

## FAQ

# Medical Assistance in Dying

The following attempts to address the most common questions raised by registrants.

### **Where can I find information for health-care providers from the Ministry of Health?**

<https://www2.gov.bc.ca/gov/content/health/accessing-health-care/home-community-care/care-options-and-cost/end-of-life-care/medical-assistance-in-dying/information-for-providers>

### **Where can I find the Act to amend the Criminal Code (medical assistance in dying) - Bill C-7?**

<https://parl.ca/DocumentViewer/en/43-2/bill/C-7/royal-assent>

### **What provincial safeguards exist for all MAiD cases?**

In addition to federal safeguards, there are several **provincial safeguards** for MAiD in BC:

- If one, or both, of the physicians or nurse practitioners are concerned about a patient's capability to provide informed consent, they will request a capability assessment from a third physician or specialist.
- The pharmacist must dispense the drugs directly to the prescribing physician or nurse practitioner and the prescribing physician or nurse practitioner must return any unused drugs to the pharmacy within 72 hours of the patient's death.
- The physician or nurse practitioner must be present with the patient during the self-administration or administration of medical assistance in dying and remain with the patient until death is confirmed. This may not be delegated to another person or professional.

### **How is a "reasonably foreseeable natural death" defined?**

More information regarding circumstances where a natural death is considered to be reasonably foreseeable can be found at <https://www.justice.gc.ca/eng/csj-sjc/pl/ad-am/c7/p4.html>.

### **What can I do if I am dealing with challenging interpersonal dynamics?**

Assessors and providers must be alert to challenging interpersonal dynamics such as threatening behaviours of MAiD requesters or their family members. If these challenging dynamics compromise the ability to carry out the assessment in accordance with professional

standards, assessors and providers should seek information and/or advice from mentors and colleagues, and/or discontinue involvement in the assessment process.

### **Under what circumstances can a patient waive their final consent?**

Patients can waive the requirement for giving final consent just before MAiD is provided, only if their natural death is reasonably foreseeable **and** while they had decision-making capacity, they:

- were assessed as eligible and all safeguards were met receive MAiD
- advised that they were at risk of losing capacity to provide final consent
- entered into a written arrangement with the practitioner in which they provided consent in advance (waiver of final consent) to receive MAiD on the agreed date if they no longer have capacity to consent on that date; MAiD must be provided in accordance with the terms within the waiver of final consent

Any arrangement for the waiver of final consent will be considered invalid if, at the time that MAiD is to be provided, the patient no longer has capacity and demonstrates refusal or resistance to the administration of MAiD by words, sounds or gestures. For further clarity, reflexes and other types of involuntary movements, such as response to touch or the insertion of a needle, would not constitute refusal or resistance.

### **What does it mean to have “expertise in the person’s illness, disease or disability”?**

To have expertise in a person’s illness, disease, or disability a registrant is not required to have a specific certification or specialist designation. Expertise could be obtained, for example, through training or previous experience with patient(s) with a similar condition.

### **How is “90 clear days” defined?**

The term “clear days” is defined in section 27 of the *Interpretation Act*, which applies to all federal legislation. Essentially, a “clear day” **excludes** the days on which the events on either end occur. In the case of MAiD, this means that the day on which the assessment for MAiD is done, and the day on which MAiD is provided **do not** count towards the 90 days.

Example:

- Assessment period initiated = Day 0
- MAiD is provided = Day 91
- Days in between = 90 clear days

### **Who can witness the patient’s written request for MAiD?**

The federal law includes safeguards regarding who can and cannot witness a patient’s written request for MAiD. The witness must be independent of the patient requesting MAiD.

An independent witness **is**: at least 18 years of age; and understands the nature of the request for medical assistance in dying. Bill C-7 now allows for a paid caregiver to act as a witness.

An independent witness **is not**: a beneficiary or recipient of any financial or material benefit resulting from the patient’s death; the owner of the health-care facility where the patient is

being treated or resides; someone directly involved in providing health-care services or directly provide personal care to the patient (unless this is their primary occupation and they are paid to do so ); or a practitioner who will provide MAiD to the patient or an opinion confirming the patient meets the eligibility criteria for MAiD.

### **Can the independent witness and a proxy signer be: a) related to each other; and b) related to the patient?**

The independent witness and a proxy signer can be a) related to each other, and b) related to the patient if they meet the requirements for being an independent witness or proxy signer.

### **Can the independent witnesses also function as the proxy signer?**

The answer is “no” for page 1 of the request form since a witness cannot act in two different capacities (i.e. cannot witness their own proxy signature).

The answer is “yes” for page 6 of the request form since the prior witness would only be acting in one capacity—as the proxy signer to confirm the patient’s final consent for MAiD.

### **What are the reporting requirements for MAiD?**

The provincial forms support a standardized approach to MAiD and ensure that all required elements of consent and eligibility criteria have been confirmed and documented. The BC Ministry of Health is the designated provincial agency responsible for oversight and monitoring of MAiD in British Columbia, which includes being the designated recipient of MAiD reporting from physicians, nurse practitioners and pharmacists. The reporting is accomplished by submitting the relevant provincial form(s) to the Ministry of Health by fax at 778-698-4678 or by emailing [hlth.maidoversight@gov.bc.ca](mailto:hlth.maidoversight@gov.bc.ca). Physicians should always access the most current provincial forms for MAiD reporting, which are available on the [ministry's website](#). There is no need to phone the BC Ministry of Health’s office.

Physicians who provide any aspect of this service involving health authority programs or personnel should submit a copy of all relevant provincial forms to their health authority MAiD care coordination centre<sup>1</sup>.

### **Are there currently any educational programs for physicians who perform MAiD?**

Yes. Most recently, the Canadian Association of MAiD Assessors and Providers (CAMAP) released their nationally recognized, fully accredited [training curriculum](#) which provides a series of modules to address needs of all clinicians who assess and provide MAiD in Canada. Registrants are highly encouraged to complete the CAMAP curriculum as well as review their other resources.

Additionally, educational modules have been developed on the PHSA learning hub:

[Medical Assistance in Dying \(MAiD\) for Assessors and Prescribers](#)

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<sup>1</sup> <https://www2.gov.bc.ca/gov/content/health/accessing-health-care/home-community-care/care-options-and-cost/end-of-life-care/medical-assistance-in-dying/information-for-providers?bcgovtm=CSMLS>

This course is designed to provide physicians and nurse practitioners with the information necessary for them to act as both assessors and prescribers for medical assistance in dying in full compliance with their legal, ethical, and professional obligations.

[Medical Assistance in Dying \(MAiD\): Roles and Responsibilities of Health Care Professionals \(HCPs\)](#)

This course is intended for those who would like a more in-depth knowledge about the process of medical assistance in dying for health-care professionals.

### **What are the educational requirements to perform MAiD?**

Physicians who perform MAiD in health authority facilities will need to be privileged to perform this service. Community-based physicians do not need privileges, but are expected to have appropriate competencies, qualifications, experience and training to establish that a patient meets the criteria for MAiD as well as the appropriate technical knowledge and competency to prescribe or administer MAiD.

### **Are physicians who choose not to provide MAiD required to refer patients to an alternate physician?**

While physicians may make a personal choice not to provide MAiD based on their values and beliefs, the College expects them to give their patients information and assistance to allow them to make informed choices for themselves. This includes advising patients that other physicians may be available to see them, and/or directing them to an agency or health authority. If asked, physicians must agree to transfer the medical records of the patient as required. Where needed, physicians must offer assistance and must not abandon their patient. While physicians are not required to make a formal referral on behalf of their patient, they do have a duty of care that must be continuous and non-discriminatory.

### **If a physician is a conscientious objector, are they required to assess a patient for eligibility for MAiD?**

No. Physicians who choose not to perform MAiD are not required to assess their patients' eligibility for MAiD. However, while they are able to make a personal choice not to provide MAiD based on their values and beliefs, the College expects physicians to give their patients information and assistance to allow them to make informed choices for themselves. This includes advising patients that other physicians may be available to see them, and/or directing them to an agency or health authority.

### **Can conscientious objection be case-specific?**

Conscientious objection may be case specific. Some registrants are conscientiously opposed to all MAiD. Some to only certain kinds of MAiD (e.g. track 2). Some to only specific cases given the specific circumstances. The same rules apply no matter the scope of objection—registrants cannot be compelled to participate but they must follow the steps laid out in the College's practice standard if they are unwilling to participate.

## **What is considered to be a request for MAiD that needs to be reported to the Ministry of Health?**

A patient's request for MAiD may be verbal or written and may take any form (a discussion with the practitioner, an email, a text message, etc.). However, to create a reporting requirement, a request for MAiD must be an intentional or explicit request seeking MAiD. An inquiry about MAiD, such as asking for general information about MAiD eligibility or the provision of MAiD, does not constitute a request for MAiD. Similarly, a general discussion between the patient and a MAiD assessor or prescriber on their views regarding applicability of eligibility in the case of this specific person would also not constitute an "intentional" request for MAiD for the purposes of triggering reporting requirements<sup>2</sup>.

## **What is considered to be a "written request" from the patient?**

Written request involves any form of request from a patient, including a written letter, email or text message. This written submission must be an explicit request for MAiD and can be submitted by the patient or by an advocate for the patient at the patient's request. The standard states that both medical assessors (MAs) must be independent of each other, and that one MA cannot be a mentor of the other.

## **How do I obtain the Prescription and Medication Administration Record?**

The Prescription and Medication Administration Record is not available for general distribution. This document can be accessed by the prescribing practitioner through each health authority's Care Coordination Centre. If a physician is not affiliated with a health authority, they may [contact the College](#) to obtain this form.

## **When must I contact the BC Coroner's Service?**

For MAiD deaths where the underlying condition relates to an accident, violence or self-inflicted injury, the death must be reported directly to the BC Coroners Service (as per the *Coroners Act*) by the prescriber. The report should be made immediately following the death (or the next business day if outside of normal business hours) by calling the coroner on call in the region where the incident giving rise to the injury occurred. Phone 1-855-207-0637 to be connected to a service that will direct your call to the correct Coroners Service region. No forms need to be submitted to the BC Coroner's Service - only the phone call is necessary.

## **What constitutes "mentorship"?**

Mentorship, for the purpose of this standard, is a formal designation referring to the process of communication during a sustained period of time between a physician who is perceived to have greater relevant knowledge, wisdom, or experience and another physician who is perceived to have less. If communication occurs on an infrequent and informal basis, this relationship does not constitute as a mentorship. The College recognizes that there may be circumstances where physicians are geographically co-located yet remain independent practitioners.

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<sup>2</sup> <https://www2.gov.bc.ca/gov/content/health/accessing-health-care/home-community-care/care-options-and-cost/end-of-life-care/medical-assistance-in-dying/information-for-providers?bcgovtm=CSMLS>

### How do I know if my patient is suffering from “enduring psychological distress”?

One of the key considerations with regard to assessment of enduring “psychological distress” is assessment of the impact of affect (such as anxiety and/or depression) and cognitive functioning on the capacity to make an informed decision. It is well understood that cognitions and affect can impact significantly on competence to make an informed decision. Speaking to the patient’s family can sometimes provide useful information. In some cases, an objective assessment of an affective state (by a psychiatrist or registered psychologist with expertise in this area) can provide clarification.

### Why do patients have to be eligible for health insurance?

This requirement is to avoid the scenario of people who are not Canadian residents travelling to Canada strictly to access MAiD.

### How will physicians who choose to perform MAiD be compensated?

This is a question that should be directed to Doctors of BC.

### Why do physicians have to use a preprinted prescription? Where can this form be accessed?

The preprinted prescription supports the use of standardized drug protocols for medications used in MAiD for either medically assisted suicide or voluntary euthanasia. These medication protocols are for MAiD prescribing whether provided in a health authority setting or in the community. Physicians working in a health authority are expected to use the preprinted order form issued by the health authority. Community-based physicians can obtain copies of preprinted order forms from the College.

### How do physicians fill out the Medical Certificate of Death after providing medical assistance in dying?

In order to meet the requirement that medical assistance in dying is indicated on the Medical Certificate of Death and that the cause of death is the underlying illness/disease causing the grievous and irremediable medical condition, the Vital Statistics Agency recommends that the Medical Certificate of Death be completed as follows:

- report MAiD in PART I (a)
- report the underlying illness/disease causing the grievous and irremediable medical condition in Part I
- report manner of death as “Natural”

PART I		Approximate Interval Between → Onset and Death →
Immediate cause of death.	(a) MAiD - Medical Assistance in Dying <i>due to, or as a consequence of</i>	
Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the <u>underlying causes last.</u>	(b) ALS - Amyotrophic Lateral Sclerosis <i>due to, or as a consequence of</i>	
	(c) -----	
	(d) -----	

<b>Manner of Death</b>	State if death was <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending finalized details of natural causes N.B. The Coroner <b>MUST</b> be notified of any unnatural death including: accidents, misadventure, suicide, etc. Case discussed with Coroner: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Coroner's Name: _____	<i>The Handbook for Physicians, Nurse Practitioners and Coroners is available on-line. See back of form for details.</i>
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