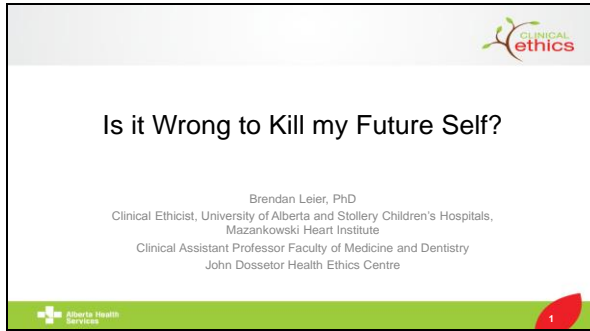


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CLINICAL ethics

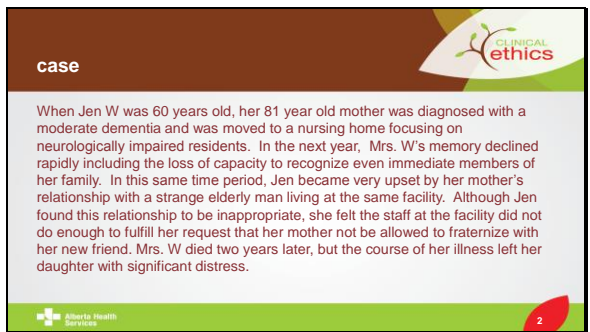
Is it Wrong to Kill my Future Self?

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Clinical Assistant Professor Faculty of Medicine and Dentistry
John Dossetor Health Ethics Centre

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case

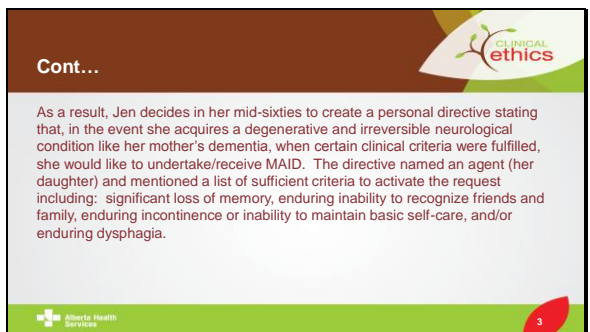
CLINICAL ethics

When Jen W was 60 years old, her 81 year old mother was diagnosed with a moderate dementia and was moved to a nursing home focusing on neurologically impaired residents. In the next year, Mrs. W's memory declined rapidly including the loss of capacity to recognize even immediate members of her family. In this same time period, Jen became very upset by her mother's relationship with a strange elderly man living at the same facility. Although Jen found this relationship to be inappropriate, she felt the staff at the facility did not do enough to fulfill her request that her mother not be allowed to fraternize with her new friend. Mrs. W died two years later, but the course of her illness left her daughter with significant distress.

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Cont...

CLINICAL ethics

As a result, Jen decides in her mid-sixties to create a personal directive stating that, in the event she acquires a degenerative and irreversible neurological condition like her mother's dementia, when certain clinical criteria were fulfilled, she would like to undertake/receive MAID. The directive named an agent (her daughter) and mentioned a list of sufficient criteria to activate the request including: significant loss of memory, enduring inability to recognize friends and family, enduring incontinence or inability to maintain basic self-care, and/or enduring dysphagia.

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Advanced Directives in MAID Requests

Why this question, why now?

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Advanced Directives in MAID Requests

Why this question, why now?

- Clause 10 of the Bill, Parliamentary review. Parliamentary review of the provisions of the Act would be launched 5 years after its coming into force.

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Advanced Directives in MAID Requests

Why this question, why now?

- Clause 10 of the Bill, Parliamentary review. Parliamentary review of the provisions of the Act would be launched 5 years after its coming into force.
- We have a year of experience now.

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Advanced Directives in MAID Requests

Why this question, why now?

- Clause 10 of the Bill, Parliamentary review. Parliamentary review of the provisions of the Act would be launched 5 years after its coming into force.
- We have a year of experience now.
- The unpredictable overlapping of rules and regulations, the uncertainty of process, and the under-representation of stakeholders, presents significant potential burden to bedside clinicians.

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Arguments for MAID via PD

- The very purpose of Personal Directives are to enable competent creators to clearly define their values and desires should they lose the capacity to make day to day decisions. If MAID is considered a medical intervention, there is no prima facie reason to exclude it from a continuum of care offered to anyone who has the capacity to choose. If the principle of autonomy grounds the right of competent patients to consent to, or refuse, even life-sustaining treatment, then the PD as an extension of an autonomous choice should not be excluded in one specific circumstance without a clear rationale.

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Arguments for MAID via PD

- In our current regulative structure, patients are required to have capacity to consent to MAID at the time of the intervention. A loss of capacity, even after the MAID request, disqualifies the patient from receiving MAID. The status quo results in increased patient anxiety about fulfilling criteria, timing, and potentially having the window of MAID closed. It can also potentially cause patients to rush to choose MAID based on the limited window of opportunity rather than the ultimate desire to end their lives.


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Bill C-14


- being an adult (at least 18 years old) who is mentally competent ("capable") to make health care decisions for themselves;
- having a grievous and irremediable medical condition (as defined under subsection 241.2(2));
- making a voluntary request for medical assistance in dying which does not result from external pressure;
- giving informed consent to receive medical assistance in dying; and,
- being eligible for health services funded by a government.

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Bill C-14 interpretation of 'grievous and irremediable'


- having a serious and incurable illness, disease or disability; and,
- being in an advanced state of irreversible decline in capability; and,
- experiencing enduring physical or psychological suffering, due to the illness, disease, disability or state of decline, that is intolerable to the person and cannot be relieved in a manner that they consider acceptable; and,
- where the person's natural death has become reasonably foreseeable taking into account all of their medical circumstances, without requiring a specific prognosis as to the length of time the person has left to live.

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So what's the problem?

1. Although the law seems much less controversial, ethically, philosophically speaking, the argument in support of MAID requests via PD seems to rely on the hidden premise that the person who writes the PD is in some relevant respect the same as the person who will be killed as a result of the implementation of the MAID request.


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Theories of Identity 

What are some historical criteria for personal identity through time?

- Certain type of sameness (numerical identity)
-


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Theories of Identity 

What are some historical criteria for personal identity through time?

- Certain type of sameness (numerical identity)
- Psychological attributes (John Locke)
 - Memory
 - Continuity i.e. causality through time
 - Character
 - Goals
 - Values


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Theories of Identity 

What are some historical criteria for personal identity through time?



- Certain type of sameness (numerical identity)
- Psychological attributes (John Locke)
- Somatic (bodily) similarity

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Why should we care about...

- Philosophical abstractions like personal identity?





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Why should we care about...

- Philosophical abstractions like personal identity?
- or autonomy?





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So what's the problem?

Are there any analogies in healthcare?



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So what's the problem?

Are there any analogies in healthcare?

- autonomy (as protection from tyranny)

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So what's the problem?

Are there any analogies in healthcare?

- autonomy (as protection from tyranny)
- Autonomy as PD or Ulysses contract

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So what's the problem?

Is there any precedent in healthcare to appeal to?

- autonomy (as protection from technological tyranny)
- Autonomy as PD or Ulysses contract
- Autonomy as submission

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Part 2.

- Case discussion
- Review of status internationally
- An attempt at what an ethical example of MAID via PD could actually look like.

Please feel free to ask questions or comment: bleier@ualberta.ca

