



WHAT TO EXPECT AT A MAID DEATH

IT'S YOUR LIFE. IT'S YOUR CHOICE.

**DYING WITH
DIGNITY**



CANADA

This guide was designed to help prepare family and friends for what they may experience when their loved one has a medically assisted death (MAID).

DEATH AND DYING: GENERAL CONCEPTS

CARDIAC DEATH

Cardiac death is one of the two ways clinicians determine death. In basic terms, this is when the heart stops. Following a MAID death, this is determined by the clinician using a stethoscope, or touching pulse points (wrist or neck) of the patient. If there is no heartbeat heard with the stethoscope, or pulse felt at these points, then the patient is deemed to have a cardiac death.

BRAIN DEATH

This is when there is no brain activity. When the brain no longer receives oxygenated blood following the stopping of the heart, brain death will occur.

WHAT IS MAID?

MAID stands for medical assistance in dying and has been a legal end-of-life option in Canada since 2016. MAID is most often delivered via intravenous (IV) medications; there is an oral option available as well. There are specific eligibility criteria and procedural safeguards in place, and at least two clinicians (nurse practitioners or physicians) must determine eligibility for each person who accesses it.



PRE-MAID CONSIDERATIONS

The patient may want to include the following in their pre-MAID planning:

- Who to have in the room during MAID
- Who to have nearby, but not in the room
- Whether pets will be present
- Whether they want anything happening during and immediately before their MAID death (music, readings, candles lit, etc.)
- Where they would like MAID to take place (bed, reclining chair, couch, etc.) and what the surrounding area is like (is the area accessible for the clinician and funeral home staff?)
- What they would like to happen after their death (funeral wishes, body disposition options), as well as whether they wish to donate any tissues or organs
 - In some jurisdictions, there is a requirement for health care providers to ask about organ donation when a death is imminent and expected
 - It is preferable if the patient or their support person notifies the funeral home ahead of the MAID procedure, if the local funeral home allows you to call ahead and notify them of the date and estimated time of death, and if the person having MAID is comfortable with doing so

When thinking about what they want the day to look like, it is beneficial for the patient to keep their provider aware of their plans. This will ensure that the provider can be as prepared and supportive as possible, of both the patient and their family, friends and other supporters who may be there on the day.

For more in-depth resources about planning a MAID death, please see the [Dying With Dignity Canada \(DWDC\) website](#).

MAID BY INTRAVENOUS (IV)

HOW IT WORKS

The three main medications used during a MAID death via IV are midazolam, propofol and rocuronium. This is how each of them works:

- 1.** Midazolam is a benzodiazepine that makes the person relaxed and sleepy. It is the first medication delivered through the IV.
- 2.** Following that, propofol is delivered. This medication is used often in surgeries. If you have ever been “put under” with anesthesia for a surgical procedure, it is likely you have been given propofol. This will put the person in a very deep, coma-like sleep. Propofol is a thick, white liquid, and is often delivered in a larger syringe. If someone is especially frail, the propofol dose may stop their heart.
- 3.** The final medication most often used is called rocuronium, a neuromuscular blocker. This medication will stop the breathing muscles; following this, a lack of oxygen will lead to the heart stopping. An alternative medication sometimes used in place of rocuronium is cisatracurium; it has the same purpose.

In addition to the medications listed above, lidocaine is also given to minimize the slight discomfort caused by some of the other medications. The use of one other medication, bupivacaine, is rare, but is sometimes used in addition to the others, to stop the person’s heart.

The process will usually take no more than ten to fifteen minutes.

NOTES ON IV MEDICATION DELIVERY

- The patient may eat or drink as they normally would prior to having MAID by IV; this will not affect the procedure
- People are often shocked by how quickly the procedure moves along. It is advised that you say what you hope to say to the dying person before the medications begin. People can become unresponsive very quickly
- Regardless of whether the person dies earlier in the medication protocol (i.e. after the propofol), the full series of the active medications will be given (midazolam, propofol, rocuronium/cisatracurium)
- Clinicians will bring an extra set of medications with them, just in case they run into any unexpected issues with the drugs or the IV access
- Usually, two IVs are inserted, one as extra back up just in case there is an issue with the IV line



ORAL MAID

HOW IT WORKS

Oral MAID is extremely rare in Canada. Very few people have opted for this method, and it is less readily available. There are often misconceptions about oral MAID, with some people assuming that it consists of crushed up pills mixed with applesauce or pudding or absorbed into a drink. While this is the case in US jurisdictions, oral MAID in Canada is a liquid medication that has been prepared by a compounding pharmacy.

The main medication used in Canada is called secobarbital which is a short-acting barbiturate. It is mixed with a sweetening agent (similar to what is used in cough syrups and other liquid medicines) to counteract the bitterness of the medication.

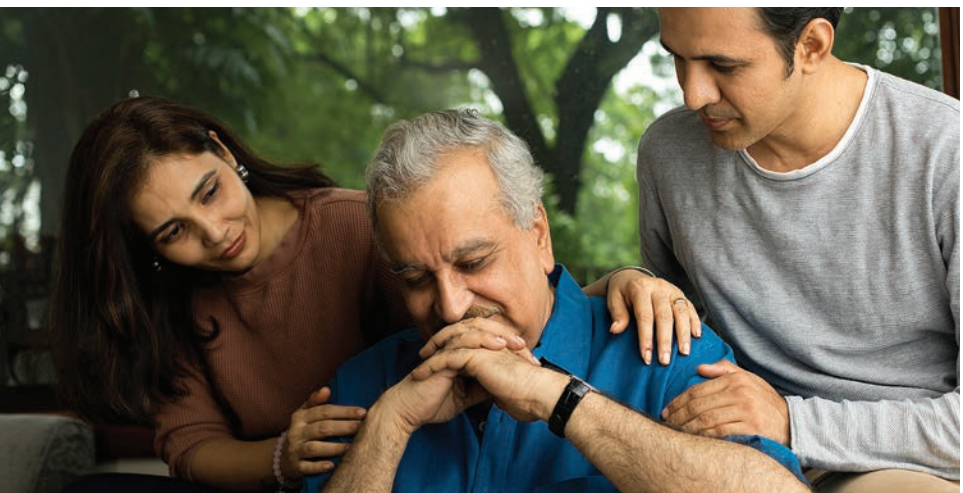
NOTES ON ORAL MAID DELIVERY

- Additional medications may be given prior to the MAID drugs. This is to help prevent upset stomach and vomiting. The MAID provider will discuss and prescribe these medications, if needed
- There are limitations on eating and drinking prior to oral MAID; it is important to ask the provider for specific information and guidelines
- The MAID medication itself is about one cup of liquid that typically needs to be consumed within two to four minutes
- Although oral MAID may lead to greater feelings of autonomy for patients, it is advised and sometimes required that a clinician be present during the process. The clinician may also, in some cases, deliver MAID via an IV after the patient is asleep, if the oral drugs are not working within a certain timeframe agreed upon by the clinician and the patient

DURING DEATH

WHAT TO EXPECT

When the first IV medication is administered, the person may still be talking but they will start to become visibly groggy, and their talking may become inaudible. There may be a change to the sound of their breathing and its pattern, such as their breathing becoming more relaxed or deep breathing; they may even snore. It is recommended that all your important messages are shared before this medication is delivered, as each person may react differently, and some will become sleepier than others.



Propofol will put the person into a deep sleep. For those who are quite frail, the amount of propofol given may stop their heart. The final drug is then administered; this will stop the person's breathing.

The person may also experience some muscle contractions during the procedure.

AFTER DEATH

WHAT TO EXPECT

When it comes to changes to the body, some things such as the relaxation of the muscles will happen immediately. Others, such as muscle stiffening, will not occur until many hours later. Some people will arrange for the funeral home to be involved immediately after death; in those cases, loved ones will not experience much of what is listed in this section. For transparency and to prepare those who may stay with the deceased for a longer period of time, we want to provide an overview of what can be expected.

RELAXATION OF MUSCLES

When a person dies, their muscles relax. People whose loved ones died with MAID will comment how the tension that their person had been carrying completely went away at the moment of death. The body may become limp, and the person's jaw and mouth may open. Following the death, the MAID provider may place a rolled-up towel under the chin to keep the person's mouth closed while waiting for rigor mortis (see "muscle stiffening" below) to happen.

Some individuals are concerned that this relaxation of muscles will mean a sudden release of the person's bowels; however, this level of muscle release usually does not occur until many hours after death.

COLOUR AND TEMPERATURE

Since blood is no longer circulating in the body, the person will begin to look pale and feel cool to the touch. After several hours,



the blood in the body begins to pool which may result in a bruise-like appearance on parts of the body that are under pressure (I.e., the back area if the person is laying face up on a bed).

MUSCLE STIFFENING

Several hours after death, rigor mortis, or the stiffening of muscles, will begin. However, this stiffening is temporary and eventually (roughly 12 hours later) the muscles will begin to relax again.

STAYING WITH THE BODY

There is no requirement that the body be relocated immediately after MAID. Family, friends and loved ones can stay with the deceased to say final goodbyes; some may even wish to have a ceremony with the body present. For instance, some may wish to toast to the person with their favourite drink or simply sit with the deceased, listening to their favourite music or reminiscing about cherished memories.

At some point after a MAID death, the person's body could be transported to a funeral home of their choice. You may wish to arrange this ahead of time. Some funeral homes allow you to call to arrange a predetermined time beforehand. Others will instruct you to call after the person has died. In some areas, you may be waiting for an hour or two for the funeral home to arrive. You may wish to speak to your local funeral home to better understand what typical wait times are like in your region.

KEEPING THE BODY AT HOME

Depending on how long you wish to keep the person's body at home, you may want to consider things like increased air conditioning,

setting up fans, and opening windows. It is important to keep the body cool. [**The Canadian Integrative Network for Death Education and Alternatives**](#) has extensive information on post-death care that you may consider.



CARING FOR THE BODY

Whether for religious, cultural, ritual, or personal reasons, some may wish to wash and dress the body of their loved one following their death. Canadian Virtual Hospice offers information about washing and dressing a body, including:

- The optimal time to wash and position the body before rigor mortis begins
- Step-by-step recommendations for washing
- Keeping the body cool following washing and dressing

You can read more on the [**Canadian Virtual Hospice Website**](#).

If you plan to wash your loved one's body, you may wish to ask the MAID provider to remove and safely discard the IVs before they leave.

FREQUENTLY ASKED QUESTIONS

How far in advance will the nurse practitioner or physician arrive to provide MAID?

This will depend on the clinician and the situation. However, clinicians often want to strike the appropriate balance of giving patients and their families uninterrupted time before the procedure and ensuring that all those present can have their questions answered and concerns addressed. When planning for MAID, you may wish to ask the provider what the timing will look like and when you can expect them.

Many clinicians will already have the IV medications prepared before they arrive. If not, they may prepare the medication in a separate room so that the patient and family have privacy.

Who puts in the IVs and when?

Sometimes the MAID provider will put in the IVs themselves when they arrive for the procedure. Other times, they may arrange for a nurse or paramedic to do this. Often, IVs are put in shortly before the procedure. Rarely, especially if a nursing agency is being used, the IVs may be inserted the evening before. Timing of IV insertion can vary greatly depending on local supports, the provider, and other factors. Please speak to your provider to understand how the process works in your area.

If a patient is planning MAID soon and already has a peripherally inserted central catheter (PICC) or PortaCath, they should raise this with their MAID provider. PICCs and PortaCaths are used for longer

term delivery of IV medications, such as cancer treatments, but are also suitable for the delivery of MAID medications and would remove the need for another IV to be inserted.



What should I say to my loved one before the administration of the medication, or as they are asleep?

This is a very personal decision. Some end-of-life clinicians, such as palliative care provider Dr. Ira Byock, speak of the power of these four phrases when sitting with the dying: “Please forgive me,” “I forgive you,” “Thank you,” and “I love you.” These phrases are part of a technique called Ho’oponopono which was developed by a Hawaiian therapist who recognized the significant impact of these words. You may wish to use these phrases in the conversations leading up to one’s MAID death.

In the final moments, loved ones may share affirmations, quotes, stories, lyrics or phrases that are significant or meaningful.

Should I continue talking to my loved one during the MAID process, even when they appear to be deeply asleep?

While we do not know exactly when the senses shut down, it is common in the medical community to assume that hearing is the last sense to go. For that reason, you may want to continue speaking to your loved one as all the medications are administered. It is important to say all of the final goodbyes before the medication delivery begins, so you can be certain that nothing was missed.



How long does it take for the person to die?

During MAID by IV, the person will usually die ten to fifteen minutes from the start of the medications being injected.

Oral MAID will take longer, perhaps even hours. The MAID provider may begin an IV line, in the event that the oral MAID medication does not work within a time frame agreed upon by the clinician and the patient.



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