



**College of Physicians and Surgeons of British Columbia**

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December 6, 2018

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**VIA MAIL  
PERSONAL AND CONFIDENTIAL**

Dr. Konia Jane Trouton

Dr.

Dr. Paulo Campos Pereira

Dear Drs. Trouton, Pereira

**Re: College investigation, following concerns of the British Columbia Coroners Service,  
regarding the death of Ms. Mary Lynne Wilson**

This letter is a decision of the Registrar of the College of Physicians and Surgeons of British Columbia ("the College"), concluded under section 32(3)(c) of the *Health Professions Act*.

Dr. J. Baidwan, in his capacity as Coroner and Chief Medical Officer for the British Columbia Coroners Service (BCCS), communicated concerns to the BCCS regarding the death of Ms. Mary Lynne Wilson. In accordance with our usual processes, the documentation of Dr. Baidwan was reviewed, and the College determined that further investigation was warranted. The

documentation submitted by Dr. Baidwan was provided to Drs. Trouton, Pereira and for their responses. We further requested that the physicians supply us with copies of any relevant medical documentation corresponding to their care of the patient.

The information we received during our investigation is summarized below in an abbreviated form for the sake of clarity and brevity. The material we received from all parties was carefully reviewed and considered in its entirety, whether or not it is specifically referenced here.

Please note that the family of Ms. Wilson did not raise any concerns. A copy of this decision will not be provided to Ms. Wilson's next of kin; however, if the legal next-of-kin for Ms. Wilson comes forward in the future and requests this decision, it will be provided to them.

#### **Summary of the concerns of Dr. Baidwan**

Dr. Baidwan is the Chief Medical Officer for the British Columbia Coroners Service (BCCS). In documentation dated January 8, 2017, Dr. Baidwan wrote to the College Registrar, regarding the provision of Medical Assistance in Dying (MAiD) to Ms. Mary L. Wilson. Ms. Wilson died in her home in Victoria on October 29, 2017, following the provision of MAiD.

Dr. Baidwan noted that Ms. Wilson was 74 years old, and the documentation indicated that her diagnosis was Alzheimer's disease. Dr. Baidwan noted "the questions raised by these circumstances relate to whether Ms. Wilson had a grievous and irremediable medical condition. It is respectfully suggested that this question is better answered by the College than the Coroners Service."

Dr. Baidwan noted that Dr. Pereira was the physician identified as the Assessor for Ms. Wilson, and Dr. Trouton was the physician identified as the Prescriber. Dr. Baidwan further noted that Dr. completed documentation regarding Ms. Wilson's capacity to provide consent. The MAiD-related documentation completed by each of these three physicians was provided by Dr. Baidwan.

#### **Summary of the responses of the physicians**

##### **Dr. Pereira**

Dr. Pereira is a family physician, and he responded to the concerns in a letter received February 28, 2018. Dr. Pereira noted he was the Assessor for Ms. Wilson for the provision of MAiD. Dr. Pereira noted that Dr. Baidwan has raised the issue of whether Ms. Wilson had a grievous and irremediable medical condition.

Dr. Pereira noted that Ms. Wilson was a patient in his practice, and he knew Ms. Wilson and her husband for more than 10 years. Dr. Pereira noted he was asked to be a MAiD Assessor for Ms. Wilson by Dr. Trouton on September 25, 2017.



Dr. Pereira noted Dr. Baidwan has raised the concern of whether Ms. Wilson had a grievous medical condition. Dr. Pereira noted he concluded that Ms. Wilson clearly did have a grievous medical condition. Ms. Wilson was first diagnosed with a suspected cognitive disorder in February 2013. Her eventual diagnosis was Alzheimer's disease, a neurocognitive disorder that is progressive and incurable. The median lifespan of Alzheimer's disease is seven years following diagnosis, however the course in individual patients can be difficult to predict. Ultimately, most individuals require increasing levels of care, and eventually nursing home care. Alzheimer's disease is incurable and results in death. Dr. Pereira noted that by its very nature, he considers this diagnosis to be grievous.

Dr. Pereira discussed Ms. Wilson's perspective regarding her condition. Ms. Wilson felt she had experienced intolerable and prolonged suffering as the result of her Alzheimer's disease. On numerous occasions she related that her suffering was intolerable to her, and that was why she requested MAiD. As her cognition deteriorated and her dependence on her husband increased, her reported suffering worsened. She was not able to perform most activities of daily living without assistance from her husband. She became increasingly distressed at her level of deterioration, despite the support and care of her doting husband. Dr. Pereira noted that in his opinion, Ms. Wilson's condition was grievous to her in a very profound way.

Dr. Pereira noted he was careful not to qualify Ms. Wilson for MAiD based on any wish she may have had to avoid future suffering. Dr. Pereira noted that it is natural for patients requesting a medically assisted death to be fearful of the future; however Dr. Pereira noted that MAiD is not granted to alleviate future suffering. Dr. Pereira noted he believed Ms. Wilson qualified because of the grievous nature of her suffering in the years leading up to her request.

Dr. Pereira discussed in detail his opinion that her condition was irremediable. Dr. Pereira noted that Alzheimer's disease is non-curable and results in death. Currently available treatments have had very little effect on the overall prognosis of the condition. Dr. Pereira noted he believes that Ms. Wilson received very good and complete medical care, and she saw numerous specialists to treat her condition over the last years of her life, including therapists, paramedical professionals, and a clinical pharmacist, as well as support from the geriatric clinic. Her medical treatment was maximized, and she had good support from community organizations and her family. Despite these remedies, Ms. Wilson's level of suffering could not be alleviated, and was, in the opinion of Dr. Pereira, irremediable.

Dr. Pereira noted that certainly, decisions regarding the provision of MAiD to patients with dementia will be very difficult. Ethical considerations are complex, and the very nature of the patient's mental decline makes it challenging. Dr. Pereira noted that every case is different, and physicians must be vigilant to keep the scope of practice within current guidelines and laws. Dr. Pereira noted that in the case of Ms. Wilson, he attempted to adhere to these guidelines and the law in considering her approval.



Dr. Pereira enclosed his medical documentation corresponding to his care of Ms. Wilson, including a document titled "*Assessment Report*" for Medical Assistance in Dying, authored by Dr. Pereira, dated October 3, 2017.

The MAiD documentation completed by Dr. Pereira, submitted by Dr. Baidwan, was that of the *Assessment Record*. This document was signed by Dr. Pereira on August 4, 2017, specifying that Ms. Wilson's diagnosis was Alzheimer's disease, and her prognosis was listed as "further cognitive/physical decline and death."

#### Dr. Trouton

Dr. Trouton is a family physician, and she responded to the concerns in a letter dated February 19, 2018. Dr. Trouton noted that Dr. Baidwan expressed concern about whether Ms. Wilson had a grievous and irremediable condition.

Dr. Trouton quoted from Bill C-14, the legislation governing the provision of MAiD. This legislation specifies four specific criteria regarding the diagnosis of a grievous and irremediable medical condition. These criteria further specify that the patient must have a serious and incurable illness, disease, or disability, and the patient must be in an advanced state of irreversible decline in capability. The legislation further specifies that the illness must cause the patient enduring physical or psychological suffering that is intolerable to the patient and cannot be relieved under conditions considered acceptable to the patient. Further, the natural death of the patient must be reasonably foreseeable.

Dr. Trouton noted that Ms. Wilson's diagnosis of Alzheimer's disease is consistent with a serious and incurable disease. Dr. Trouton described in detail the trajectory of Ms. Wilson's condition being that of a trajectory of significant decline. For example, Ms. Wilson was no longer able to drive, could not operate the television remote control, could not work the telephone, and was unable to make meals. She was followed over the years by Dr. Pereira and Dr. \_\_\_\_\_, whose documentation supported the trajectory of decline. Dr. Trouton noted that there are no treatments to reverse this trajectory in Alzheimer's disease, and at the time that Ms. Wilson received MAiD, she was in an advanced state of irreversible decline.

Dr. Trouton noted that Ms. Wilson articulated her increased suffering, particularly her psychological suffering, as a result of her increasing loss in independence. She was very clear that she did not want to leave her home, and did not want to live in a care facility. Ms. Wilson was adamant in requesting MAiD. Dr. Trouton noted that Ms. Wilson communicated that she was suffering in a way that was increasingly intolerable, and she did not find any alternatives to be acceptable.

Dr. Trouton discussed the variable prognosis of Alzheimer's disease. Dr. Trouton noted Dr. \_\_\_\_\_ noted that patients diagnosed with Alzheimer's disease typically live seven years following the diagnosis. Ms. Wilson's formal diagnosis of Alzheimer's disease was

established in 2015, however the diagnosis was considered as early as 2013. Dr. Trouton noted she estimated Ms. Wilson's life expectancy to be 3-5 years, however there was no uncertainty that Ms. Wilson's death was reasonably foreseeable. Dr. Pereira agreed with this assessment. Dr. Trouton noted that although Ms. Wilson was only 74 years old, her Alzheimer's disease made her death foreseeable.

Dr. Trouton noted that Ms. Wilson's case was challenging, however she investigated Ms. Wilson's request thoroughly, by consulting Ms. Wilson, her family, her family physician, and related specialists. A few days before her death, Dr. Trouton discussed the case with the neurologist who certified Ms. Wilson's capacity, as it had been over two months since his formal assessment. Dr. believed that Ms. Wilson still had appropriate capacity. Dr. Trouton noted that on the day of MAiD provision, Dr. Trouton believed there was no doubt that Ms. Wilson met the criteria of having a grievous and irremediable condition, and that Ms. Wilson qualified for MAiD.

Dr. Trouton enclosed with her response several consultations of Dr. and Dr. Pereira's assessment reports, as well as the documentation of Dr. Trouton corresponding to her assessment of Ms. Wilson dated September 8, 2017.

Dr. Baidwan provided the relevant MAiD documentation completed by Dr. Trouton, and the *Assessment Record* with Dr. Trouton as the Prescriber, signed October 24, 2017. The administration of Medical Assistance in Dying by Dr. Trouton to Ms. Wilson occurred on October 29, 2017.

Dr.

Dr. is a neurologist, and responded to the concerns in a letter dated February 23, 2018.

Dr. noted that practice focuses on patients with progressive cognitive deterioration and, in opinion, the existing legislative framework around MAiD is problematic for such patients. Dr. noted that many of patients are cognitively capable to direct their care at the beginning of their illness, but by the time their illness becomes definitively "grievous and irremediable" they may no longer have the capacity to consent to MAiD. Whether or not there is an intermediate zone when patients can be considered to have a grievous and irremediable disease and still maintain decision-making capacity is unclear. Dr. has made the decision not to act as an Assessor for patients requesting MAiD, however is willing to discuss such requests with patients, and cooperate with requests for information from physicians who wish to assist patients in the provision of MAiD.

Dr. noted that Ms. Wilson was patient from 2013 until her death on October 29, 2017. Dr. saw Ms. Wilson on multiple occasions, initially to assess cognitive



complaints. Dr. \_\_\_\_\_ noted that initially, her diagnosis was unclear, however, over time, she was diagnosed with Alzheimer's disease.

Dr. \_\_\_\_\_ noted that Ms. Wilson expressed a desire to pursue MAiD very early, because she believed that any level of cognitive dysfunction was an unacceptable burden with which to live. Dr. \_\_\_\_\_ discussed with Ms. Wilson and her husband the possibilities regarding the quality of life possible with Alzheimer's disease. Nevertheless, her view remained very pessimistic. Dr. \_\_\_\_\_ communicated with Ms. Wilson that \_\_\_\_\_ would not actively hinder her efforts to explore MAiD, and \_\_\_\_\_ would provide whatever documentation was required by other physicians.

Dr. \_\_\_\_\_ noted that Ms. Wilson began pursuing MAiD in earnest in January 2017. She consulted with Dr. Stefanie Green, who contacted Dr. \_\_\_\_\_ for \_\_\_\_\_ opinion regarding Ms. Wilson's decision-making capacity. Dr. \_\_\_\_\_ documented discussion with Dr. Green.

In March 2017, Dr. \_\_\_\_\_ assessed Ms. Wilson and made the judgment that despite her advancing dementia, she demonstrated continued capacity to direct her medical care. This decision was made because Ms. Wilson continued to understand that she had Alzheimer's disease and continued to make consistent decisions regarding her care that were compatible with her pre-existing views.

In August 2017, \_\_\_\_\_ reported that Ms. Wilson was still able to direct her care. Dr. \_\_\_\_\_ described \_\_\_\_\_ assessment in detail.

In September 2017, Dr. Green requested that Dr. \_\_\_\_\_ complete a form summarizing Ms. Wilson's decision-making capacity. Dr. \_\_\_\_\_ noted this form was provided to the College by Dr. Baidwan. Dr. \_\_\_\_\_ interpreted this form as documentation only of Ms. Wilson's capacity to direct her care and request MAiD, and not as an attestation of whether she would qualify for the procedure. Dr. \_\_\_\_\_ noted it was \_\_\_\_\_ understanding that it was the Assessor's responsibility to assess whether Ms. Wilson had a grievous and irremediable condition and whether her death was reasonably foreseeable. Dr. Green subsequently communicated to Dr. \_\_\_\_\_ that she would not be proceeding with Ms. Wilson's request for MAiD.

Dr. \_\_\_\_\_ was subsequently contacted by Dr. Trouton. Dr. Trouton requested from Dr. \_\_\_\_\_ an updated capacity assessment, and Dr. Trouton confirmed that Dr. \_\_\_\_\_ was only being asked about Ms. Wilson's capacity to make decisions. Dr. \_\_\_\_\_ had assessed Ms. Wilson's capacity just two months prior to this request, and therefore wrote back to Dr. Trouton indicating that given the natural history of Ms. Wilson's disease and her specific progression, \_\_\_\_\_ did not feel it was likely that Ms. Wilson's decision-

making capacity would have deteriorated in the space of two months. Dr. [redacted] also expressed ongoing concern that Ms. Wilson "consistently overestimated the severity of her illness throughout the course of her disease."

Dr. [redacted] noted [redacted] reflected upon Ms. Wilson's death frequently, and [redacted] asked himself whether [redacted] would have done anything differently. Dr. [redacted] noted that in Ms. Wilson's case, [redacted] answer is mostly that [redacted] would not have done anything differently.

Dr. [redacted] assured the College that [redacted] continues to practice medicine within the law, and consistent with the highest professional and ethical standards.

Dr. [redacted] enclosed the medical documentation corresponding to [redacted] care of Ms. Wilson over the years. Dr. Baidwan enclosed the MAiD documentation titled *Consultant's Assessment of Patients Informed Consent Decision Capability*, completed by Dr. [redacted] dated September 5, 2017, based on an assessment of Ms. Wilson on August 14, 2017.

#### Our analysis

This College was contacted by the British Columbia Coroners Service; this agency expressed concerns that potentially engaged the College, as the regulatory body tasked with the oversight of physician practice, in the context of serving the public. Concerns of this nature, communicated by the British Columbia Coroners Service, must be appropriately investigated.

The College requested the cooperation of the involved physicians with an investigation, to evaluate whether the medical care provided to Ms. Wilson in this circumstance was consistent with the standard expected of physicians practicing in British Columbia. More specifically, the College considered whether Dr. Pereira and Dr. Trouton practiced consistent with the expectations of a physician assessing a patient regarding eligibility for Medical Assistance in Dying. Further, we considered whether Dr. [redacted] met the standard expected of a neurologist in the care [redacted] provided to Ms. Wilson, and specifically in [redacted] assessment of her capacity.

As we understand the letter of Dr. Baidwan, the concerns of the BCCS were primarily whether Ms. Wilson's diagnosis met the criteria of a grievous and irremediable medical condition. We note that Ms. Wilson's diagnosis of Alzheimer's disease was well-established over a period of several years. Drs. Pereira and Dr. [redacted] had long-standing involvement in the provision of medical care to Ms. Wilson, and were familiar with her condition and decline over the years. Both physicians were similarly well-aware of her suffering, and made significant attempts to ameliorate her condition with medical therapy, multi-disciplinary involvement, and community supports. Each physician responded with a thoughtful description of their professional opinion that Ms. Wilson's diagnosis was grievous and irremediable, incurable, and her death reasonably foreseeable. This College is satisfied that Ms. Wilson's diagnosis was appropriately considered, and met the criteria for MAiD as specified in the legislation.



This College further considered whether appropriate consideration was made of Ms. Wilson's capacity to consent. The general perception of a patient suffering from Alzheimer's disease is that of a patient who does not possess the cognitive capacity to provide consent. We note Dr. [redacted] thoughtful reflection that many [redacted] patients with neurocognitive disease will experience an early period in which their capacity is intact, followed by progressive deterioration, during which time they lack the capacity required to qualify for provision of MAiD. The College acknowledges that each clinical scenario is unique. The following is an excerpt from the College standard, titled *Medical Assistance in Dying*, regarding the issue of capacity and consent:

The patient requesting MAiD must be competent and able to give free and informed consent to MAiD.

a. Both MAs [medical assessors] must be satisfied that the patient is mentally capable of making a free and informed decision at the time of the request and throughout the process.

b. If either MA is unsure that the patient has capacity to consent to MAiD the patient must be referred to another practitioner with expertise in capacity assessment, such as a psychologist, psychiatrist, neurologist, geriatrician, or FP/GP with additional training and expertise for a further in-person capacity assessment.

c. The patient must maintain mental capacity for MAiD to proceed. If at any time during the progression of the patient's condition, the patient loses the mental capacity to rescind his or her decision, MAiD ceases to be an option.

d. MAiD cannot be provided to patients who are not able to give consent including when consent is given through an alternate or substitute decision-maker, or through a personal advance directive.

The College considers whether the physicians acting as Medical Assessors have given appropriately serious consideration to the issue of capacity and consent. In this case, we note that Dr. Pereira was the long-standing family physician for Ms. Wilson, and was very familiar with her trajectory, and her current cognitive status. We further note that Dr. [redacted] in capacity as a neurologist providing longitudinal care for Ms. Wilson, conducted a formal capacity assessment, and provided [redacted] documented opinion that Ms. Wilson possessed the appropriate capacity to consent for MAiD. The documentation is reflective of all three physicians ensuring appropriate consideration to the issue of capacity and consent in this case.

The College acknowledges the complexity and unique considerations inherent to each request for Medical Assistance in Dying. The College applies a lens of reasonableness when evaluating physician practice. Without exception, the College expects physicians to practice consistent with current legislation, and College standards. When reviewing a case such as this, we further attempt to evaluate whether the physicians practiced thoughtfully, conscientiously, with appropriate consideration to the complex issues presented. The documentation associated with all MAiD cases are routinely reviewed with significant scrutiny. Contemporaneous, thorough




medical documentation of the clinical encounter is of paramount importance. We are satisfied that the three physicians involved in this case practiced consistent with the current legislation, relevant College standards, and with a thoughtful and conscientious approach to this unique clinical scenario.

#### **Conclusion**

This review concludes with no regulatory criticism of Drs. Trouton, Pereira, or

We thank you for your co-operation with the College investigation. Our review is now concluded.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'J.G. Wilson', with a stylized flourish extending to the right.

**J.G. Wilson, MD, MSc, FCFP, FRRMS**  
Senior Deputy Registrar  
Complaints and Practice Investigations Department

JGW/KP/vkj