

ENHANCING ACCESS TO MEDICAL AID IN DYING (MAiD): AN INTEGRATED REFERRAL PATHWAY FOR PATIENTS WITH CANCER AT STANFORD CANCER CENTER

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Introduction

Medical Aid in Dying (MAiD), has gained significant global traction over the past two decades¹, allowing terminally ill adults with decision-making capacity to request prescribed medication to end their lives peacefully. This legislation reflects a shift towards person-centered end-of-life care, potentially enhancing hospice and palliative care, as well as pain and symptom management.

Nonetheless, challenges related to the standardization of processes and data reporting persist due to varying laws across jurisdictions.

Individuals with cancer are disproportionately represented among those who choose MAiD². In USA, jurisdictions where MAiD is legal, over 60% of cases involve cancer patients^{3, 4, 5}. Following the enactment of this law in California, at Stanford, this figure rose to 89% from 2016 to 2021.

Despite this high utilization, we continue to encounter challenges similar to those faced globally, including variability among physicians and departments.

This paper highlights MAiD referral pathway implemented at Stanford Cancer Center’s in May 2024, designed to improve care coordination, enhance communication, and ensure compliance with regulatory requirements.

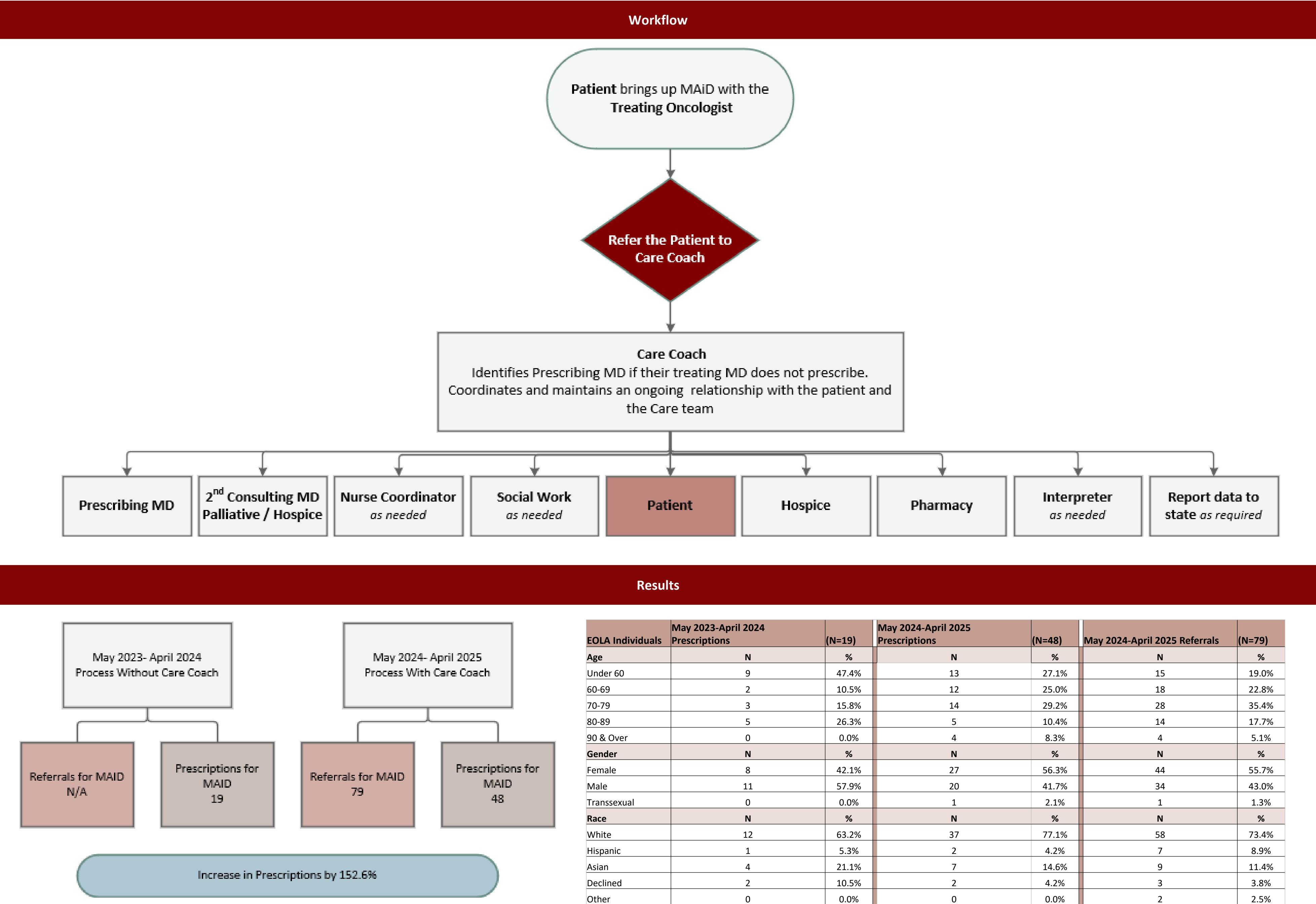
Stanford Health Care operates as an opt-in institution, where participation in the MAiD process by individuals is voluntary, allowing physicians the option to decline involvement. The referral pathway addresses confusion surrounding MAiD processes for both prescribing and non-prescribing physicians, integrating non-licensed staff, referred to as “Care Coaches”, into interdisciplinary care team at our Cancer Center

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References:

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3. <https://www.pennmedicine.org/news/news-releases/2016/july/despite-increasing-globallega#:~:text=A%20new%20comprehensive%20assessment%20of,cases%20involving%20patients%20with%20cancer.>
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- Key Lessons
- Reduced burden on both, prescribing and non-prescribing physicians
 - Improved accessibility for patients
 - Increased willingness by physicians to prescribe
 - Timely submission of data to public health authorities
 - Enhanced communication among patients, internal teams, and external partners, including pharmacies and hospice services.
 - Timely and regular follow-ups with patients and their families
 - Improved education materials for providers and patients
 - Training Provided for other teams such as primary care, neurology, and pulmonology for patients that are non-oncology but wanting to access MAiD
- Future Directions
- Continue workflow education to providers

