**MAiD in Practice Virtual Conference 2024 - Day 1:**
**Q&A with Dr. Stefanie Green *(responses in red)***

1. As a social work student focusing on MAiD, I often encounter questions about a viral video that mistakenly links MAiD to waterboarding. I find it challenging to address these misconceptions. Could you provide some guidance on how to clarify and respond to this issue?
    - *This resource was shared by another participant: https://maidincanada.substack.com/p/the-horrifying-misinformation-about?utm_source=substack&utm_medium=email&utm_content=share*
    - *Also could see a (blunt) response I offered to DWDC, here: https://www.dyingwithdignity.ca/blog/dr-stefanie-green-disproves-content-in-anti-maid-video/*

2. Is there any obligation (or is it offered) to provide space for MAiD within healthcare resources? i.e. a room available in the hospital setting for someone who is in the community, not at an institution.
    - *It is currently unclear whether taxpayer/publicly funded facilities in Canada are able to opt out of providing MAiD on their premises. Some places mandate it, others do not. There has recently been a court challenge (based on the Charter of Rights and Freedoms; a constitutional challenge) on this very issue, launched here in B.C. Check out: https://www.dyingwithdignity.ca/wp-content/uploads/2024/06/ForcedTransfer_BC-Press-Release_EN_FINAL_.pdf*

3. Is there a portal where various assessments conducted on patients that don't meet criteria are saved?
    - *No, there is not. However, all requests for MAiD must be reported to/monitored by Health Canada, and all completed assessments are also reported/monitored by Health Canada. So in theory, they have a data set on all non-eligible assessments. But it's not a portal that is accessible to anyone.*

4. What questions do you use to facilitate a discussion with the loved ones afterwards? How long afterwards do you usually wait until engaging with the family?
    - *Personally, I debrief/speak with everyone in attendance right after they have said their final goodbyes after I have pronounced a person dead. I give them time alone with the body, and then when that feels complete (usually anywhere from 5-20 minutes) we sit for 10-20 minutes together. I usually start by suggesting how I think it went, technically. I ask if they were surprised by anything, did they have concerns or questions about anything that happened. I suggest I don't have any magical advice about how the next few hours/days/weeks should unfold, only that I suggest they give themselves time to care for themselves for a change, do what makes them feel settled, whether that is time alone or time with others. I ensure*

*they know what immediate next steps are (who is calling the funeral home, when will they arrive, how long will they be there) and that everyone is with someone or has someone they could be with tonight if they want. I suggest that I see (and their loved one saw) their being present was a gift; that they put their loved one's wishes and needs above their own, and that this was an immense gift and I hoped they saw it that way. I have a few things like this that I usually say/cover/explore. I no longer do any follow up after I leave the event unless there are special circumstances/they seek me out or have questions. They are all told they may do so. I send an Island Health bereavement brochure to 1 family contact that same day if they haven't already seen it.*

5. Have you had experiences where the patient declined on the day? And what support/resources do they need (and their family) after that?
    - *Do you mean decided not to proceed? Only once, in a hospitalized patient. I've had 2-3 who called earlier to reschedule/delay, all of whom called back in 24-48 hours to reschedule sooner again. The one who decided not to proceed was "not himself" when I arrived for the procedure…maybe a little manic? We spoke for 30-40 minutes. He seemed off, but also certain he didn't wish to proceed, so I offered to leave and be in touch in an agreed upon period of time, which he appreciated. He died that same night, and the physician suspected he had gone outside earlier for a cigarette and had been offered/took some street drugs that made him progressively delirious/quite ill. I am uncertain of what truly transpired.*

6. Do you have any insights/family feedback as to why the majority choose clinician administered MAiD over self?
    - *I suspect many clinicians do not always offer an objective choice, if they even offer the oral option (because of the extra time commitment and the BC requirement for the clinician to be present, some simply don't offer the choice). But even when I try my best to do so (I am very open to offering this option), I do feel it important to mention that the oral medication tastes terrible (you can chase it with a favorite other drink), requires anti-nauseants prior (easy to do, many are already on one), and that there is a very small failure rate. This is often enough to dissuade many.*