Medical Aid in Dying (MAID) in New Mexico

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Disclosures

I have no financial disclosures to report.

I have personally prescribed aid-in-dying medication and attended at the bedside.

Legal Disclosure: Immunity clause

“Immunities– Conscience-based decisions: A person shall not be subject to criminal liability, licensing sanctions or other professional disciplinary action for:

- Participating, or refusing to participate, in medical aid in dying in good faith compliance with the provisions of the End-of-Life Act; or
- Being present when a qualified patient self-administers the prescribed medical aid in dying medication to end the qualified individual’s life in accordance with provisions of the End-of-Life Options Act”

What IS Medical Aid in Dying?

Acting Definition of Medical Aid in Dying (MAID)

The medical practice wherein a healthcare provider cares for a patient that is considering aid-in-dying, and who may prescribe a medication for that patient to bring about a peaceful death at a time of his/her/their choosing.

U.S. MAID HISTORY

1994

Oregon

First law in the United States

2008

Washington

(2019- Montana)

2013-2018

Vermont

California

Hawaii

New Jersey

Maine

Colorado

Washington DC.

2021

New Mexico

10th Jurisdiction

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New York

Indiana

Virginia

Elizabeth Whitefield End of Life Options Act (April 8, 2021)

GOALS OF THIS TALK

- Define which patients qualify for medical aid in dying
- Understand why patients choose medical aid in dying
- Outline the current patient process for obtaining MAID in New Mexico
- List future directions for aid in dying in New Mexico

Goal #1

- Define which patients qualify for medical aid in dying

Patient Qualifications

Terminality

- Diagnosis w/ 6 mo. or less prognosis.
- Medical condition which, *if not treated following standards of care*, imparts terminal prognosis.

NOTE:
Voluntary cessation of eating and drinking (VSED) alone is not a qualifying diagnosis.

Capacity

- Mental capacity to make informed medical decisions.
- No *contributing*, untreated mental health condition.

Administration: Medication

DDMAPh

Respiratory Depression

- Diazepam 1 g
- Morphine 15 g
- Phenobarbital 5 g

Cardiac Arrhythmia

- Digoxin 100 mg
- Amitriptyline 8 g

Metabolic acidosis

Administration: Oral Ingestion

- Pre-Medications 30-60 min. prior to ingestion of MAID medication
  - Ondansetron 80 mg
  - Metoclopramide 20 mg

- Mix DDMAPh with 2-3 oz of distilled Apple Juice→ patient must be able to drink within 2 min.
  - Can hold glass while patient uses straw

- Sugar-free Sorbet to alleviate bitterness/burning

- Patient must demonstrate mental capacity/awareness

Administration: Rectal Ingestion

- Ensure clear rectum: consider enema the evening/morning before
- Mix DDMAPh with 2oz-3oz of water→ administer within 2 min.
- Patient must be able to *initiate* administration

Goal #2

- Understand why patients choose medical aid in dying

The NEW ENGLAND JOURNAL of MEDICINE

SPECIAL ARTICLE

Implementing a Death with Dignity Program at a Comprehensive Cancer Center

Elizabeth Trice Loggers, M.D., Ph.D., Helene Starks, Ph.D., M.P.H., Moreen Shannon-Dudley, M.S.W., L.I.C.S.W., Anthony L. Back, M.D., Frederick R. Appelbaum, M.D., and F. Marc Stewart, M.D.

Variable	Seattle Cancer Care Alliance	Washington State	Oregon
End-of-life Concerns:			
Loss of Autonomy	35/36 **(97.2)**	183/202 **(90.6)**	538/592 **(90.9)**
Inability to engage in enjoyable activities	32/36 **(88.9)**	179/202 **(88.6)**	523/592 **(88.3)**
Loss of dignity	27/36 **(75.0)**	151/202 **(74.8)**	386/592 **(65.2)**
Loss of control of bodily functions	10/36 **(27.8)**	105/202 **(52.0)**	318/592 **(53.7)**
Burden on family/friends/caregivers	8/36 **(22.2)**	78/202 **(38.6)**	214/592 **(36.1)**
Inadequate pain control or concern about it	8/36 **(22.2)**	70/202 **(34.7)**	134/592 **(22.6)**
Financial implications of treatment	0/36	8/202 **(4.0)**	15/592 **(2.5)**

N ENGL J MED 368; 15 APRIL11, 2013


BOST

Goal #3

- Outline the current patient process for obtaining MAID in New Mexico

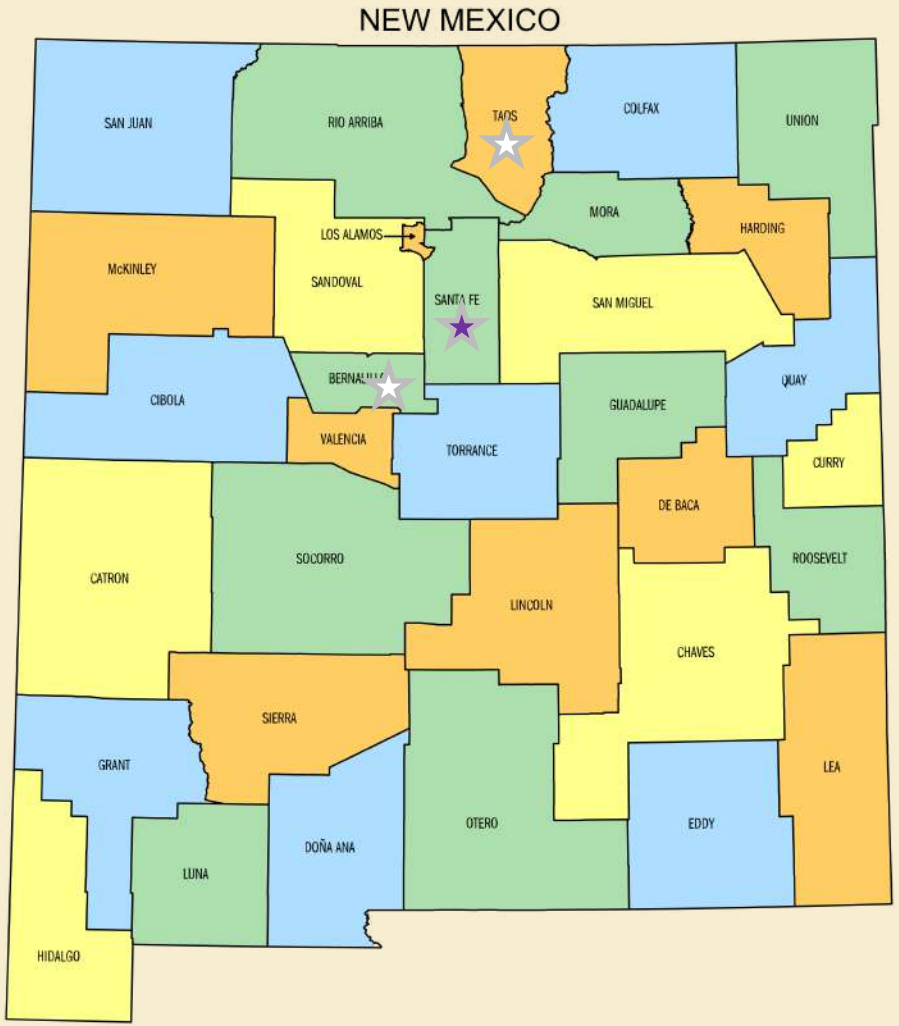
MAID Prescribers in NM

Prescribing hospices = ★

Fee for Service Providers = ★

"Participating" Hospices:

- Hospice of NM
- Ambercare
- Roadrunner
- Compassus
- Presbyterian



Obtaining a Prescription

Hospice

- ONE provider (**MD/DO/APP**) MAID evaluation
- Consent Form
- Faxed script alone OK

Non-Hospice

- ONE provider MAID evaluation
- ONE provider terminality/capacity affirmation
  - At least one of the above **must be an MD/DO**
- Consent Form
- Must provide hard script prior to pick-up
- OMI phone clearance upon death

Patients with concern for a contributing mental health disorder must be evaluated by a mental health provider.

Obtaining a Prescription: Pharmacies

$500-$550
(Only covered by Medicaid)

Contigo Compounding
- Fax: (505) 717-1539

Highland Pharmacy
- Fax: (505) 246-0145

- 48-hour mandatory waiting period from script→ pick-up/delivery
  - *Provider can waive waiting period if patient likely to die within 48 hours*
- Can ”sit” at pharmacy for 6 months
- Cost due at time of pick-up/delivery
- Pharmacies will deliver within 2 hr. radius of Albuquerque Metro Area

Provider Billing

Advanced Care Planning (ICD-10)

- 99497 first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate.
- +99498, Each additional 30 minutes (List separately in addition to code for primary procedure).

NOTE:
Do not bill private insurance or Medicare directly for MAID services.

Time-Based Fee-For-Service

- Stay Tuned...

Goal #4

- List future directions for aid in dying in New Mexico

Implementation: Medical Practice Changes

- “Right to know”
  - A health care provider shall inform a terminally ill patient of all reasonable options related to the patient’s care that are legally available to terminally ill patients that meet the medical standards of care for end-of-life care”
- “Mandatory Referral”
  - If a healthcare provider is unable or unwilling to carry out an individual’s request pursuant to the End-Of-Life Options Act, that healthcare provider shall so inform the individual and refer the individual to a healthcare provider who is able and willing to carry out the individual’s request or to another individual or entity to assist the requesting individual in seeking medical aid in dying.

Responding to MAID Inquiries

Cheat Sheet:

- Tell me more about why you're asking.
- If you had the medications now, would you take them?
- How would you know when it is time to take them?
- Many people ask for this because they are suffering, are you suffering?
- If I could take away your physical suffering, would you still be asking for this?
- What brings you joy in your day to day?
- Are you worried about being bankrupted due to your illness?
- Who do you lean on for support? Have you spoken with them about this?

Centralized Navigation Team

- In California where MAID has been legal since 2015, centralized navigation teams exist at:
  - UCLA
  - UCSD
  - UCD

- Benefits:
  - Efficiency in patient care coordination
  - Ensure compliance with the law

TeleHealth and Rural Training

- Many MAID evaluations are provided via TeleHealth in other states.
- Advanced Practice Providers (PAs/NPs) can prescribe in NM

Project ECHO: *to* provide MAID evaluation/administration training to rural providers.

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Take Home Points

- Medical aid in dying ≠ lack of access to palliative or hospice care.
- A centralized MAID navigation team will allow for better coordination of care and ensure medical-legal compliance
- Use the Cheat Sheet to help respond to patient MAID requests
- If you are interested in prescribing, we are here to help!

Resources:

- American Clinicians Academy of Medical Aid in Dying (ACAMAID)
  - www.acamaid.org
  - 2nd National Conference on Clinician Aid in Dying: ***February 2023 in Portland, Oregon***

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UNMH MAID Information Phone Line:
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End of Life OPTIONS NEW MEXICO
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Thank you!

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505-272-7145

UNM HEALTH SCIENCES

Our vision:

To make more progress in New Mexico's health and health equity than any other state, in collaboration with community partners.