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Medical Assistance in Dying FAQs

The following attempts to address some of the questions raised by the profession.

Statutes of Canada – Bill C-14

<http://www.parl.gc.ca/HousePublications/Publication.aspx?Language=E&Mode=1&DocId=8384014>

Legislative Background: MAiD (Bill C-14) – Addendum

<http://www.justice.gc.ca/eng/rp-pr/other-autre/addend/index.html>

Are there any plans to develop an educational program for physicians who choose to perform MAiD?

Feedback from the profession has made it clear that educational supports would benefit physicians who choose to perform MAiD. While the College generally does not develop clinical practice or pharmacotherapy guidelines directly, it strongly supports the need for physician education in this area. 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.

Can MAiD be contained in a care plan for patients with a terminal illness who will inevitably experience a decline in competence through the trajectory of their illness and who may wish to exercise their right to die at a defined point in time?

No. The law requires the person to be competent at the time that assistance is provided.

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, is he or she 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.

Is the 10-day waiting period mandatory?

No. The 10-day waiting period is set out in the legislation and can be shortened if death is imminent or there is risk of the patient becoming incompetent. It is up to both the attending and consulting physicians to use sound medical judgement to determine what constitutes a reasonable period of time based on the patient's medical condition and circumstances. Following a waiting period and after completion of all documentation, the patient must be offered the opportunity to rescind his or her request for MAiD, which must also be documented.

Do patients still have to apply to the Supreme Court of BC for MAiD?

No. A court order is no longer required as of June 6, 2016.

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 the Doctors of BC.

Why do physicians have to use a provincial form? Where can the forms be accessed?

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 forms will be provided to the BC Coroners Service to support provincial monitoring and reporting. These forms are available from the Ministry of Health website or by contacting the College.

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.

Who is collecting the forms?

As of July 19, 2016 the BC Coroners Service is the designated agency for monitoring and reporting purposes for all instances of medical assistance in dying in British Columbia. The reporting is

accomplished by submitting all relevant provincial forms as well as the new BC Coroners Service Report of MAiD Death form to the deputy chief coroner at the coordinates provided below. There is no need to phone the coroner's office.

Physicians who provide any aspect of this service involving health authority programs or personnel should submit a copy of all provincial forms except the BC Coroners Service Report of MAiD Death form to their health authority MAiD care coordination centre. The relevant provincial forms include: Record of Patient Request; Record of Assessment (Assessor); Record of Assessment (Prescriber); Consultant Assessment of Patients Informed Consent Decision Capability; and Prescription.

Completed forms must be sent by fax to the BC Coroners Service at 250-356-0445.

How do physicians fill out the death certificate 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) -----	

Manner of Death	State if death was: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending finalized details of natural causes	The Handbook for Physicians, Nurse Practitioners and Coroners is available on-line. See back of form for details.
	N.B. The Coroner MUST 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: _____	

How is “10 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 written request for MAiD is signed, and the day on which MAiD is provided **do not** count towards the 10 days.

Example:

- Consent form is signed = Day 1
- MAiD is provided = Day 12
- Days in between = 10 clear days

The *Interpretation Act* specifically states:

Computation of Time

Clear days

27 (1) Where there is a reference to a number of clear days or “at least” a number of days between two events, in calculating that number of days the days on which the events happen are excluded.

Section 241.2(3)(g) of the [Criminal Code of Canada](#) on MAiD also specifies that if the assessor and prescriber are both of the opinion that death or loss of capacity to provide informed consent is imminent, the “10 clear days” time frame can be shortened to a period that the prescriber considers appropriate under the circumstances.

Note: The decision to shorten the time frame must be clearly documented in the patient’s record by both the assessor and the prescriber.

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.

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; or a person who is directly involved in the patient’s health care or personal care.

Employees of a facility may act as an independent witness providing they are not involved in the patient’s health care or personal care, and are not the owner of the health-care facility.

Note: Some health authorities may have a policy in place that restricts their employees from acting as an independent witness, irrespective of whether they are involved in care of the patient.

Does the federal legislation require both independent witnesses to witness the patient’s request/signature at the same time?

Parliament intended the person to sign and date the request in front of two witnesses at the same time. The purpose of having the two witnesses present at the same time is to provide additional assurance that the request is being signed by or on behalf of the person who is seeking medical assistance in dying, and that the person is doing so voluntarily. If parliament had thought that one witness was sufficient for this purpose, it would not have required two witnesses.

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

An independent witness and a proxy signer can be: a) related to each other; and b) related to the patient, as long as they meet the requirements for being an independent witness or proxy signer (i.e. they are not a beneficiary under the patient’s will).

Can one of 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 3 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.