance requests should be respected. The Alzheimer Society will continue to inform persons with dementia about the legislative processes related to MAiD and any changes to the law.

The Alzheimer Society is also an advocate for improved quality palliative care that is adequately resourced and available to all Canadians with dementia as they near the end of their life. The right to access quality palliative care helps minimize unnecessary suffering and can improve quality of life for persons at the end of their lives.

The Alzheimer Society of Canada continues to advocate with governments and within the broader health care sector for improved access to care for Canadians living with dementia. Our aim is to support people with dementia so that they can live as best as possible for as long as possible, from the point of diagnosis to the end-of-life, in their homes and communities, and in all care settings.

## **The importance of advance care planning and palliative care**

Advance care planning helps ensure that plans for future health care are carried out in accordance with the values and beliefs of the person living with dementia. That is why it is important for people living with dementia to make their wishes known to their family members – or a substitute decision maker in some provinces – while they are still capable of doing so.

Advance care planning helps ensure that people receive the end-of-life care that *they* want and choose. Putting a plan in place as soon as possible after diagnosis means that palliative care – care that may address physical as well as emotional and spiritual needs at any point during an illness – can start earlier, improving the quality of living and dying for people with dementia and their family.

Advance care planning can also reduce stress for family members, guiding them when their loved ones with dementia are no longer able to communicate their wishes for health and personal care decisions.

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For more information and resources, please consult the following:

Medical assistance in dying – Government of Canada

<https://www.canada.ca/en/health-canada/services/medical-assistance-dying.html>

Stages of Alzheimer’s disease

[www.alzheimer.ca/stages](http://www.alzheimer.ca/stages)

Planning for the future

<https://alzheimer.ca/en/Home/Living-with-dementia/Planning-for-the-future>

Dementia and end-of-life care

[www.alzheimer.ca/endoflife](http://www.alzheimer.ca/endoflife)

Quality of Life

[www.alzheimer.ca/qualityoflife](http://www.alzheimer.ca/qualityoflife)

Canadian Charter of Rights for People with Dementia

[www.alzheimer.ca/charter](http://www.alzheimer.ca/charter)