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MAID

Medical Aid in Dying

Presented By Meghan Reese & Dr. Lindsay Brubaker

Introductions

Meghan Reese



Meghan Reese is a master's student in Clinical Mental Health Counseling. She recently interned with the Colorado Gynecologic Cancer Alliance and is currently interning with Mountain Vista Psychology in Englewood.

Through her studies and advocacy, Meghan aims to focus on grief counseling, and to enhance support systems for those facing end-of-life decisions.

Dr. Lindsay Brubaker



Lindsay Brubaker is a Gynecologic Oncologist at the University of Colorado. She practices at the Anschutz Medical Campus and Cherry Creek Medical Center .

Dr. Brubaker is dedicated to providing a compassionate and holistic approach to gynecologic cancer care, including at the end of life.



Empowering Compassionate Options:

Exploring Medical Aid in Dying for Colorado Residents

- What is Medical Aid in Dying (MAID)?
- The Importance of Planning Ahead
- Eligibility Criteria
- Process of Requesting Medical Aid in Dying
- Legal Protections, Patient Rights, and Support
- Support Resources
- Hospice & Palliative Care
- Medication and Self-Administration
- Frequently Asked Questions (FAQs)
- Additional Resources
- Q & A



What is Medical Aid in Dying (MAID)?

The Colorado End-of-Life Options Act allows terminally ill adults to request and self-administer prescribed medication to voluntarily end their life: **Medical Aid in Dying (MAID)**.

History:

- Intent Behind Medical Aid in Dying (MAID)
- Passed by Voters in 2016, Effective December 2016
- Revised and Improved in 2024 to Enhance Accessibility, Effective August 7, 2024



THE IMPORTANCE OF PLANNING AHEAD

- **Understand and Communicate Your Values**
Clarify your care goals and preferences for end-of-life decisions with healthcare providers and loved ones.
- **Establish a Medical Durable Power of Attorney**
An Advance Directive outlines your healthcare wishes, while a Health Care Agent is the person you designate to ensure those wishes are followed.
- **Appoint a Health Agent**
Select someone who fully understands and respects your wishes to make decisions on your behalf, backed by clear documentation.
- **Plan for Medical Aid in Dying (MAID)**
Plan ahead. The process is complex, so initiate to allow informed decision-making and provide resources for guidance.
- **Be Aware of the Non-Standard Nature of MAID**
Not all physicians participate in Medical Aid in Dying (MAID), which highlights the importance of planning ahead and having open discussions with your healthcare provider

MAID Eligibility Criteria

Terminal Illness: The individual must have been diagnosed with a terminal illness that is likely to result in death within six months.

Mental Capacity: The individual must be mentally capable and able to make informed decisions about their healthcare

Ability to Self-Administer: The individual must be able to self-administer the medication prescribed for medical aid in dying.

Resident: The individual must be a resident of the state where they are accessing MAID.

Adult 18+: The request for medical aid in dying must be voluntary and informed, made by a mentally capable individual who is over the age of 18.



MAID PROCESS OVERVIEW*

1

Initial Request

Individual requests from attending physician.

2

Waiting Period

Mandatory 15-day waiting* period for further consideration

3

Second Opinion

Attending physician consults with a second physician to confirm eligibility.

4

Final Request

Individual makes a final written request with two non-beneficiary witnesses present.

5

Prescription

Attending physician prescribes medication for self-administration.

*Governor Jared Polis signed SB 24-068 into law on June 5, 2024. Changes to the law go into effect on August 7, 2024. The changes include reducing the waiting period to 7 days and providing an advanced practice registered nurse (APN) with the same authority to evaluate an individual and prescribe medication as a physician. The amendment will also allow attending providers to waive the mandatory waiting period if the patient is unlikely to survive more than 48 hours and meets all other qualifications.



TIMELINE AND DETAILED LOGISTICS

Day 1:

Initial request from primary provider/oncologist

- Written request form provided and reviewed (will require two witnesses).
- Referral placed for secondary MAID consultation, often with palliative care

Day 2-14*:

Consultation to confirm eligibility criteria are appropriate

- If concern regarding mental health, particularly severe depression, referral to psychiatrist for evaluation as well.

Day 15 (or later)*:

Second request from primary provider/oncologist

- Written request returned with witness signatures.
- Consent form reviewed and signed.
- Prescription provided:
 - Only certain pharmacies can fill and takes 3-4 days
 - Consultation with pharmacist required
 - Costs \$300-500
 - Prescription will expire at 6 months

*Now day 2-7 and Day 8 or later.

LEGAL PROTECTIONS & PATIENT RIGHTS

Legal Protections:

Colorado End-of-Life Options Act: Provides the legal framework for Medical Aid in Dying (MAID) in Colorado. Eligible terminally ill adults can request and receive prescription medication to end their life.

Patient Rights & Safeguards:

Voluntary Participation

Patients have the right to voluntarily choose MAID without coercion. Participation by healthcare providers is also voluntary.

Informed Decision-Making

Patients have the right to receive information about their diagnosis, prognosis, and all end-of-life care options, including palliative and hospice care

The Request Process

Patients must make two oral requests, at least 15* days apart, and one written request for the medication.

Right to Revoke

Patients can revoke the request for MAID at any time. Patient may also choose to not take the medication once they have it in their possession

Documentation

All steps in the process must be documented in the patient's medical record.

ADDITIONAL END-OF-LIFE SUPPORT RESOURCES

HOSPICE CARE

Hospice teams specialize in end-of-life care, focusing on symptom management, pain relief, and emotional support for terminally ill patients.

PALLIATIVE CARE

Palliative care improves the quality of life for individuals facing serious illness, addressing physical symptoms, emotional and spiritual concerns.

END-OF-LIFE DOULA

Doulas offer holistic support for individuals and families during the dying process, providing emotional, spiritual, and practical assistance.

MENTAL HEALTH SUPPORT

Counseling and emotional assistance for coping with anxiety, depression, and grief.

LEGAL GUIDANCE

Assistance with understanding state laws and end-of-life planning documents.

SPIRITUAL CARE

Provide guidance, comfort, and support and existential questions, facilitating rituals, and providing spiritual counseling.

CAREGIVER SUPPORT SERVICES

These programs offer assistance, education, and resources for caregivers supporting terminally ill loved ones.

FUNERAL HOME

Assistance with funeral arrangements, end-of-life planning, and memorial services, offering support and guidance for families.

Hospice & Palliative Care

Palliative Care

- Focuses on relieving symptoms and enhancing overall quality of life.
- Provides emotional and psychological support for both patients and their families.
- **Can be provided alongside disease-directed care at any stage of the illness.**

Hospice Care

- Specifically for patients who have a life expectancy of six months or less, as determined by your primary provider. Additionally, not all patients are interested in disease-directed therapy.
- Emphasizes comfort and quality of life rather than trying to cure the illness.
- Focus on Holistic Care: Addressing the physical, mental, emotional, and spiritual needs of both patients and their families.
- Provided in the patient's home (wherever they call home) or in a hospice in-patient facility.

Palliative care can be part of a patient's treatment plan from the time of diagnosis, whereas hospice care is typically reserved for those in the final stages of a terminal illness. Both aim to enhance the patient's quality of life, but they differ in their timing and focus.



Introduction to Medical Aid in Dying Medication

The next slide contains information related to the types of medications and how they affect an individual. If you wish to leave or pause the webinar, please feel free to contact us with any questions you may have.

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MEDICATION & SELF-ADMINISTRATION

Prescribed Medication:

- **Form:** Liquid compound (4-6 oz)
- **Variety of formulations, usually include:**
 - Morphine
 - Diazepam
 - Digoxin
 - Propranolol or amitriptyline

Side Effects

- **Nausea:** Medications may cause nausea; anti-emetics provided for management.

Time to effect:

- The cocktail typically leads to a comatose state within 10-30 minutes.
- Death usually occurs within 2-4 hours but can take up to 8-10 hours.
- **Exact timing cannot be predicted.**

Administration Requirements:

- **Self-Administration:** The patient must be able to self-administer/ingest the medication.
- **Alternative Administration:** If the oral solution cannot be tolerated (e.g., due to bowel obstruction), there is an option for rectal self-administration.

Support Options:

- Hospice Care
- End-of-Life Doulas



Introduction to FAQ and Q & A

We will now open the webinar up to questions.

We encourage participants to ask questions, however, we cannot moderate the questions asked. Your comfort is important to us, so feel free to leave the session at any time if needed. Additionally, you can always reach out to us later for further assistance or clarification.

FAQ

- **IS MEDICAL AID IN DYING COVERED BY INSURANCE?**

Coverage varies by individual insurance plan and provider. Typically, medication costs range from \$300-800. It's crucial to consult with your insurance carrier and healthcare provider to understand your options.

- **DOES MAID INVOLVE EUTHANASIA OR ASSISTED SUICIDE?**

No, MAID differs from euthanasia and assisted suicide. In MAID, the patient self-administers the prescribed medication, which is distinct from euthanasia.

- **CAN HEALTHCARE PROVIDERS REFUSE TO PARTICIPATE IN MAID?**

Yes, participation in MAID is entirely voluntary. Providers can decline but must inform patients of their right to seek information and assistance from other providers who do participate.

- **HOW TO DISPOSE OF UNUSED MEDICATION**

If the medication is not used, it should be disposed of according to state and federal regulations. Proper disposal ensures safety and environmental protection. Links and guidelines are provided in the resource section.

- **DOES MEDICAL AID IN DYING (MAID) APPEAR ON THE DEATH CERTIFICATE?**

The underlying terminal illness (e.g., cancer) is listed as the cause of death.

FOLLOW UP QUESTIONS FROM WEBINAR

CAN SOMEONE ELSE PICK UP THE MAID MEDICATION?

Yes, a designated representative can pick up the medication with proper identification and possibly written authorization. The pharmacist must be notified by the attending physician and will ensure the medication is dispensed according to the patient's wishes.

DOES MAID ALWAYS WORK AS INTENDED?

MAID medications are generally effective. Physicians and pharmacists carefully select and prepare the medication to minimize risks.

WHAT IF THE MEDICATION ISN'T USED WITHIN THE 6-MONTH PERIOD?

If the medication is not used within six months, the patient must obtain a new prescription after re-evaluation to ensure they still meet the eligibility criteria.

HOW IS IT DETERMINED THAT A PATIENT HAS 6 MONTHS OR LESS TO LIVE?

Two providers independently assess the patient's diagnosis, disease progression, and clinical indicators to determine if the patient has six months or less to live.

WHO FILLS OUT THE DEATH CERTIFICATE, AND HOW IS THE TIME OF DEATH DETERMINED?

The attending physician or prescribing physician typically fills out the death certificate, listing the terminal illness as the cause of death. The time of death is recorded by the healthcare provider present at the time of passing, or by a hospice nurse or emergency responder if no provider is present.

CAN LIFE INSURANCE CARRIERS DENY PAYMENT DUE TO MAID?

No. Under Colorado's End-of-Life Options Act, insurance carriers cannot deny benefits based on MAID use. The cause of death is listed as the underlying illness, not suicide, so suicide clauses cannot be applied.

ARE THERE FUNDING RESOURCES FOR THOSE WHO CANNOT AFFORD MAID?

While there is no specific statewide nonprofit for MAID costs, some local organizations or hospices might offer financial help. Patients should discuss financial concerns with their healthcare providers. Carol's Wish at CGCA may offer assistance.

HOW LONG IS THE MEDICATION VALID AFTER BEING FILLED?

The prescription expires in 6 months if unused. Once filled, the medication's expiration date depends on how it's compounded and stored. Check with the pharmacist for specific details.

ADDITIONAL RESOURCES

Websites:

[Colorado Department of Public Health](#)

[Compassion and Choices](#)

[Death with Dignity](#)

[End of Life Options Colorado](#)

[Prepare to Care](#)

[Colorado Care Planning](#)

Med Disposal:

[Take Meds Seriously](#)

[FDA's Drug Disposal](#)

Films:

[Addicted to Life](#)

A documentary that explores the complexities and emotional journeys of individuals opting for medical aid in dying, showcasing their courage and the impact on their loved ones.

[How to Die in Oregon](#)

Follows the experiences of terminally ill patients in Oregon, the first U.S. state to legalize medical aid in dying, highlighting their personal choices and the ethical dilemmas involved.

[In My Own Time](#)

Personal stories of those facing terminal illnesses, offering a poignant look at their decisions to use medical aid in dying and the peace it brings them and their families.

[Take Me Out Feet First](#)

Chronicles the journey of terminally ill individuals as they navigate their options for medical aid in dying, capturing their stories of empowerment and the profound impact on their families.

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