

Medical Aid in Dying: An Overview of Care and Considerations for Patients With Cancer

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BACKGROUND: Medical aid in dying (MAID) is increasingly becoming a legal option for patients with terminal illness who desire greater control over how they end their life. The majority of patients who pursue this option are those with terminal cancer.

OBJECTIVES: This article provides foundational knowledge on MAID, including key considerations for nurses practicing in states where MAID is legalized.

METHODS: Available research and data on MAID are summarized, as well as clinical recommendations for patient education, counseling, and supportive care. A case study is included to illustrate relevant concepts.

FINDINGS: MAID is becoming an accepted practice for patients with terminal cancer through increasing legislation across the United States. Nursing knowledge of critical considerations for patients with terminal cancer who choose to pursue MAID is integral to the provision of optimal clinical oncology care at the end of life.

KEYWORDS

medical aid in dying; MAID; hospice; palliative care; end-of-life care

DIGITAL OBJECT IDENTIFIER

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RECOGNIZING AND RESPONDING TO PATIENTS' GOALS OF CARE, even in their final moments, is vital to maintaining patients' sense of autonomy, dignity, and control (Cohen et al., 2015). In jurisdictions where it is legal, medical aid in dying (MAID) offers patients the opportunity for greater control over their dying experience. Increasingly, patients with terminal cancer are opting to end their lives at the time and place of their choosing with MAID. As of 2020, 11 jurisdictions in the United States have legalized MAID (Mroz et al., 2021) (see Figure 1). More than 70% of patients who receive MAID in the United States are patients with cancer, and a report indicated that 56% of oncologists surveyed in the United States have received requests for MAID (Emanuel et al., 2016; Kozlov et al., 2022). Formal education on this practice is limited, which challenges the ability of nurses to feel confident educating and supporting patients who request MAID as an option (Lehto et al., 2016). This article provides an overview of MAID, including its potential role in end-of-life care and nursing considerations. A case study illustrates the process of MAID for a patient with terminal cancer.

MAID

MAID is a term used to describe the process when a physician provides medication or a prescription to patients at their explicit request, with the understanding that the patient intends to self-administer the medications to end their life (Emanuel et al., 2016; Roy, 2022). In 1997, Oregon was the first state in the United States to legalize and implement MAID, following a Supreme Court decision that upheld states' rights to decide on legalization (Riley, 2017). Several states have since followed, in part, because of a growing older adult population and increased societal appreciation for autonomy, secularization, and patient empowerment (Li, 2021).

MAID should be carefully distinguished from euthanasia, which is illegal in the United States and involves the direct administration by a physician of life-ending medication to a patient who is terminally ill (Roy, 2022). MAID is also different from suicidality, which is a medical emergency that warrants immediate nursing assessment. According to the American Association of Suicidology (2017), MAID differs from suicide medically, legally, and conceptually by its intention, the absence of physical self-violence, and the fact that the decision is not influenced by mental illness or self-destruction. Of note, research has shown that individuals who received prescriptions for MAID had lower desires to die and lower levels of hopelessness (Ganzini et al., 2008). An observational study by Al Rabadi et al. (2019) of 3,368 MAID