



NORTHUMBERLAND HILLS  
HOSPITAL  
**ADMINISTRATIVE MANUAL**

CATEGORY: **Quality & Risk Management**  
ISSUED BY: **Medical Advisory Committee**  
APPROVED BY: **Medical Advisory Committee**  
DATE OF ISSUE: **August 2017**

NUMBER: X-021  
VERSION: 2nd  
Page 1 of 20

---

**MEDICAL ASSISTANCE IN DYING (MAiD) POLICY**

**SCOPE**

This policy applies to patient inquiries or requests for Medical Assistance in Dying (MAiD) from patients receiving care at Northumberland Hills Hospital. This policy does not apply to situations other than MAiD and is separate and distinct from withholding or withdrawing treatment, palliative care and palliative sedation.

**POLICY**

**It is the policy of Northumberland Hills Hospital (NHH) that:**

- We support patient centered care and acknowledge the right of eligible patients to choose MAiD as one legal option.
- Healthcare providers (HCP) have an ethical and legal obligation to respond to a patient's inquiry or request for MAiD and to do so in a respectful, compassionate, and timely manner.
- Individual healthcare providers have the right to conscientiously object to the provision of MAiD in accordance with any requirements outlined in law and their professional regulatory standards (i.e. CPSO, CNO, CPhO) <sup>1</sup>
- Given the sensitivity and complexity of MAiD, the NHH MAiD Support Team will support all healthcare providers involved.
- Patients that are deemed ineligible for MAiD will continue to receive appropriate and high-quality care that meets their needs.
- There is a commitment to providing ongoing education and support to all healthcare providers.
- The TGLN Act sets out requirements for hospitals including Routine Notification which means that designated facilities are required, by law, to call Trillium Gift of Life Network (TGLN) to report deaths or imminent deaths. When a patient has submitted

---

<sup>1</sup> See preamble of Bill C-14, An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying); see also the *Criminal Code* "For greater clarity, nothing in this section compels an individual to provide or assist in providing medical assistance in dying" (s241.2(9)).

a written application and one Medical Practitioner or Nurse Practitioner has confirmed the patient meets the eligibility requirements for MAiD, they are deemed an imminent death. The notification to TGLN ensures that eligible patients are offered the opportunity to be an organ and/or tissue donor with sufficient time to incorporate donation into their end of life care plan. Whenever possible, the TGLN coordinator will discuss donation opportunities with the patient (TGLN, 2018).

- The eligible patient's room location and unit/department will be changed as little as possible and a private room will be provided as soon as possible.
- Continuity in care providers will be promoted as much as possible.
- Every effort will be made for 1:1 nursing support on the day of the MAiD procedure.

## **DEFINITIONS**

**Medical Assistance in Dying (MAiD):** the administering by a MD/NP of a substance to a patient, at their request, that causes their death; or the prescribing or providing by a MD/NP of a substance to a patient, at their request, so that they may self-administer the substance and in doing so cause their own death (*Criminal Code* s.241.1(a)-(b)).

**Medical Doctor (MD):** means a person who is entitled to practice medicine in the province of Ontario (*Criminal Code* s.241.1).

**Canadian Medical Protective Association (CMPA):** A mutual defense organization for physicians who practice in Canada. Its mission is to protect a member's integrity by providing services including legal defense, indemnification, risk management, educational programs and general advice.

**Conscientious Objection:** When an individual health care provider (HCP) elects not to participate in MAiD due to matters of personal conscience. The level of comfort and support an individual provider may or may not be willing to provide will likely vary in scope. For example, individual HCP may be comfortable supporting a range of activities such as having an exploratory discussion with the patient or providing a second medical opinion but are not willing to prescribe or administer, while other individual HCP may wish to limit their involvement in MAiD to the full extent permitted by their professional regulatory colleges (University of Toronto Joint Centre for Bioethics MAiD Implementation Task Force, 2016).

**Most Responsible Provider (MRP):** The medical practitioner who is accountable for the medical management of that patient and thus plays a key role throughout the decision-making process and provision of care. The MRP may or may not be the MD/NP that facilitates MAiD for an eligible patient but may be an initial point of contact to receive an inquiry or request for MAiD.

**Nurse Practitioner (NP):** means a registered nurse who, under Ontario law, is entitled to practice as a nurse practitioner and to autonomously make diagnoses, order and interpret diagnostic tests, prescribe substances and treat patients (*Criminal Code* s.241.1).

**Patient:** patient refers broadly to any inpatient or outpatient at an acute care organization.

**NHH MAiD Support Team:** An interprofessional team comprised of individuals internal to NHH that is responsible for the coordination and oversight of the MAiD process as well as the support of the patient, family, staff and physicians involved. Membership will include:

- **MAiD MD/NPs** – responsible for the independent assessments of eligibility for MAiD, planning for and the provision of MAiD, completing all necessary documentation, and participating in any post-MAiD debriefs.
- **Patient Care Manager/Program Director** (PCM, PD, associated with the patient requesting MAiD) – supports the overall coordination and oversight of the MAiD process in accordance with the policy/procedure/legislation, from the initial request to the debrief following the provision of MAiD. The PCM/PD will support the patient and clinical team in facilitating appropriate care assignments, private patient rooms, etc. The PCM/PD will notify the VP of Patient Services/Chief Nursing Executive, Director of Quality and Safety, and Chief of Staff.
- **Nurse** – The identified primary nurse will support the MAiD MD/NP in the provision of MAiD and provide support to the patient/family in collaboration with the MAiD Support Team. As per the College of Nurses of Ontario and legislation, RN or RPNs cannot administer medications for the provision of MAiD.
- **Access and Patient Flow Specialist** – responsible for assisting in the coordination of care, assisting with bed allocation and supporting the patient's transition home if they chose to have MAiD at home, etc.
- **Professional Practice** – responsible for supporting the PCM/PD in the coordination/oversight of the MAiD process, supporting staff to meet their professional obligations when a patient makes an inquiry/request for MAiD, can act as independent witnesses for the written request, participate in the MAiD debrief if needed, etc.
- **Pharmacy** – responsible for collaborating with the MD/NP as early as possible to ensure that eligible patients are able to access required medications and supplies in a timely manner.
- **Social Work**- may be involved on an as needed basis to support the patient and family throughout the process if it meets the patient/family's needs and within the extent of their scope of practice/college standards.
- **Spiritual Care Providers**- may be involved on an as needed basis with the consent of the patient to discuss the patient's existential/spiritual angst and concerns, any unmet needs, feelings and desires about their care; and continuing to provide care and support to patient/family members and staff before, during and after MAiD has occurred (Canadian Association of Spiritual Care, 2016).

Other activities of the MAiD Support Team may include:

- Leading development of clinical and administrative processes to implement MAiD
- Supporting the patient and family through the process
- Reviewing documentation of a patient's MAiD eligibility assessment
- Retrospective review of documentation for quality improvement purposes
- Facilitating post-MAiD debriefs

**Palliative Care:** aims to provide comfort and dignity for the patient living with the illness, as well as the best quality of life for the patient and family. An important objective of palliative care is relief of pain and other symptoms. Palliative care meets not only physical needs, but also psychological, social, cultural, emotional and spiritual needs of each patient and family. (Definition adapted from the Canadian Hospice Palliative Care Association, 2016).

**Palliative Sedation Therapy:** is the continuous use of sedation until the patient's death. It is an intervention to relieve suffering that is intolerable and refractory to the usual treatments for symptom management of the imminently dying patient (Adapted from Sunnybrook's Palliative Care Unit Palliative Sedation Clinical Practice Guideline, 2015).

### **ELIGIBILITY & PROCEDURES FOR OBTAINING MAID AS PER BILL C-7**

#### **MAiD Eligibility Criteria:**

**In order to be eligible for medical assistance in dying, the patient must meet all of the following criteria. The patient must:**

- be eligible for health services funded by the federal government, or a province or territory (or during the applicable minimum period of residence or waiting period for eligibility)
  - generally, visitors to Canada are not eligible for medical assistance in dying
- be at least 18 years old and mentally competent
- have a [grievous and irremediable medical condition](#)
- make a voluntary request for MAiD that is not the result of outside pressure or influence
- give [informed consent](#) to receive MAiD

#### ***Grievous and irremediable medical condition***

To be considered as having a grievous and irremediable medical condition, the patient must meet **all** of the following criteria. The patient must:

- have a serious illness, disease or disability (excluding a mental illness until March 17, 2023)
- be in an advanced state of decline that **cannot** be reversed
- experience unbearable physical or mental suffering from their illness, disease, disability or state of decline that **cannot** be relieved under conditions that the patient considers acceptable

The patient does **not** need to have a fatal or terminal condition to be eligible for medical assistance in dying.

Patients whose **only** medical condition is a mental illness, and who otherwise meet all eligibility criteria, will not be eligible for MAiD until March 17, 2023.

### **Informed consent**

To be eligible, the patient must provide informed consent to their practitioner. This means they have consented to MAiD **after** they have received all of the information they need to make their decision, including:

- their medical diagnosis
- available forms of treatment
- available options to relieve suffering, including palliative care

The patient must be able to give informed consent both:

- at the time of their request
- immediately before MAiD is provided unless special circumstances apply (see [Waiver of Final Consent](#)- linked here or outlined below).

They can withdraw their consent at any time and in any manner.

### **Mental illness and MAiD**

If the patient has a mental illness as their **only** medical condition, the patient is **not** eligible to seek medical assistance in dying. Under the new changes made to the law, Canadians who fall under this category are excluded from seeking MAiD. This exclusion remains in effect until March 17, 2023.

This temporary exclusion allows the Government of Canada more time to consider how MAiD can safely be provided to those whose only medical condition is mental illness.

To support this work, the government will initiate an expert review to consider protocols, guidance and safeguards for those with a mental illness seeking MAiD and will make recommendations within a year (by March 17, 2022).

After March 17, 2023, people with a mental illness as their sole underlying medical condition will have access to MAiD if they are eligible and the practitioners fulfill the safeguards that are put in place for this group of people.

If the patient has a mental illness along with other medical conditions, they may be eligible to seek MAiD.

Eligibility is always assessed on an individual basis, looking at all of the relevant circumstances. However, the patient must meet all the [criteria to be eligible for medical assistance in dying](#).

**Procedural Safeguards – Requests where natural death is not reasonably foreseeable:**

If the practitioners assessing the patient's request for MAiD determine that [the patient's death is not reasonably foreseeable](#), there are added safeguards that **must** be met for the patient to be eligible to receive MAiD:

1. One of the two practitioners who provides an assessment must have expertise in the medical condition that is causing the patient's unbearable suffering.
  - If neither of these practitioners have this expertise, another practitioner with expertise in the patient's medical condition that is causing the suffering **must** be consulted in the assessment process.
2. The patient must be informed of available and appropriate means to relieve their suffering, including counselling services, mental health and disability support services, community services, and palliative care, and the patient must be offered consultations with professionals who provide those services.
3. Practitioners must discuss reasonable and available means to relieve the patient's suffering, and **all** agree that those means have been seriously considered.
4. The eligibility assessment **must take a minimum of 90 days** unless the assessments have been completed sooner and the patient is at immediate risk of losing capacity to consent.
5. Immediately before MAiD is provided, the practitioner must give the patient an opportunity to withdraw their request and ensure express consent to receive MAiD.

**Independent (Eligibility Assessments):**

Requests for MAiD must be assessed by two independent practitioners.

The patient's physician or nurse practitioner must make sure that the patient is eligible to receive medical assistance in dying according to all of the listed criteria.

A second physician or nurse practitioner must also provide a written opinion confirming eligibility.

The physician or nurse practitioner providing the original assessment and the one giving the second opinion **must** be independent.

To be considered independent means that neither of them:

- holds a position of authority over the other
- could knowingly benefit from the patient's death
- is connected to the other or to the patient in a way that could affect their objectivity

**Written Request for MAiD**

A written request (can be facilitated by Clinician Aid A) for MAiD **must include** the patient's signature confirming request for MAiD. If patient is unable to write, another adult can sign the request on their behalf under their clear direction. This adult must:

- be at least 18 years of age
- understand what it means to request MAiD
- not benefit from the patient's death (for example, they must not be an heir to their estate)

The written request must be signed and dated before **one independent witness**, who must also sign and date the request.

### **Independent Witness**

The role of the independent witness is to confirm to the signing and dating of the request by the person requesting MAiD and that they understand what they are signing.

An independent witness must be at least 18 years of age and understand what it means to request MAiD.

An independent witness can be a paid professional personal or health care worker.

To be considered independent means that the witness **cannot**:

- benefit from the patient's death
- be an owner or operator of a health care facility where the patient lives or is receiving care
- be an unpaid caregiver

### **Final Consent**

Immediately before MAiD is provided, the patient must be given the opportunity to withdraw consent, and must affirm that they consent to receive MAiD. An exception to this requirement is possible in the case of people whose deaths are reasonably foreseeable (see [Waiver of Final Consent](#)).

### **Waiver of Final Consent**

On March 17, 2021, changes to the legislation on medical assistance in dying allow patients to 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 and approved to receive MAiD
  - their practitioner advised that they are at risk of losing capacity to provide final consent
  - they made a written arrangement with their practitioner in which they consent in advance to receive MAiD on their chosen date if they no longer have capacity to consent on that date

Any arrangement for the waiver of final consent will be considered **invalid** if, at the time that MAiD is to be provided, they no longer have capacity **and** they demonstrate 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**.



**PROCEDURE**

1. **Patient makes an inquiry or request for MAiD** to an interprofessional team member.

**NOTE:** If the HCP conscientiously objects to MAiD, their professional obligation is to respond respectfully and without judgment to the inquiry/request and refer as outlined below.

2. **Clarify request.** “What I am hearing you say...” Communicate to the patient that their MRP will be notified to have a discussion with them.

3. **Notify MRP same day.**

4. **Document the patient inquiry/request** in the patient health record and include date and time MRP notified.

5. **Contact Patient Care Manager/Program Director and advise them of the inquiry/request for MAiD, providing the patient’s name and room number.**

**NOTE:** If the HCP conscientiously objects, please refer to the appropriate Professional College Standards and involve other team members. Continue to provide professional, compassionate, quality care as defined in the patient’s care plan until care can be reassigned as appropriate.

6. **MRP to discuss patient inquiry/request and provide all options for care.**

**NOTE:**

If the MRP believes they do not have the required skills or conscientiously objects to MAiD, the MRP will act in accordance with Ontario legislation and their Professional College’s requirements (See: [CNO](#), [CPSO](#)).

The initial discussion between MRP and patient should:

- Explore patient’s motivation for inquiring/requesting MAiD;
- Establish if the patient does in fact have a grievous and irremediable condition and disclose this to the patient;
- Ensure all other alternatives for care, e.g. palliative care, palliative sedation, withdrawal of treatment, symptom management etc. and likely associated outcomes have been explored with the patient;
- Consider the urgency of the patient’s condition (e.g. is the patient’s death or loss of capacity imminent?);
- Ensure the perspectives of all appropriate individuals (with the patient’s consent) are heard;
- Consider input from ethics, legal, and/or spiritual care;
- Include providing the patient with the [Ministry of Health and Long-Term Care Patient Information Booklet called Medical Assistance in Dying](#).



7. **Patient identifies their wish to pursue MAiD.** The MRP is to contact the PCM/PD and refer to a MAiD MD/NP. The PCM/PD will then contact the MAiD Support Team.

8. **Written Request**

Patient signs the written request according to the *Criminal Code* documentation requirements which includes one independent witness (see definition above for those who can act in this capacity). It is recommended MOHLTC's Clinician Aid A - Patient Request for Medical Assistance In Dying form (available [here](#)) is used to ensure the necessary documentation is in place.

9. **Initiate Documentation Checklist (Appendix A)**

10. **Clarifying Eligibility Determination**

Following the independent witnessed MAiD written request, 2 Eligibility Assessments for MAiD are completed by 2 independent Medical Doctors (MD)/Nurse Practitioner (NP). Documentation can be supported through the use of MOHLTC's Clinician Aid B and C (available [here](#)). The patient must be informed of their right to withdraw their request for MAiD at any time.

**Requests where natural death is not reasonably foreseeable:**

If the practitioners assessing the request for MAiD determine that [death is not reasonably foreseeable](#), there are added safeguards that **must** be met to be eligible to receive MAiD:

- One of the two practitioners who provides an assessment must have expertise in the medical condition that is causing the patient's unbearable suffering.
  - If neither of these practitioners have this expertise, another practitioner with expertise in the medical condition that is causing the patient's suffering **must** be consulted in the assessment process.
- The patient must be informed of available and appropriate means to relieve their suffering, including counselling services, mental health and disability support services, community services, and palliative care, and they must be offered consultations with professionals who provide those services.
- The patient and their practitioners must have discussed reasonable and available means to relieve the patient's suffering, and **all** agree that they have seriously considered those means.
- The patient's eligibility assessment must take a minimum of 90 days unless the assessments have been completed sooner and they are at immediate risk of losing their capacity to consent.
- Immediately before MAiD is provided, the practitioner must give the patient an opportunity to withdraw their request and ensure that they give express consent to receive MAiD.

**If patient is deemed ineligible for MAiD, the MD/NP should:**

- Provide the patient an explanation regarding their ineligibility.
- Inform the patient of option to consult another MD/NP to reassess eligibility. The

MD/NP should reasonably assist in identifying another MD/NP to do the assessment.

- Repeat discussion of alternatives for care.

## **11. Planning for provision of MAiD to an eligible person**

### **Patient and Family Components:**

The MAiD MD/NP will:

- Inform the patient of the MAiD process involved, particularly of their ability to decline MAiD at any point, and ensure the patient is aware of which MD/NP will be performing the procedure.
- Explore patient's preference and options for the setting for MAiD and end of life plan, e.g. hospital or community, identify who the patient would like to have in the room during provision of MAiD and options for a holistic experience, e.g. music, pets, etc.
  - If the patient wishes to be an organ or tissue donor, this may affect the setting in which MAiD can be provided in order to facilitate organ or tissue retrieval. A hospital setting for MAiD is required for organ donation (TGLN, 2016).
- Educate patient, family members and any other persons who will be present what to expect during the provision of MAiD.

### **Process Components:**

The health care team and the MAiD Support Team, in collaboration with the patient and family, will:

- Ensure the primary nurse calls Trillium Gift of Life Network as part of routine notification for organ and / or tissue donation eligibility (mandatory as a designated facility). This should occur as soon as the patient's eligibility for MAiD has been confirmed by one Medical Practitioner or Nurse Practitioner (completion of Clinician Aid B). Form 1085 (TGLN Routine Notification Worksheet for MAiD Provision) should be completed prior to the call. Please ensure the TGLN number is documented in the patient's chart. If eligibility for organ or tissue donation is established, a TGLN Coordinator will discuss donation opportunities with the patient/family when appropriate. If consent is obtained, the TGLN Coordinator will work with the patient/family and hospital to arrange further testing and recovery as appropriate.
- Identify date/time/setting for provision of MAiD.
- Ensure private room is made available to patient. To support person-centered care, every effort will be made to provide MAiD on the unit on which the patient is being cared for with the goal of moving the patient as little as possible.
- Identify/confirm the MAiD MD/NP who will provide MAiD (as per MOHLTC Aid B).
- Identify/confirm which interprofessional team members are willing to support provision of MAiD to eligible patient.
- Identify which HCP is willing and available to insert the appropriate type of vascular access (e.g. peripheral or central line) to administer the medication, if required, and

that the HCP facilitating vascular access is aware of its intended use. Vascular access resources at NHH include nurses, the MD/NP, and anaesthetist (in the case of difficult IV access).

- Inform pharmacist that the medication is intended for the purposes of MAiD. Use [MAiD Order Set #1112](#). Send medication orders to Pharmacy as soon as they are signed to facilitate timely preparation of the kits.
- Disclose to patient/family the requirement to report to the Chief Coroner.

## **12. Provision of MAiD at NHH**

- It is the policy of NHH that any and all health practitioners who are willing to provide medical assistance in dying (MAiD) at this Hospital demonstrate the professional competence to do so. Physicians and NPs who intend to provide MAiD at NHH are required to sign the MAiD Provider Attestation Document. In the case of physicians and NPs who are not hospital employees, the Attestation Document is retained along with other credentialing documents with oversight from the Credentialing Committee. If the NP is a hospital employee, the Attestation Document is retained by the office of the Chief Nurse Executive.
- The Primary MAiD MD/NP who will be providing MAiD reaffirms that the patient is capable of making decisions related to their health, including the request and consent to proceed with MAiD
- Immediately before administering the medication, the Primary MAiD MD/NP confirm the following:
  - The patient is capable and wishes to proceed with MAiD OR see process above for Waiver of Final Consent.
  - Required MAiD and clinical documentation has been completed.
    - For MDs, refer to CPSO's MAiD policy documentation requirements section. This references the College's Medical Records Policy which establishes physicians' professional and legal obligations with respect to medical records.

## **13. Post MAiD Provision**

- Complete documentation and any necessary reporting requirements. Under Section. 10 of the Coroners Act, MAiD deaths are required to be reported to the Office of the Chief Coroner, unless a court orders otherwise.
- Members of the MAiD Support Team will debrief with the interprofessional team members involved, and other relevant individuals if needed to provide support and identify any opportunities for improving the process. An additional debrief should be offered for the family involved. See Appendix C for MAiD debrief template. The results from the MAiD debrief will be provided to the VP Patient Services and CNE and the Director Quality and Safety who will review the feedback to identify any issues or recommended actions from the team in support of quality improvement.
- Identify resources that health care providers may access to obtain additional support

(e.g. Employee And Family Assistance Program [EFAP]).

**REFERENCES:**

Government of Canada (2021). Medical assistance in dying.

<https://www.canada.ca/en/health-canada/services/medical-assistance-dying.html#:~:text=On%20March%2017%2C%202021%2C%20the%20Government%20of%20Canada,and%20reporting%20regime.%20Read%20the%20amended%20MAiD%20law>

College of Nurses of Ontario (2016). Guidance on Nurses' Roles in Medical Assistance in Dying. Retrieved from <http://www.cno.org/globalassets/docs/prac/41056-guidance-on-nurses-roles-in-MAiD-july-4-vfinal.pdf>

College of Physicians and Surgeons of Ontario. (2016) Retrieved from <http://www.cpso.on.ca/CPSO/media/documents/Policies/Policy-Items/medical-assistance-in-dying.pdf?ext=.pdf>

Center for Effective Practice. Medical Assistance in Dying (MAiD): Ontario. Retrieved from: <https://thewellhealth.ca/MAiD/>

Trillium Gift of Life Network (TGLN).(2018). Organ and Tissue Donation Following Medical Assistance in Dying: Program Development Toolkit. [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)

**RELATED POLICIES AND FORMS**

MAiD Order Set Form #1112 <http://infoweb.nhh.local/Forms/Published%20Library/1112.pdf>

Consent to Treatment Policy  
<http://infoweb.nhh.local/Policies%20and%20Procedures/Published%20Library/Consent%20to%20Treatment%20Policy.pdf>

Trillium Gift of Life Routine Notification Form. Form # 1061  
<http://infoweb.nhh.local/Forms/Published%20Library/1061.pdf>

NHH Provider Attestation Document

TGLN Routine Notification Worksheet for MAiD Provision Form #1085

**REVIEWED (r) REVISED (R)**

(R) APRIL 2021

Appendix A: MAiD Documentation Checklist

MAiD Documentation Checklist	DATE	TIME	INITIAL
<p><b>Patient Inquiry</b></p> <p><input type="checkbox"/> Date of patient's initial inquiry</p> <p><input type="checkbox"/> Date and details of discussion to understand the exact nature of the patient's request</p> <p><input type="checkbox"/> MRP informed patient of all available alternate treatment and care options, including palliative care</p>	<p>___/___/___</p> <p>___/___/___</p> <p>___/___/___</p>		
<p><b>Patient Consent Obtained to Discuss MAiD with Family and Next of Kin</b></p>	<p>___/___/___</p>		
<p><b>Conscientious Objection and Patient Referral (if applicable)</b></p> <p><input type="checkbox"/> The HCP is required to make an effective referral in accordance with Ontario legislation and their Professional College Standards</p> <p><input type="checkbox"/> All relevant patient records transferred by the referring Clinician (include name and contact information of referring Clinician)</p>	<p>___/___/___</p> <p>___/___/___</p>		
<p><b>Formal Written Request for MAiD</b></p> <p><input type="checkbox"/> Written request completed, signed, dated by the patient (Clinician Aid A)</p> <p><input type="checkbox"/> Signed and dated by independent witness (confirm criteria for independent witness has been met)</p> <p><input type="checkbox"/> Request transcribed on patient's behalf (if unable to write)</p> <p><input type="checkbox"/> Request signed and dated on patient's behalf (if unable to sign)</p>	<p>___/___/___</p> <p>___/___/___</p> <p>___/___/___</p> <p>___/___/___</p>		
<p><b>Routine Notification for Donation Eligibility</b></p> <p><input type="checkbox"/> Document notification of Trillium Gift of Life Network (TGLN) **should occur after completion of Clinician Aid B**</p>	<p>___/___/___</p>		

**NOTE:** This is a CONTROLLED document as are all management system files on this server. Any documents appearing in paper form are not controlled and should ALWAYS be checked against the server file versions (electronic version) prior to use.

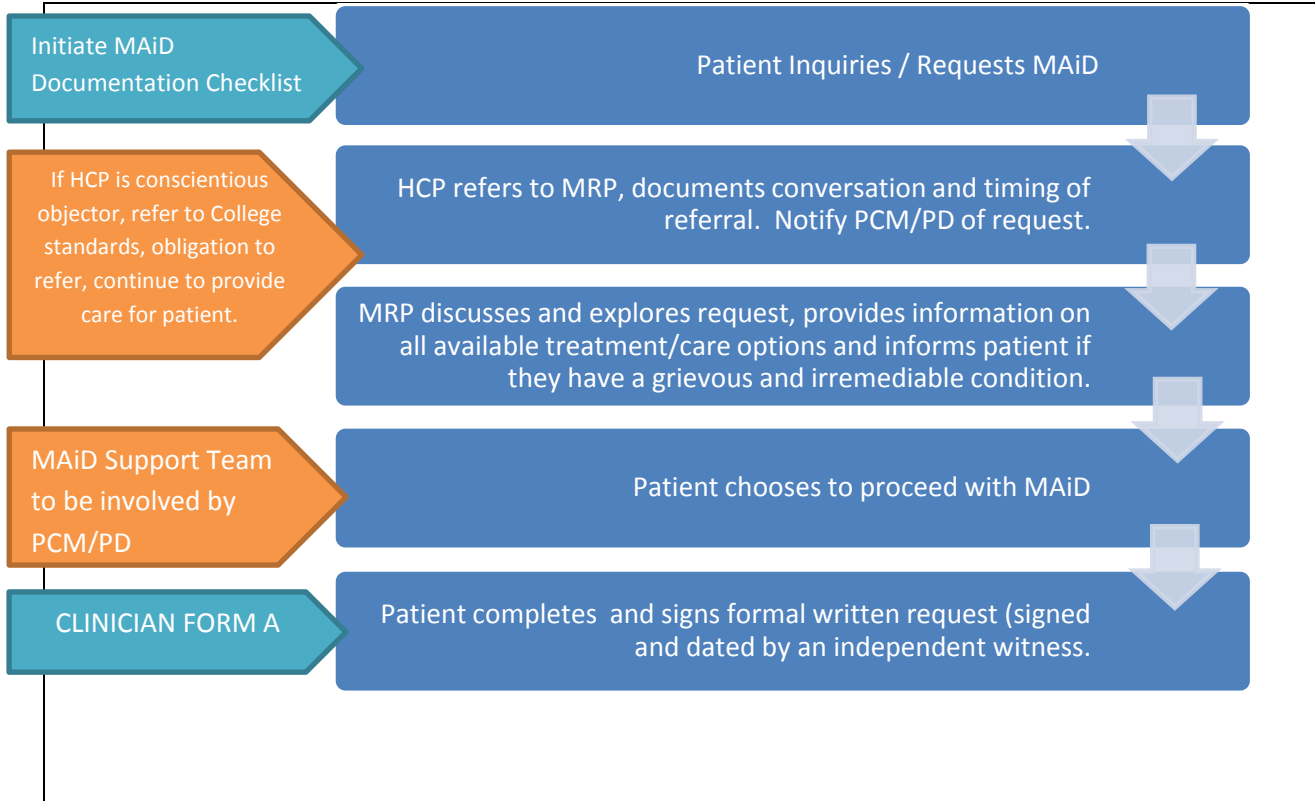
<p><b>Eligibility Assessments: Completed by Two Independent Clinicians</b></p> <p><input type="checkbox"/> Details and results of eligibility assessments</p> <ul style="list-style-type: none"> <li>• Clinician Aid B</li> <li>• Clinician Aid C</li> <li>• Document all consults (e.g., capacity assessments)</li> <li>• All eligibility criteria are met</li> </ul> <p><i>Include dates of assessments, the names of Clinicians who completed the assessments, and confirmation that criteria for independence has been met</i></p>	<p><b>DATE</b></p> <p>____/____/____</p> <p>____/____/____</p>	<p><b>TIME</b></p>	<p><b>INITIAL</b></p>
<p><b>Details of MAiD Care Plan</b></p> <p><input type="checkbox"/> PCM/PCD and MAiD Support Team involved</p> <p><input type="checkbox"/> Members of the care team identified and briefed</p> <p><input type="checkbox"/> Document consent provided for inclusion of family/caregivers</p> <p><input type="checkbox"/> Time and place of MAiD</p> <p><input type="checkbox"/> Pharmacist Notified – MAiD Order Set</p> <p><input type="checkbox"/> Vascular access obtained</p>	<p><b>DATE</b></p> <p>____/____/____</p> <p>____/____/____</p> <p>____/____/____</p> <p>____/____/____</p> <p>____/____/____</p> <p>____/____/____</p>	<p><b>TIME</b></p>	<p><b>INITIAL</b></p>
<p><b>Patient and Family Meeting Prior to MAiD Procedure</b></p> <p><input type="checkbox"/> MRP had discussion with patient (and family, with consent) to prepare them for provision of MAiD</p>	<p><b>DATE</b></p> <p>____/____/____</p>	<p><b>TIME</b></p>	<p><b>INITIAL</b></p>
<p><b>Notification and Reporting of Death</b></p> <p><input type="checkbox"/> Office of Chief Coroner notified: Tel: 416-314-4000</p> <p><input type="checkbox"/> Patient's complete medical record provided to the Office of the Chief Coroner. Fax: 416-848-7791</p>	<p><b>DATE</b></p> <p>____/____/____</p> <p>____/____/____</p>	<p><b>TIME</b></p>	<p><b>INITIAL</b></p>

**NOTE:** This is a CONTROLLED document as are all management system files on this server. Any documents appearing in paper form are not controlled and should ALWAYS be checked against the server file versions (electronic version) prior to use.



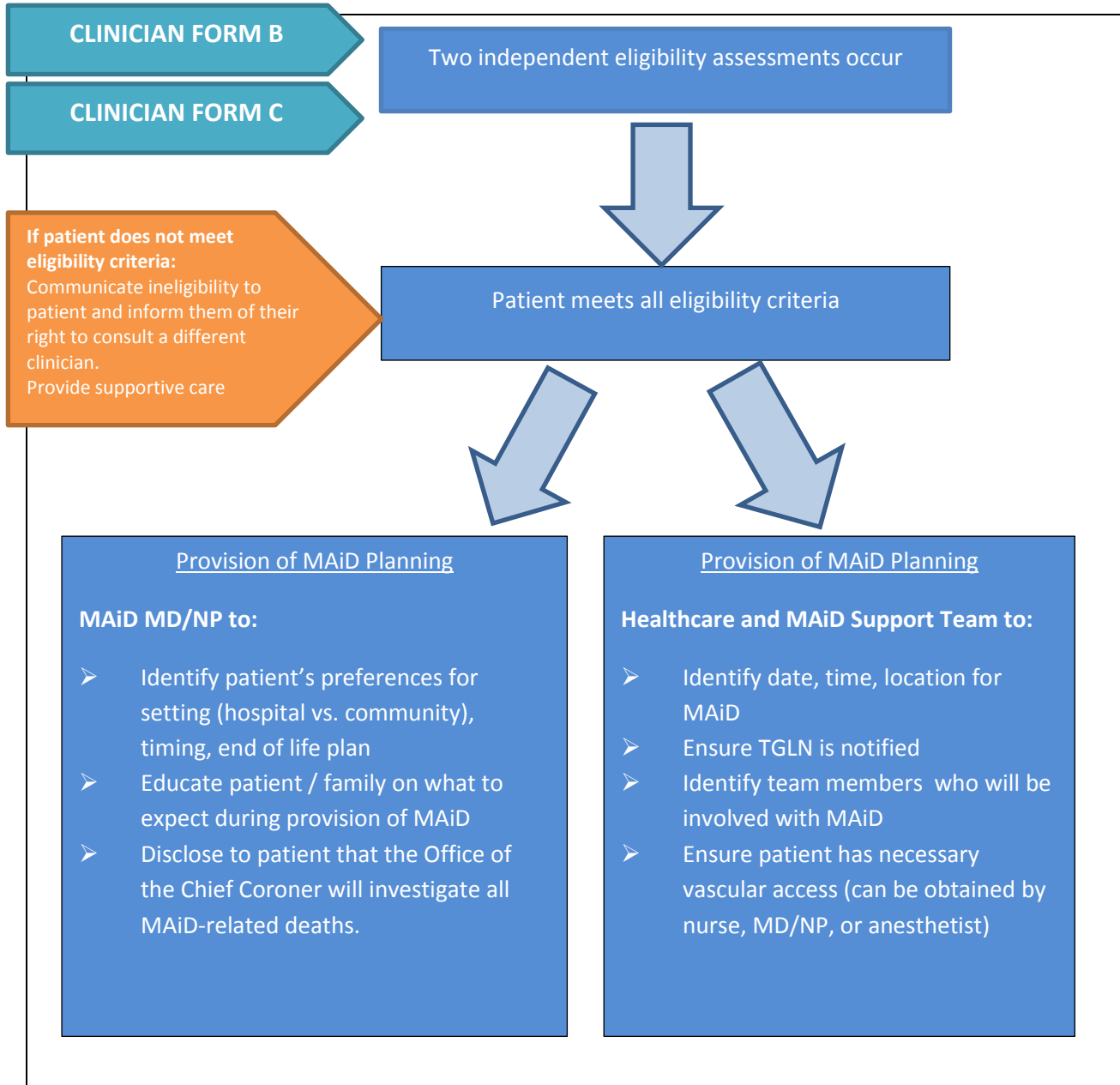
Appendix B: MAiD Process

**PATIENT INQUIRY**



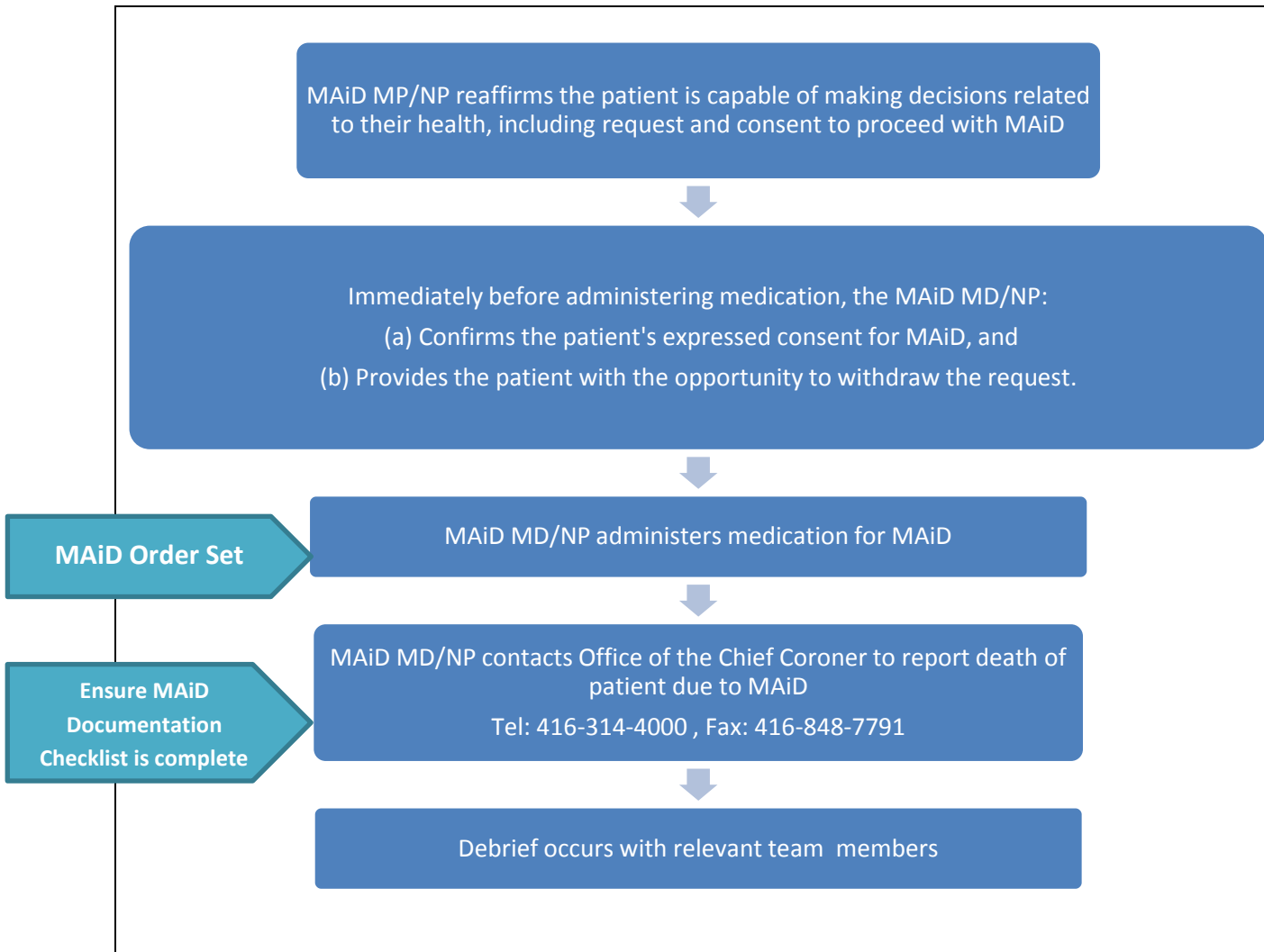
**NOTE:** This is a CONTROLLED document as are all management system files on this server. Any documents appearing in paper form are not controlled and should ALWAYS be checked against the server file versions (electronic version) prior to use.

## ELIGIBILITY ASSESSMENT & PLANNING



**NOTE:** This is a CONTROLLED document as are all management system files on this server. Any documents appearing in paper form are not controlled and should ALWAYS be checked against the server file versions (electronic version) prior to use.

## PROVISION OF MAiD



Appendix C:



## **MAiD Clinical Team Debrief**

### **DE-BRIEFING GROUND RULES**

#### **The team commits to:**

- Keeping the de-briefing discussion confidential
- Being respectful of each other's views and perspectives
- Support the psychological wellbeing of those at the meeting
- Support a no-blame culture by focusing on processes
  - Being non-judgmental

**Date:**

**Location:**

**Attendees:**

**Facilitated by:**

**Recorder:**

### **PROCESS**

In the spirit of *'Continuous Quality Improvement'* after an event, all relevant team members meet to consider, reflect and discuss the following:

### **DE-BRIEFING QUESTIONS**

**1. How is everyone feeling?**

**2. What went well and why?**

**3. Were any challenges experienced or observed? What could have been done differently? Is a process change needed?**

**NOTE:** This is a CONTROLLED document as are all management system files on this server. Any documents appearing in paper form are not controlled and should ALWAYS be checked against the server file versions (electronic version) prior to use.

*The NHH MAiD Steering Committee will meet quarterly to review information and recommendations from debriefs, in order to identify themes or trends requiring significant changes to policy and procedure or other decisions. If there are matters requiring immediate attention please identify action, timeline, and accountability for follow up.*

<i>Category</i>	<i>Description</i>	<i>For immediate follow up? Y/N</i>	<i>Action</i>
<b>Equipment</b>			
<b>Human Factors</b>			
<b>Training</b>			
<b>Environmental Factors</b>			
<b>Information or Communication</b>			
<b>Other</b>			

**NOTE:** This is a CONTROLLED document as are all management system files on this server. Any documents appearing in paper form are not controlled and should ALWAYS be checked against the server file versions (electronic version) prior to use.