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Medical Assistance in Dying (MAID)		
Signing Authority:	<i>Chief of Staff and Chief Nursing Executive</i>	
Approval Date:	25-JAN-2021	Effective Date: 17-FEB-2021

SCOPE:

This policy and procedure applies to all employees of Royal Victoria Regional Health Centre (RVH) as well as credentialed staff with RVH privileges, volunteers, and students. The requirements apply whether working on RVH property or working on behalf of or representing RVH elsewhere.

POLICY STATEMENT:

In keeping with our *MY CARE* philosophy, it is the policy of RVH to ensure a patient-centred response to patient requests for Medical Assistance in Dying (MAID). RVH shall respond to patient requests for MAID in a comprehensive, timely and patient-centred manner, in accordance with current legislation and regulatory college guidelines and policies.

- Conscientious objections shall be respected, however requests for MAID or information about MAID shall prompt an immediate referral/access to clinicians and staff who are willing to provide MAID.
- In accordance with Personal Health Information Protection Act, 2004 (PHIPA) legislation and RVH Policy and Procedure: *Privacy/Confidentiality*, confidentiality of all MAID requests shall be maintained in order to protect patients and providers.
- Confirmation of eligibility for MAID by one assessor constitutes an ‘imminent death’ and requires Trillium Gift of Life Network (TGLN) notification in accordance with the TGLN Act. As such, each MAID eligible patient shall be provided the opportunity to speak with an expert in donation from TGLN and extended the autonomy and dignity to provide first-person consent in accordance with their own preference on organ and tissue donation.

DEFINITIONS:

Administrative Review Panel: Available at the discretion of the medical providers, or the MAID Navigator to review the MAID request and process prior to implementation of MAID at RVH. A minimum of three individuals with titles that include: Vice President and/or Chief. It may include but not limited to: Chief of Staff, Chief Nursing Executive,

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Chief Executive Officer, Vice President of Medical Affairs, and Executive Vice President, Patient and Family Experience, and Chief Quality and Privacy Officer.

Authorized third person: A person who is at least 18 years of age and who understands the nature of the request for MAID and who does not know or believe that they are a beneficiary under the will of the person making the request, or a recipient, in any other way, of a financial or other material benefit resulting from that person's death may sign and date the request in the presence and on behalf of the person requesting medical assistance in dying.

Capacity: A person who is capable of making a particular decision if the individual is both:

1. able to understand the information that is relevant to making that decision (the cognitive element), and
2. able to appreciate the reasonably foreseeable consequences of that decision or lack of decision (the ability to exercise reasonable insight and judgment).

Clinical Assessor: One of two physicians or NPs responsible for assessment of a formal MAID patient request and for evaluating the appropriateness based on clinical and legislated criteria. These clinical assessors are called first and second assessor.

Clinical Provider: The physician or NP who ultimately delivers lethal medications to the consenting MAID patient.

Community Clinical Assessor: One of two community based physicians or NPs responsible for assessment of a formal MAID patient request and for evaluating the appropriateness based on clinical and legislated criteria.

Conscientious Objector: RVH respects and recognizes all employees of RVH as well as credentialed staff with RVH privileges, volunteers, and students' freedom of conscience where their beliefs and values may differ from those of a patient and may not be comfortable providing or participating in MAID. Canadian law does not compel an individual to provide or assist in providing MAID. Conscientious objection must not be directly conveyed to the patient and no personal moral judgments about the beliefs, lifestyle, identity or characteristics of the patient shall be expressed. A healthcare professional who conscientiously objects must transfer the care of a patient who has made a request for MAID to another healthcare professional who will address the patient's needs. Health care professionals are professionally obligated to provide appropriate care, not directly associated with MAID, until a replacement caregiver can be found.

Consent: To provide informed consent to MAID, all of the following requirements must

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be met:

1. the individual must be capable;
2. the decision must be informed (i.e., re risks, benefits, side effects, alternatives, and consequences of both having and not having MAID);
3. must be made voluntarily (i.e., not obtained through misrepresentation or fraud, and free from duress);
4. be specific to the decision about MAID. Note: Neither Substitute Decision-Maker consent nor advanced consent [via an advanced directive or living will] for MAID is permitted.

Donation after Death by Circulatory Determination (DCD): Donation and recovery of organs and tissues after death by circulatory determination following the Withdrawal of Life-Sustaining Measures (WLSM). DCD occurs only where a consensual agreement for WLSM has been made, consent for donation has been obtained and planning for donation has occurred in advance of the withdrawal.

Donation Following Medical Assistance in Dying: Recovery and donation of organs and tissues occurs after death by circulatory determination following MAID provision. This process mirrors donation following the WLSM in donation after death by circulatory determination.

DCD MAID Team: A group of rostered individuals providing support to patients, and assistance for the purpose of DCD post MAID provision. This team shall include but is not limited to: MAID Navigator, Most Responsible Provider (MRP), Hospital Donation Physician (HDP), clinical provider, second Physician confirming/certifying death, assessors, Professional Practice, a minimum of one of the community clinical assessors, affected program managers and directors (including Operating Room (OR) manager, pharmacist, patient flow), OR scout.

Expedition: In accordance with federal legislation, this is the process of shortening the period of reflection where both clinical assessors are of the opinion that the patient's death or loss of capacity is imminent

Family: A group of individuals with a continuing legal, genetic, and/or emotional relationship. The individual patient will define their "family" and how they will be involved in care, care planning and decision-making.

Grievous and irremediable medical condition is defined as:

1. having a serious and incurable illness, disease or disability;
2. being in an advanced state of irreversible decline in capability;

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3. experiencing enduring physical or psychological suffering, due to illness, disease, disability or state of decline, that is intolerable to the person and cannot be relieved in a manner that they consider acceptable; and
4. where the person's natural death has become reasonably foreseeable, taking into account all of their medical circumstances, without requiring a specific prognosis as the length of time the person has left to live.

Hospital Donation Physician (HDP): promotes a culture of donation within the hospital and is responsible for ensuring that communication related to the Trillium Gift of Life Act is disseminated to hospital physicians. The HDP will ensure the alignment of donation practices and policies across the organization and establish an effective donation program integrated into quality end of life care.

Independent Practitioners: A physician or NP who provides MAID are independent if they:

1. are not in a business relationship with the other practitioner, a mentor to them or responsible for supervising their work;
2. do not know or believe that they are a beneficiary under the will of the person making the request, or a recipient, in any other way, of a financial or other material benefit resulting from the person's death, other than standard compensation for their services relating to the request; or
3. do not know or believe that they are connected to the other practitioner or to the person making the request in any other way that would affect their objectivity.

Independent Witness: A person who is at least 18 years of age and who understands the nature of the request for MAID may act as an independent witness to the patient signing Clinician Aid A – Patients Request for Medical Assistance in Dying, except if they:

1. know or believe that they are a beneficiary under the will of the person making the request, or recipient, in any other way, of a financial or other material benefit resulting from that person's death;
2. are an owner or operator of any health care facility at which the person making the request is being treated or any facility in which the person resides;
3. are directly involved in providing health care services to the person making the request; or
4. directly provide personal care to the person making the request.

Medical Assistance in Dying (MAID) is:

1. the administration by a physician or NP of a substance to a person, at their request, that causes their death, or

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2. the prescribing, dispensing of or providing by a physician or NP a substance to a person, at their request, so that they may self-administer the substance and in doing so cause their own death

MAID Team: A group of rostered individuals providing support to patients, and assistance and oversight to the MAID process as designated by the Professional Practice Office. This team shall include but is not limited to: MAID Navigator, MRP, NP, physician, Clinical Assessor(s), clinical provider, Social Worker (SW), Unit Manager and Pharmacist. Additional team members may need to be added depending on the patient's needs.

MAID Navigator: An individual who is responsible for coordinating all clinical and administrative activities in a MAID case, from initial formal request to completion of the procedure, including any post-case administrative responsibilities.

Period of Reflection: A defined period of time during which the original decision is contemplated and reconsidered by the patient. The minimum time period is articulated in the legislation.

Personal Health Information: Information defined in PHIPA as identifying information collected about an individual in oral or recorded form. It is information about an individual's health or health care history in relation to:

1. the individuals' physical or mental conditions/status, including family medical history;
2. the provision of health care to the individual;
3. long-term health care services;
4. the individual's health card number;
5. blood or body-part donations;
6. payment or eligibility for health care;
7. the identity of a health care provider or substitute decision maker for the individual

Organ and Tissue Donation Coordinator (OTDC): Specialist in donation employed by TGLN, who is available to assess eligibility to donate organs and/or tissues, provides support to patient, family members and health care professionals, and facilitate arrangement for organ and tissue recovery.

Organ Donation: Removal of organs that is critically dependent upon continuous blood flow for maintenance of viability at normal body temperature, for the purpose of transplantation.

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Tissue Donation: Removal of tissues that is not critically dependent upon continuous blood flow for maintenance of viability at normal body temperature, for the purpose of transplantation. Tissues that may be donated after both neurological and cardiac death include: eyes, skin, bone and connective tissue, veins, and heart valves.

Trillium Gift of Life Network (TGLN): The Ontario government agency responsible for organ tissue donation.

PROCEDURE:

Any staff member who becomes aware of a patient request for MAID shall inform the patient's primary nurse or MRP without delay. The staff member shall ensure that the request is documented in the appropriate medical record. The MRP shall proceed as outlined, and shall request assistance directly from the Professional Practice office.

Patients may also inquire directly through the Patient and Family Experience Office, who in turn shall refer all requests to the Professional Practice office. Inquiries to the Patient and Family Experience Office may be made by patients themselves either internal or external to the organization. The Professional Practice office shall facilitate all requests for the MAID process at RVH.

STAGE 1: INPATIENT REQUESTS MEDICAL ASSISTANCE IN DYING

All RVH staff have the responsibility to ensure we are meeting the needs and expectations of our patients. Registered Health Care Professionals shall:

1. Respond to the patient's request by acknowledging and clarifying their request directly and confidentially with the patient and advise them that you will communicate their request to the appropriate members of their care team.
2. Inform the MRP of the patient's request.
3. Document the request on the patient's permanent medical record.
4. Enter request for MAID Consult in MEDITECH - MRP order not required.
5. The MAID Navigator shall assist the MRP with requesting a first assessment or palliative MD consult to be completed prior to arranging for formal Written Request for Medical Assistance in Dying.
6. MAID Navigator shall provide patient with the Ontario Government Hand out Medical Assistance in Dying - Information for Patients handout (refer to *Appendix I: Government of Ontario Patient Information and Clinician Forms*) and assist with patient's and family's questions as appropriate.

STAGE 2: PRIOR TO THE PROVISION OF MEDICAL ASSISTANCE IN DYING

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First Assessment – Independent Physician or NP (first clinical assessor) shall meet the criteria as an independent practitioner and shall:

1. Review current regulatory college guidelines and/or policies regarding End of Life Care and MAID.
2. Seek any advice necessary in order to respond to the patient's request (legal, ethical, practical).
3. Assess for decision-making capacity (i.e., competence) and document the assessment of the patient's capacity for decision-making in the patient's permanent medical record. If the patient's competency is in question refer the patient for a specialized capacity assessment. Review RVH Consent to Treatment Policy.
4. For patients who do not have capacity, decline the MAID request. If there is uncertainty or a dispute remains, refer to another healthcare provider for an independent second opinion.
5. For a competent patient, open a dialogue with the patient about the request.
6. Ensure that barriers to communication are addressed (e.g. speech-language pathologist (SLP) assessment and intervention, translation services etc).
7. Ensure that the patient has information about all available options for ongoing care including disease management, pain and symptom management, hospice palliative care including palliative sedation, and end of life care.
8. Determine that the person meets the criteria for MAID:
 - a. Eligible for health services funded by a government in Canada, or in a waiting period for such services with eligibility established;
 - b. at least 18 years of age and capable of making decisions with respect to their health; and
 - c. has a grievous and irremediable medical condition.
9. Patient has made a voluntary request for medical assistance in dying that, in particular, was not made as a result of external pressure.
10. Patient gives informed consent to receive medical assistance in dying.
11. It is recommended that the first assessor documents the following in the patient's chart:
 - a. patient identification including confirmation of the province in which the patient resides;
 - b. description of patient condition;
 - c. patient diagnosis;
 - d. description of patient suffering and patient's subjective views of same;
 - e. when the patient first requested MAID and when and how often the patient has repeated the request;
 - f. appropriate physical assessment;
 - g. provider's opinion that the patient meets the eligibility criteria for MAID and the reason for same;
 - h. competence assessment and opinion that patient is competent;

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- i. discussion about request for MAID;
 - j. verbal consent;
 - k. confirmation of discussion that the coroner will need to be advised of the patient's death and that this may result in an investigation into the death;
 - l. confirmation of discussion that the patient may withdraw consent, at any time and in any manner;
 - m. any concerns for imminent loss of capacity or death which may require MAID to be expedited.
12. Complete the First Assessors portion of the Ontario Government Clinician Aid B – (Primary) Medical Practitioner or NP Medical Assistance in Dying Aid (refer to *Appendix I: Government of Ontario Patient Information and Clinician Forms*) and document in the patient's RVH permanent health record.

Written Consent – Ontario Government Clinician Aid A – Patient Request for Medical Assistance in Dying (refer to *Appendix I: Government of Ontario Patient Information and Clinician Forms*)

MAID Navigator shall:

1. Assist with arranging for independent physician or NP to be present to review Clinician Aid A with patient.
2. Assist patient with arranging for two independent witnesses to be present at the time of consent being signed.
3. Plan for a period of reflection, if required, as outlined in the legislation.
4. Assist the MRP with requesting a second clinical assessor, and arrangements for a second assessment (Ontario Government Clinician Aid C “Medical Practitioner” or “Nurse Practitioner” Medical Assistance In Dying Aid (refer to *Appendix I: Government of Ontario Patient Information and Clinician Forms*) to be completed prior to MAID team meeting.
5. Where concern are expressed by clinical assessors for imminent loss of capacity or death, communicate with MAID team possible need for MAID to be expedited.
6. Initiate the MAID Navigator Case Summary Form to ensure details of process and legislation are met. (refer to *Appendix II: MAID Navigator Case Summary*)

Independent Physician or NP shall meet the criteria as an independent practitioner and shall:

1. Obtain informed consent from the patient and require that the request be provided in writing using the Ontario Government Clinician Aid A – Patient Request for Medical Assistance in Dying, signed and dated by the patient and witnessed and dated by two independent witnesses.
2. Ensure that if the patient requesting MAID is physically unable to sign and date the request, an authorized third person (see definition above) is arranged.

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3. Answer questions from the patient and family, as directed by the patient, about the procedure and what to expect.
4. Assess the patient for competence as per RVH policy and the voluntary nature of their request. Document on appropriate medical record and MAID documentation.
5. If the consulting medical practitioner or NP are of the opinion that the person's death, or the loss of their capacity to provide informed consent is imminent (less than 10 clear days) the period of reflection may be reviewed as a special circumstance.

MAID Navigator shall:

1. Where appropriate, notify TGLN to ensure the opportunity to donate organs and tissue is offered to every patient eligible for MAID. Complete the Routine Notification Worksheet (refer to *Appendix I: Government of Ontario Patient Information and Clinician Forms*), document TGLN number and TGLN direction on the patient's medical record.
 - a. If TGLN directs that the patient is eligible and has consented for organ donation follow the donation after death by circulatory determination (DCD) post MAID process (refer to *Appendix III: Donation after Death by DCD post MAID*).
 - b. Requests for DCD post MAID from inpatients and community patients (refer to *Appendix III: Donation after Death by DCD post MAID*) for process.
 - c. Patient's referred from community requesting DCD post MAID shall have Physician Communication Suitability Screening tool completed (refer to *Appendix IV: Physician Communication Suitability Screening Tool*)
2. Assist MRP with arranging for a Palliative physician consult before proceeding to any other step. Palliative physicians on call are available through locating.
3. Where appropriate, assist with arranging for consult with Social Work, Spiritual Care and Bioethics. It is within the patient's rights to refuse any and all of these consults.
4. Advise the patient to consider attending to their personal affairs (legal, financial, funeral, burial, etc.), and to seek appropriate advice to do so.
5. Initiate Pharmacy consult to ensure medications will be available.
6. Assist with contacting any other physician or NP that the patient would like to have consulted (i.e. family physician if not the MRP, specialist with knowledge of the patient's condition).
7. Initiate MAID team meeting to be scheduled after second assessment has been completed and prior to Administrative Review meeting when required.
8. As required, contact Senior Administrative Assistant of Medical Affairs and request Administrative Review Meeting, to be booked after MAID team meeting and prior to provision of MAID.

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9. Discuss with the patient and determine the patient's preferred place of death (i.e. hospital, home, hospice, their Long Term Care (LTC) facility).
10. If the patient is requesting MAID at home, hospice or LTC, consult the appropriate community resources. In the event that the patient is transferred to community prior to MAID team meeting or Administrative review meeting, these meetings shall be cancelled after the patient has been discharged from RVH.

Second Assessment – Independent Practitioner (second assessor):

A second independent physician or NP shall meet the criteria as an independent practitioner and shall:

1. Assess the patient for competence and the voluntary nature of their request. Refer the patient for a specialized capacity assessment if the person's competence is in question. Document on appropriate medical record. In the case of differing opinions, inform the patient that they are entitled to have another consulting physician assess them against the criteria as two practitioners must be in agreement. The MAID Navigator shall assist with this process.
2. Independently document in all sections on the Ontario Government Clinician Aid C – (Secondary) Medical Practitioner or NP Medical Assistance in Dying Aid. It is recommended that the following is documented in the permanent medical record:
 1. patient identification including confirmation of the province in which the patient resides;
 2. description of patient condition;
 3. patient diagnosis;
 4. description of patient suffering and patient's subjective views of same;
 5. when the patient first requested MAID and when and how often the patient has repeated the request;
 6. appropriate physical assessment;
 7. physician's opinion that the patient meets the eligibility criteria for MAID and the reason for same;
 8. competence assessment and opinion that patient is competent;
 9. discussion about request for MAID;
 10. written and verbal consent has been obtained ;
 11. confirmation of discussion that the coroner will need to be advised of the patient's death and that this may result in an investigation into the death;
 12. confirmation of discussion that the patient may withdraw consent at any time and in any manner;
 13. any concerns for imminent loss of capacity or death which may require MAID to be expedited.

The MAID Navigator shall be responsible for reviewing the legislation at time of request to ensure that RVH is compliant with the current legal requirements for MAID.

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Other inter-professionals including but not limited to: Palliative care, Spiritual Care, Pharmacy, Social Work and Bioethics shall be available to MAID team members to provide information and support to the patient, family, RVH staff and health care providers as required.

MAID team meeting shall be held with the purpose of:

1. reviewing the plan for MAID ensuring that the patient's choices are guiding the plan for MAID;
2. reviewing and discussing the MAID request and the patient's specific needs and wishes. At the patient's discretion, the patient or a delegate may or may not be present at this meeting;
3. ensuring that all appropriate legal requirements are met, including when concerns have been raised about imminent death or loss of capacity, a discussion about possible need to expedite MAID;
4. initializing all the details including the transfer of care to an external community;
5. physician or NP shall write orders for the selected drug protocol, using RVH MAID Preprinted Order set **RVH-XXXX**.

MAID DCD team meeting:

In addition to standard MAID team meeting discussion, the DCD MAID team meeting has the additional task of identifying additional needs and process required for DCD in conjunction with HDP. Reviewing and discussing the best possible location for DCD post MAID while considering the patient's wishes and resource availability. Location and date of admission/transfer shall be determined based on patient's preference with consideration for RVH resource needs. Admission/transfer shall be no less than 5 hours prior to MAID procedure whenever possible. Location shall be a private room in either:

6. ICU with an arterial line; or
7. Transitional Care Unit (TCU), Surgery 3 or Integrated Stroke Unit (ISU)/rehab inpatient units; or
8. Other inpatient unit

Administrative Review Panel shall:

1. At the discretion any of the medical providers or the MAID Navigator, an administrative review panel *may* be asked to review documentation, expedition of MAID and provide final administrative oversight prior to implementation of MAID at RVH, in addition to formal sign-off. This panel would minimally include three hospital senior leaders (as defined above) and would meet in a timely fashion, such as not to impede the progress of a MAID request.

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2. With any significant change in MAID legislation (e.g. Allowance of MAID in mature minors, in mental health scenarios, with advanced consent), the review panel will re-convene for the first year to review these requests and then as needed or requested as above (refer to *Appendix V: MAID Administrative Review Form*).

STAGE 3: PROVISION OF MEDICAL ASSISTANCE IN DYING (MAID)

MAID Navigator shall:

1. Consult RVH MAID Team for assistance with arrangements and validation that all paperwork and legalities are in order before proceeding.
2. Ensure that Team Meeting (and DCD Team Meeting, as appropriate) and Administrative Review have occurred and that the Clinician Aides are completed with the exception of the Clinical Provider section of Clinician Aid B, which is to be completed by Clinical Provider after lethal medication has been given.
3. With the patient, plan communication with affected family and team members.
4. Inform pharmacist to ensure availability of pharmacy staff to provide medication, complete medication assessment and confirm that all required documentation has been completed to process order.
5. With the patient, family, nurse and pharmacist, plan date and time of procedure, and confirm who will attend.
6. Ensure MAID case summary documentation is complete.

Physician or NP providing MAID shall:

1. Immediately before providing MAID:
 - a. Review and confirm informed consent for the procedure. If there are significant changes to the patient's condition or the circumstances surrounding the patient's consent, the proposed plan should be re-evaluated with the patient; and
 - b. Give the patient an opportunity to withdraw their request and ensure that the patient gives express consent to receive medical assistance in dying.
2. Participate in the procedure as indicated by the selected protocol, complete Clinician Aid B – Clinical Providers section.
3. Attend and certify the death and file information as per Stage 4, below.
4. Follow up with family members as appropriate.

Participating nurses shall:

1. Provide nursing care and support to the patient and family within scope of practice and according to the College of Nurses of Ontario.
2. Assess or start intravenous access if required.

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3. Move patient to private room and take measures to increase privacy for the patient and participants if requested by patient and/or family.
4. Assist MRP with safety practices such as independent double checks of medication's required.
5. Document administration of medication for the provision of MAID on **RVH-XXXX**

Participating Pharmacy Staff shall:

1. Ensure that the RVH Pre-Printed Order Set for MAID is completed and that the patient meets criteria in accordance with federal legislation.
2. Ensure that contents of the MAID kit, such as medication syringes, as dictated by the order set, flushes and an alternative set of medications are available and ready for the time and date determined by the MAID team.
3. Deliver the medication and facilitate the required documentation for controlled substances as per legislated requirements.
4. Be available to assist the prescriber with respect to any questions about the medications.
5. Report to the Federal Minister of Health through the Canadian MAID Data Collection portal the day of the MAID case, via the following link:
<https://www.canada.ca/en/health-canada/services/medical-assistance-dying/guidance-reporting-summary.html>
6. Information that shall be reported by the pharmacist in all cases includes:
 - a. Patient date of birth, health insurance number and province or territory of issuance,
 - b. Pharmacist name, province or territory of practice, licence or registration number, mailing address and e-mail
 - c. Name and licence or registration number for the practitioner who prescribed or obtained the substance
 - d. The date that the substance was dispensed and where it was dispensed (hospital or community pharmacy)
7. Documentation of the reporting shall be filed with the original prescriber orders.

Other participating professionals including Bioethics, Spiritual Care, and Social Work shall:

1. Support team, patient and family prior, during and after the procedure.
2. Participate in the planned debrief with the participants.
3. Identify any improvements required in the process to the RVH MAID team.

STAGE 4: CERTIFICATION OF DEATH AND FILING OF INFORMATION

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The Clinical Provider participating in the procedure shall complete death certificate and notify the Coroner of MAID death as mandated.

The MAID Navigator shall coordinate the completion of all MAID documents and assist Clinical Provider with sending MAID paperwork to the coroner's office.

MAID procedures shall be reviewed by the MAID Committee/Group for review of process as needed and for statistical purposes, ultimately reporting to the Medical Advisory Committee.

CROSS REFERENCES:

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Royal Victoria Regional Health Centre. (2018). Corporate Clinical Policy and Procedure. *Privacy/Confidentiality Policy and Pledge*.

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Canadian Medical Protective Association <https://www.cmpa-acpm.ca/web/guest/-/what-the-supreme-court-of-canada-decision-on-physician-assisted-dying-means-for-physicians>

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[learnaboutstandardsandguidelines/prac/learn/teleconferences/medical-assistance-in-dying-tel.pdf](#)

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College of Physicians and Surgeons of Ontario
<https://www.cpso.on.ca/admin/CPSO/media/Documents/physician/policies-and-guidance/policies/medical-assistance-in-dying.pdf>

College of Physicians and Surgeons of Ontario Consent to Treatment/Capacity
<https://www.cpso.on.ca/Physicians/Policies-Guidance/Policies/Consent-to-Treatment>

Drug Protocols are in the Members password protected area of CPSO website
Canadian Medical Protective Association
<https://www.cmpa-acpm.ca/web/guest/-/what-the-supreme-court-of-canada-decision-on-physician-assisted-dying-means-for-physicians>

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Joint Centre for Bioethics <http://jcb.utoronto.ca/news/documents/JCB-PAD-Implementation-Task-Force-Key-Considerations.pdf>

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Organ and tissue donation following medical assistance in dying: program development toolkit (2019). Retrieved from [https://www.giftoflife.on.ca/resources/pdf/healthcare/MAID_Program_Development_Toolkit_for_Hospitals_\(Sept_10_2018\).pdf](https://www.giftoflife.on.ca/resources/pdf/healthcare/MAID_Program_Development_Toolkit_for_Hospitals_(Sept_10_2018).pdf)

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Trillium Gift of Life Network. Retrieved November 26, 2019,
http://www.alliativecare.ca/Uploads/ContentDocuments/MAID%20FAQs%20for%200consented%20donors_finalMAY10.pdf

Appendix I – Government of Ontario Patient Information and Clinician Forms

Medical Assistance in Dying – Information for Patients	http://www.health.gov.on.ca/en/pro/programs/maid/docs/maid.pdf
Clinician Aid A – Patient Request for Medical Assistance In Dying	http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?OpenForm&ACT=RDR&TAB=PROFILE&SRCH=1&ENV=WWE&TIT=3889&NO=014-3889-22E
Clinician Aid B – (Primary) “Medical Practitioner” or “Nurse Practitioner” Medical Assistance In Dying Aid First Assessor Form	http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?OpenForm&ACT=RDR&TAB=PROFILE&SRCH=1&ENV=WWE&TIT=3890&NO=014-3890-22E
Clinician Aid C – (Secondary) “Medical Practitioner” or “Nurse Practitioner” Medical Assistance In Dying Aid Second Assessor Form	http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?OpenForm&ACT=RDR&TAB=PROFILE&SRCH=&ENV=WWE&TIT=3891&NO=014-3891-22E
Routine Notification Worksheet – Trillium Gift of Life Network	https://www.giftoflife.on.ca/resources/pdf/Routine_Notification_Worksheet_FINAL_August_2015.pdf

Appendix II – MAID Navigator Case Summary

MAID Navigator Case Summary

Patient Information		
Patient's Name: (Last, First)	Date of Birth:	Time of Death:
Person to contact:	Phone number:	
MRP:	V#:	ACCT#:
Medical Diagnosis:		
Assessor's and Consult Information		
1 st Assessor:	Date of Assessment:	Meets Requirements: <input type="checkbox"/> Yes <input type="checkbox"/> No
2 nd Assessor:	Date of Assessment:	Meets Requirements: <input type="checkbox"/> Yes <input type="checkbox"/> No
Palliative Care Physician:	Date of Assessment:	Meets Requirements: <input type="checkbox"/> Yes <input type="checkbox"/> No
Psychiatrist:	Date of Assessment:	Meets Requirements: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not required
Additional Physician/NP Consultant:	Date of Assessment:	Meets Requirements: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not required
Social Worker:	Date of Assessment:	<input type="checkbox"/> Offered <input type="checkbox"/> Met <input type="checkbox"/> Patient Declined
Pharmacy Consult:	Date of Assessment:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Spiritual Care:	Date of Assessment:	<input type="checkbox"/> Offered <input type="checkbox"/> Met <input type="checkbox"/> Patient Declined
Other:	Date of Assessment:	
Administration Processes Completed:		
Patient Consent and Witness Paperwork	Date Signed:	On chart: <input type="checkbox"/> Yes <input type="checkbox"/> No
MAID Team Meeting:	Date:	Attendees:

Appendix III – Donation after Death by DCD Post MAID Process

**Donation after Death by Circulatory Determination (DCD)
Post MAID Process**

The DCD post MAID process guide shall bridge the RVH MAID process with the processes for organ and tissue Donation after Circulatory Death.

Inpatient Process

Trillium Gift of Life (TGLN) coordinator shall notify MAID Navigator of patient's eligibility and consent for organ donation.

MAID Navigator shall:

- Initiate MAID DCD team meeting and participate in all MAID DCD meetings as required
- Support TGLN Coordinator and Hospital Donation Physician (HDP) as needed regarding logistical requirements for DCD
- Notify Patient Flow and the current and receiving unit of the plan to transfer patient on the chosen date and time
- Notify Security Services of date and time for MAID and request support with transfer to the OR post MAID procedure for the purpose of DCD

HDP shall:

- Initiate and sign the DCD Pre-Printed Order Set
- Communicate with OR, OR scout, OR Manger and/or OR Director, as appropriate, regarding chosen date and time for MAID to arrange for OR support for DCD
- Ensure requirements as identified on the Physician Communication Suitability Screening tool for referral from community has been completed
- Schedule and facilitate all required meetings specifically related to DCD process

TGLN coordinator shall:

- Participate in any MAID team meetings or DCD MAID team meetings
- Advise MAID provider and MAID Navigator of TGLN requirements
- Process and communicate with patient as appropriate

Outpatient Process

Eligibility and consent for organ donation and eligibility for MAID shall be confirmed prior to admission to RVH.

Community clinical assessor shall:

- Once intent is identified, notify MAID Navigator of patient's request for admission to RVH for the provision of MAID to facilitate patient's wishes for DCD post MAID

Appendix III – Donation after Death by DCD Post MAID Process

- Provide MAID Navigator with copies of Clinician Aid A, B, C and all accompanying documentation
- Initiate and sign the RVH MAID preprinted order set
- Initiate and sign appropriate requisitions required for TGLN testing to determine eligibility for donation
- Attend all additional required meetings
- Provide patient flow with required information to facilitate direct admission at least 48 hours prior to admission
- Communicate date and time of admission with patient and family

Prior to admission, MAID Navigator shall:

- Arrange for DCD MAID team meeting
- Request arrangement of Administrative Review Meeting (if required)
- Wherever possible meet with patient and family prior to admission to RVH
- Attend all additionally required meetings
- Notify Patient Flow and accepting unit manager of plan for admission patient on chosen date
- Assist MRP and TGLN coordinator with arranging for required testing to determine eligibility (to be completed at RVH whenever possible) prior to admission
- Assist with planning and communication for admission for DCD post MAID
- Notify security of date and time for MAID and request support with transfer to the OR post MAID procedure for the purpose of DCD as per standard practice
- Arrange for SW and Spiritual Care supports as needed.

HDP shall:

- Initiate and sign the DCD Pre-Printed Order set
- Communicate with OR and/or OR Manager regarding the chosen date and time for MAID to arrange for OR support for DCD
- Ensure requirements as identified on the Physician Communication Suitability Screening tool for referral from community has been completed
- Schedule and facilitate all required meetings specifically related to DCD process.

TGLN coordinator shall:

- Participate in DCD MAID team meeting,
- Advise MRP and MAID Navigator of TGLN requirements
- Process and communication with patient as appropriate

Appendix IV – Physician Communication Suitability Screening Tool

Dear Dr. _____ Date: _____
 Your patient _____ has consented to organ donation following their MAID procedure. Please arrange to have the following tests completed prior to their hospital admission. Do not hesitate to contact _____ at _____ if you have any questions.

Monitoring

- Weight: _____ kg
- Most recent documented vital signs (blood pressure and heart rate)
 BP _____/_____ HR _____

Laboratory Investigations

- Date and time of last resulted blood work: _____
- Blood for Serology and Human Leukocyte Antigen (only to be collected after consult with Trillium Gift of Life Network)

Hematology, Coagulation, Blood Bank

- CBC APTT INR Group and Screen (including subtype)

Chemistry

- | | | | |
|---------------------------------------|--|----------------------------------|---|
| <input type="checkbox"/> Electrolytes | <input type="checkbox"/> Protein Total | <input type="checkbox"/> Albumin | <input type="checkbox"/> Bilirubin (total & direct) |
| <input type="checkbox"/> Creatinine | <input type="checkbox"/> Calcium | <input type="checkbox"/> ALT | <input type="checkbox"/> Lactate |
| <input type="checkbox"/> Glucose | <input type="checkbox"/> Magnesium | <input type="checkbox"/> AST | <input type="checkbox"/> Lipase |
| <input type="checkbox"/> BUN | <input type="checkbox"/> Phosphate | <input type="checkbox"/> ALP | <input type="checkbox"/> Amylase |
| <input type="checkbox"/> LDH | <input type="checkbox"/> GGT | | |
| <input type="checkbox"/> Urinalysis | <input type="checkbox"/> Urine albumin to creatinine ratio | | |

Microbiology, Virology

- Blood C&C | Urine C&S

Additional Lab Orders

- _____
- _____

Diagnostic Tests

- Chest x-ray
- Abdominal ultrasound
 - Assess kidney size, cortical thickness, presence of cysts, doppler flow
 - Assess liver size, presence of cirrhosis and/or steatosis

Appendix V – MAID Administrative Review Form

Patient Information		
Patient's Name: (Last, First)	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	Date of Birth:
MRP	V#	AC #

The Administrative Team below has reviewed the request to proceed with MAID for the above named patient at RVH. The team decision is to:

Proceed

Declined

NAME	TITLE	DATE	SIGNATURE