Huron Perth Healthcare Alliance		
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Policy Related Documents

1. Appendix A - Assessing Patient Inquiries and Requests for Medical Assistance in Dying Algorithm
2. Appendix B - Exploring a Patient's Motivation for Requesting Medical Assistance in Dying
3. Appendix C - Assessment of Capacity Tool
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SCOPE

This policy applies to Huron Perth Healthcare Alliance (HPHA)'s credentialed practitioners and staff responding to patient inquiries regarding and requests for medical assistance in dying.

Note: For the purposes of this policy:

- Physicians and Nurse Practitioners providing assessments to determine eligibility and administration of drugs for medical assistance in dying must have HPHA privileges and may not delegate these responsibilities to a medical resident or trainee. Temporary privileges may be coordinated through the office of the HPHA Administrative Assistant Medical Services, ext. 2428 (and in absence, Corporate Lead Medical Staff, ext. 2426).
- Prescription and administration of drugs for the purposes of medical assistance in dying for HPHA inpatients will be performed only by privileged physicians and nurse practitioners who have assessed the patient's eligibility for medical assistance in dying.
- When a patient inquires about or requests a medically assisted death, they should be asked if they would like to meet with a Spiritual Care Advisor.

POLICY

HPHA supports patient and family centred care and acknowledges the right of eligible patients to choose medical assistance in dying as a legal end of life option. When a patient makes an inquiry regarding or request for medical assistance in dying, assistance in dying is only one of several possible options that may be explored with the patient. HPHA will support the autonomy of patient choice and support patient dignity in the full range of patient care services. HPHA's Framework to Support Ethical Practice will be utilized as needed to support the patient and medical and administrative decision-making aspects of medical assistance in dying.

HPHA acknowledges the right of individual health care providers who support the provision of medical assistance in dying to do so in accordance with legislation, professional regulatory standards and this policy. Correspondingly, HPHA acknowledges and supports the ability of individual health care providers to conscientiously object (see Definitions – Appendix E) to participating in the provision of medical assistance in dying in accordance with any requirements outlined in legislation and professional regulatory standards. Both participating and conscientiously objecting health care providers must be treated in accordance with HPHA Code of Conduct and Conflict of Interest policies.

The intent for the treatment to result in the patient's death is unique in medical assistance in dying because death is intended. Medical Assistance in Dying is distinguished from other options such as palliative care, palliative sedation therapy, withholding or withdrawing treatment, or refusing treatment because death is not intended but may incidentally occur due to the patient's underlying condition.

This policy does not apply to situations other than medical assistance in dying and is separate and distinct from withholding or withdrawing treatment, palliative care, and palliative sedation (see Definitions – Appendix E).

With respect to legislation:

- Bill C-14:
  Physicians and other healthcare providers are legally permitted to assist in the death of a competent and consenting adult aged 18 years of age or older with a grievous and irremediable medical condition who is suffering intolerably and whose death is reasonably foreseeable.
- Criminal Code
  Amendments made to the Criminal Code, s.241(5.1) provide that no social worker, psychologist, or psychiatrist, therapist, medical practitioner, nurse practitioner or other health care professional (e.g. pharmacist) commits an offense if they provide information to a person on the lawful provision of medical assistance in dying.
- Bill 84 (Chapter 7 of the Statutes of Ontario. 2017) includes amendments to the *Excellent Health Care for All Act*, 2010:
  - To provide protection against litigation for care providers and for doctors, nurse practitioners and people assisting them for performing medical assistance in dying (This protection does not apply where negligence is alleged).
  - Medical Assistance in Dying does not negatively affect the individual's life insurance policy and may not be invoked as a reason to deny a right or refuse a benefit or any other sum which would otherwise be provided under a contract or statute.
- Bill C-7 (March 17 2021) is an amendment to C-14 and creates 2 sets of safeguards (i.e. Tracks) for medical assistance in dying:
  - Track 1 –Patients with a Reasonably Foreseeable Natural Death (RFND)
  - Track 2 – Patients without a Reasonably Foreseeable Natural Death (RFND)

Details regarding these Tracks are included in Procedure section.

Note: Mental Health as the sole condition is excluded as an eligible condition for medical assistance in dying; a review is anticipated sometime after March 2023.

GUIDING PRINCIPLES

The overarching guiding principles of this policy are as follows:

- Confidentiality will be maintained for any requests in order to protect patients, providers, and the hospital from unwanted media or public attention.
- HPHA will respond to inquiries regarding and requests for Medical Assistance in Dying in a timely manner.
- If the staff or physician receiving the inquiry regarding or request for Medical Assistance in Dying is not comfortable with responding or is a conscientious objector, they are to bring the inquiry or request to the attention of the Team Leader, unit Manager or Internal Resource Group (IRG).

- An individual is not compelled to provide or assist in providing medical assistance in dying.
- HPHA Internal Resource Group will serve as the patient access/conscientious objection infrastructure to support healthcare practitioners regarding involvement in medical assistance in dying to the extent they are comfortable.
- The MOH has established a Clinician Referral Support line to help Ontario clinicians arrange for assessment referrals and consultation for patients requesting medical assistance in dying: 1-844-286-4023. (see Definitions – Appendix E).
- If the person has difficulty communicating, all necessary measures must be taken to provide a reliable means by which the person may understand the information that is provided to them and communicate their decision. For patients for whom English is not their primary language, HPHA's language resource is available. (refer to Language and Translation Resources policy). HPHA will utilize the Ministry of Health Clinician Aid B and C forms for primary and secondary assessments. Patients are encouraged to use Clinician Aid A for their formal written request as it contains all required information. Completed forms will be included in the patient chart.
- When the patient requesting medical assistance in dying is not able to provide an authorized third person if required and/or an independent witness (see Definitions – Appendix E), HPHA staff may act in this capacity. A list of HPHA staff who volunteer to act in this capacity is available through the Stratford Hospital Switchboard. Staff who would like their names included on the list may contact the Administrative Assistant Medical Services (ext. 2438) or the VP People & Chief Quality Executive (ext. 8206).
- Patients who are deemed ineligible for medical assistance in dying will be supported in receiving alternative plans of care including palliation where appropriate.
- Direct admissions for medical assistance in dying will be admitted to an appropriate bed considering unit activity and available resources. Details regarding pre-registration and completion of the Medical Assistance in Dying Order Set (0DRME037M5) for direct admissions are outlined in section 9.
- For medically assisted deaths for patients discharged to the community, drug protocol to be used and drug availability should be confirmed as early in the process as possible with the respective pharmacy to facilitate timely access.
- HPHA will seek to collaborate with community and regional partners wherever possible to achieve patient-centred care.
- The date and time of the proposed medically assisted death must be confirmed with Pharmacy and the unit Team Leader/ Manager prior to confirming with the patient.
- Pharmacy should be given advance notice of a medically assisted death, even at the inquiry/request stage, as possible. Pharmacy requires 24 hours' notice between receiving the 3 completed Clinician Aid forms and Order Set and the administration of the medication.
- For patient safety and quality of care, HPHA will only administer medications for medically assisted death in the hospital setting through the intravenous route. Self-administration of oral medications by patients is not a viable option at this time as

appropriate medications are not currently available in Canada. Decisions related to how and where assistance in dying will occur will be reassessed on an ongoing basis as new information and resources become available

- Support of all health care providers at all stages of the process is essential.
- HPHA will provide ongoing education and support to healthcare practitioners who support the provision of medical assistance in dying as well as those who conscientiously object. HPHA will follow the ethical principles (see Definitions - Appendix E) of accountability, collaboration, dignity, equity, respect, transparency, fidelity, and compassion when assisting a patient through their decision-making process.

ELIGIBILITY

To be eligible for medical assistance in dying, patients must satisfy all of the following requirements:

- Be eligible for the Ontario Health Insurance Plan (OHIP); satisfy all eligibility requirements but for the 90 day waiting period.
- Be capable: (see Definitions- Capacity). The patient must be capable to make decisions with respect to their health throughout the process from request to provision of medical assistance in dying with exception of valid Waiver of Final Consent.
- Be an adult: as required by the *Criminal Code*, the patient must be eighteen years of age or older.
- Have a grievous and irremediable medical condition (including an illness, disease, or disability) that meets **all** of the following requirements;
    a) have a serious and incurable illness, disease, or disability; and
    b) are in an advanced state of irreversible decline in capability; and
    c) that illness, disease, disability or that state of decline causes them enduring physical or psychological suffering that is intolerable to them and that cannot be relieved under conditions that they consider acceptable.
- Be Voluntary: Patient's request for medical assistance in dying was not made due to external pressure.
- Made with Informed Consent: Patient provides informed consent to receive medical assistance in dying after having been informed of the options available to relieve their suffering, including palliative care.

PROCEDURE

The following procedure outlines specific details and complements Appendix A - Assessing Patient Inquiries and Requests for Medical Assistance in Dying Algorithm and the Centre for Effective Practice - Medical Assistance in Dying resource document.

1. Patient's inquiry regarding or request for medical assistance in dying - initiate an exploratory discussion.

The response to a patient's request for medical assistance in dying should be initiated in a timely manner. If the request is made to someone other than the patient's Most Responsible Practitioner (MRP), the patient should be told that their MRP will be notified

to have a follow-up discussion with the patient. The patient's inquiry/request and notification to the MRP shall be documented in the patient's chart.

If the healthcare practitioner receiving the inquiry/request feels unprepared to have a conversation, or conscientiously objects to informing the MRP, the healthcare practitioner must notify their supervisor/delegate of the inquiry or request. The HPHA Internal Resource Group may be contacted to support this process.

If the MRP conscientiously objects to having an exploratory discussion with the patient regarding available options, potentially including medical assistance in dying, the patient will be notified of the available HPHA resources, including the Internal Resource Group, through which they may pursue their request. The practitioner may refer the patient to the HPHA Internal Resource Group (IRG), an appropriate physician, nurse practitioner or agency; the date on which and to whom the notification the referral/redirection was made must be documented in the patient's medical record. Conscientious objectors are also referred to their respective College's guidance documents regarding Medical Assistance in Dying, including reviewing suggested individual accountabilities (CPSO Medical Assistance in Dying Policy; Colleges of Nurses of Ontario: Guidance on Nurses' Role in Medical Assistance in Dying; Ontario College of Pharmacists MAiD Guidance).

2. MRP discussion with patient regarding inquiry or request
The MRP clarifies with the patient whether they are making an inquiry for additional information regarding or a request for medical assistance in dying.

The MRP explores the patient's motivation for expressing a desire to die or inquiring about or requesting medical assistance in dying (see Appendix B - Exploring a Patient's Motivation for Requesting Medical Assistance in Dying).

The MRP considers if the patient is competent/capable.

Note: the CPSO recommends that physicians rely on recommended practices and procedures for capacity assessments (see Appendix C - Assessment of Capacity Tool). If the patient is incapable, discussion will continue with the patient and Substitute Decision Maker regarding all other alternatives for care. **Neither Substitute Decision-Maker consent nor advance consent (e.g. Advance Care Planning) for medical assistance in dying is legally permitted.**

Consider:

- Have all other alternatives for care (e.g. palliative care, palliative sedation, symptom management, withdrawal of treatment, etc.) and likely outcomes been explored with the patient?
- Is the patient's death or loss of capacity imminent?
- Have the perspectives of all appropriate individuals, with the patient's consent, been considered?
- Has input from ethics, legal, and/or spiritual and religious care been considered if indicated?

Provide the patient with the Frequently Asked Questions for Patients and Families - HPHA - Medical Assistance in Dying document.

Explore all reasonable options that are acceptable to the patient, offer consultations with relevant professionals who provide these services, and ensure the individual has seriously considered reasonable and available means to relieve their suffering.

When a patient inquires about or requests a medically assisted death, they should be asked if they would like to meet with a Spiritual Care Advisor.

Decision Point: Does the patient wish to proceed with Medical Assistance in Dying?
If no, care continues.

If yes, and if the patient has been informed that they have a grievous and irremediable medical condition, they are requested to complete Clinician Aid A as the preferred form.

3. Patient Completes Written Request
MRP or patient's primary nurse provides the patient with Clinician Aid A - Patient Request for Medical Assistance in Dying form. If a document other than Clinician Aid A is used, MRP must confirm that written request meets all *Criminal Code* documentation requirements.

If patient is unable to sign and date the request, an authorized third party (see Definitions) may sign and date the request in the patient's presence, on the patient's behalf and under the patient's express direction.

The patient, or their authorized third party, must sign and date the Patient Request in the presence of the independent witness and before the independent witness signs and dates the request.

The independent witness must be an individual who is at least 18 years of age and understands the nature of the request for medical assistance in dying except if they:

- now 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
- 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 that person resides;

The independent witness can be a person who provides health care services or personal care as their primary occupation and who is paid to provide that care to the person requesting medical assistance in dying, except for

(a) the medical practitioner or nurse practitioner who will provide medical assistance in dying to the person; and
(b) the medical practitioner or nurse practitioner who provided an opinion of expertise.

HPHA staff may act in this capacity. A list of HPHA staff who have volunteered to act in this capacity is available at the Stratford Hospital Switchboard. Refer to Standard Work - Patient Request and Independent Witness.

4. Notification of HPHA Internal Resource Group

With the patient's decision to proceed with medical assistance in dying, the MRP notifies the Internal Resource Group (IRG) which will provide oversight, management, coordination and evaluation of the provision of medical assistance in dying. The IRG can be contacted through the Administrative Assistant, Medical Services, at ext. 2438 Monday through Friday; if more immediate action is required on a weekend or statutory holiday, contact the Administrator on Call through the Stratford Switchboard.

Members of the IRG will review the process for the provision of medical assistance in dying with the MRP and unit Manager as indicated.

- **Decision Point: Is the MRP willing to support the patient request and complete an initial eligibility assessment?**

If the MRP is unable to complete, or conscientiously objects to completing, an eligibility assessment, an alternate physician or NP will be identified by either the patient, MRP or the IRG. In most cases, the MRP will continue to provide care. Conversations and actions taken will be documented in the patient's health record.

If the MRP is willing to complete the eligibility assessment, physicians may seek consultation as required with the Canadian Medical Protective Association (CMPA) for legal support with counsel who is versed in Medical Assistance in Dying or the College of Physicians and Surgeons; NPs may wish to consult with the HPHA Chief Nursing Executive and the College of Nurses of Ontario's Practice Advisor on medical assistance in dying for guidance.

The IRG will inform members of the Senior Team that a patient request for medical assistance in dying has been received.

5. Patient Informed of Hospital Policy

The MRP will inform the patient that HPHA provides medical assistance in dying in the hospital using intravenous medications. Self-administration of oral medications by patients is not a viable option at this time as appropriate medications are not currently available in Canada. Ensure the patient is/has been provided with the Frequently Asked Questions for Patients and Families - HPHA - Medical Assistance in Dying document.

- **Decision Point - Does the patient wish to have medical assistance in dying in hospital?**

If no, inform the patient of other options. The IRG can facilitate this process as necessary.

If initial eligibility assessment is to occur in the hospital, continue with next steps in process.

6. Initial Eligibility Assessment

Initial assessment should be conducted in a timely manner. If the MRP is not the patient's primary care provider, the MRP will request the patient's explicit consent to contact their primary care provider for additional information prior to conducting an assessment for eligibility of medical assistance in dying,

Note: Clinician Aid B - Primary Medical Practitioner or Nurse Practitioner Medical Assistance in Dying Aid form is to be used by the **Provider** of the medically assisted death. If the Practitioner conducting the initial assessment will not be the Provider, Clinician Aid C should be used. The Medical or Nurse Practitioner will assess the patient to determine whether all eligibility criteria are met:

- Confirm that the patient is at least 18 years of age or older and is eligible for OHIP (other than the 90 day waiting period).
- Confirm that the patient is capable (see Appendix C - Assessment of Capacity Tool)

Note: the CPSO recommends that physicians rely on recommended practices and procedures for capacity assessments.

- Confirm that the patient has a grievous and irremediable medical condition (including an illness, disease, or disability) that meets **ALL** of the following requirements:
    1. The condition is serious and incurable;
    2. The patient is in an advanced state of irreversible decline in capability;
    3. The condition or state of decline causes the patient enduring physical or psychological suffering that is intolerable and cannot be relieved under conditions acceptable to the patient.

If not, all other options should be explored.

- Confirm that the patient's request for medical assistance in dying has been made voluntarily without external pressure. (see definition for Voluntary).

If not, all other options should be explored.

- Confirm that the patient has given informed consent for medical assistance in dying.

If not, all other options should be explored.

Note: The practitioner completing the Assessment must complete a written consultation in addition to the Clinician Aid form for the clinical record. The Office of the Chief Coroner will require this consultation note. Refer to Physicians' Consultation and Progress Notes Documentation for information to be included in the physicians' consultation and progress notes as recommended by the CMPA and based on HPHA experience to satisfy the needs of communication with the Office of the Chief Coroner. The completed form and consultation note are included on the patient record.

- **Decision Point: Does the patient meet eligibility criteria?**

If the patient is deemed eligible for medical assistance in dying, assessing practitioner will determine whether patient's eligibility status is "Track 1" or "Track 2":

Track 1: Patients with a Reasonably Foreseeable Natural Death (RFND)

- **No Period of Reflection is require**d.
- MRP will discuss the Waiver of Final Consent with the patient

The Waiver of Final Consent is a written agreement between the patient and the Provider, in accordance with section 241.2(3.2) of the Criminal Code of Canada, when it is determined all criteria and safeguards are met and Provider informs the patient of the risk of losing capacity. The Waiver of Final Consent is a written agreement that the MRP will administer a substance to cause the patient's death on or before the day specified if the patient loses their capacity to consent prior to that day.

Note: Legislation does not limit use of alternative practitioners to be named in the agreement; any alternate practitioner is required to sign the Waiver.

Note: Waiver of Final Consent is <u>not</u> advance consent and only applies to patients who are eligible for a medically assisted death.

Note: Procedure may proceed if Waiver of Final Consent has been completed and patient loses capacity prior being able to given due consideration to means available to relieve their suffering (Criminal Code s.241.2 (3)).

Note: If the preferred date of procedure is postponed, "new" agreement is required, if only to change the date of administration. An earlier date does not require a new agreement.

Track 2: Patients <u>without</u> a Reasonably Foreseeable Natural Death (RFND)

- **Minimum 90-day assessment period** prior to provision of medical assistance in dying is required beginning <u>on the day the first assessment begins</u>. This assessment period may be waived if both clinicians agree the patient is at risk of imminent loss of capacity.
- One of two assessors must have, or must consult with someone who has, expertise in the condition causing the patient's suffering. The results of that consultation should be in writing and must be shared with the other assessor.

Note: In case of comorbidities, medical condition that is patient's greatest source of suffering is the condition for which expertise must be sought.

Note: expertise is not necessarily defined as specialization or certification and can include special training or previous experience with patient(s) with a similar condition.

- The MRP will inform the patient of:
    - Whether they are Track 1 or Track 2 and
    - Medical assistance in dying process, particularly of the patient's ability to decline medical assistance in dying at any point and that the patient has a grievous and irremediable medical condition.

- If not already completed, patient (or their authorized third party) must sign and date the written request for medical assistance in dying after being informed that they have a grievous and irremediable condition, and in the presence of an independent witness (Clinician Aid A - Patient Request for Medical Assistance in Dying; the date may be the same as the date on the Clinician Aid form used for the primary assessment). Refer to Section 3.
- The Primary Assessor will notify the Team Leader and patient's Primary Nurse of eligibility.

If the patient is deemed ineligible for medical assistance in dying:

- care continues.
- they are to be informed of alternative options and the option to consult another medical or nurse practitioner to reassess eligibility. The medical or nurse practitioner should reasonably assist in identifying another medical or nurse practitioner to do the assessment.

Note: As medical assistance in dying requests are patient-initiated as opposed to a physician proposing a treatment, challenging a finding of incapacity through the Consent and Capacity Board is not an option.

7. Notification of Trillium Gift of Life Network

Under the Gift of Life Act, designated hospitals are required to report all deaths, including anticipated/imminent deaths. Stratford General Hospital is the only HPHA designated hospital under the Gift of Life Act as at November 1, 2018, although TGLN may be contacted on behalf of a patient at any of the HPHA hospitals interested in organ and/or tissue donation.

Note: Confirmation by one physician/NP of a patient's eligibility to receive medical assistance in dying constitutes imminent death under the Gift of Life Act. When the first assessment determines eligibility and the patient completes their written request, TGLN is to be notified. This notification and any subsequent organ/tissue donation activity will follow HPHA's process as outlined in HPHA's Organ and Tissue Donation Procedure – Stratford Site Only policy thus ensuring that eligible persons 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. Wherever possible, the TGLN Coordinator will discuss donation opportunities with the patient.

Patients who receive a medically assisted death may have the potential to donate organs and tissues after death including lungs, liver, kidneys, pancreas, eyes, heart valves, bones, tendons and skin.

TGLN Organ and Tissue Donation Following Medical Assistance in Dying: Program Development Toolkit

8. Second Eligibility Assessment

If patient does not have a reasonably foreseeable natural death (Track 2), a minimum 90-day assessment period is required beginning on the day the first assessment begins. One of the two assessors must:

- Have, or must consult with someone who has, expertise in the condition causing the patient's suffering, and
- Share the results of that expertise with the other assessor or
- Ensure they have received the results of that expertise from the other assessor.

Note: 90 day assessment period may be waived if both clinicians agree the patient is at risk of imminent loss of capacity. With this risk, the patient should be offered a Waiver of Final Consent.

An independent medical or nurse practitioner assesses the patient's eligibility using the same process as for the initial eligibility assessment. If it is unclear whether the medical practitioner meets the independence requirement, consult the Canadian Medical Protective Association. Nurse Practitioners may consult HPHA's Chief Nursing Executive or the College of Nurses of Ontario's Practice Advisory on medical assistance in dying for guidance.

The second assessor completes the appropriate Clinician Aid form (Provider completes Clinician Aid B; assessor completes Clinician Aid C). The practitioner completing the secondary assessment must also complete a written consultation; the Office of the Chief Coroner will require this consultation note. The completed form and consultation note are included in the patient's medical record.

- **Decision Point: Does the patient meet eligibility criteria?**

If the patient meets the eligibility criteria:

- Explore the patient's preference and options for the setting for medical assistance in dying
- The Second Clinician notifies the Internal Resource Group (IRG) of the patient's eligibility for medical assistance in dying.
- If organ or tissue donation is a consideration by the patient, HPHA Organ and Tissue Donation Procedure - Stratford Site Only policy will be followed. Refer to TGLN Organ and Tissue Donation Following Medical Assistance in Dying: Program Development Toolkit
- **Decision Point: Does the patent wish to proceed with medical assistance in dying?**

If the patient does not wish to proceed with medical assistance in dying, care continues.

If the patient does not meet eligibility criteria, the MRP, Clinician or Second Clinician provides the patient an explanation regarding their ineligibility.

- The patient is informed that they may consult another medical or nurse practitioner for an eligibility assessment. The MRP/medical or nurse practitioner should

reasonably assist in identifying another MRP/medical or nurse practitioner to do the assessment.

Note: If an individual is assessed to not be capable, they are entitled to seek a second opinion. As medical assistance in dying requests are patient-initiated as opposed to a physician proposing a treatment, challenging a finding of incapacity through the Consent and Capacity Board is not an option.

- MRP or delegate repeats discussion of alternatives for care.

9. Preparation for Medical Assistance in Dying

- Identify the patient's preference and options for the setting for medical assistance in dying

If the patient's preference is to receive medical assistance in dying in the community:

- Hospital will collaborate with community providers to facilitate the procedure, including confirmation with the community pharmacy regarding drug availability, an appropriate turnaround time and the ability to address any other potential impediments. Dispensing pharmacist will be informed of the purpose for which the substance is intended before the pharmacist dispenses the substance. In community, drugs associated with medical assistance in dying will be dispensed through retail pharmacies at no charge to the patient.

If the procedure will occur in hospital:
Refer to Standard Work - Nursing - regarding Direct Admissions and Procedure

Direct admission for the purpose of medical assistance in dying:

- Pre-registration is recommended by providing required information to Bed Allocator as detailed on the Patient Demographic Form for Medical Assistance in Dying Pre-Registration.

Note: The Diagnosis is the patient's primary diagnosis, not Medical Assistance in Dying. For the day of the procedure, Provider or designated person will notify the patient or their designated person with the assigned room number. Provider completes the Medical Assistance in Dying Order Set (available on HPHA StartHub or as ODRME037M5 in Meditech) and provides Pharmacy with a minimum of 24 hours prior to the scheduled time of the procedure.

- If organ or tissue donation is a consideration by the patient, the Provider follows the HPHA Organ and Tissue Donation Procedure – Stratford Site Only policy and the TGLN Organ and Tissue Donation Following Medical Assistance in Dying: Program Development Toolkit.
- When the patient presents, the receiving inpatient unit notifies the Bed Allocator to activate the registration. The patient's allergy information must be obtained/verified and entered in Meditech before Pharmacy is able to process the medication orders.

For all inpatients:

- Identify appropriate patient-centred location where medical assistance in dying will be provided (e.g., private room, appropriate unit).
- Confirm details of patient's holistic end of life care plan (e.g., who will be present and any additional comforts that may be incorporated such as music, reading, pet visitation, clothing, etc.).
- The patient and Provider propose a date and time for the event. Provider, inpatient unit's manager/delegate and Pharmacy will work together to respect the preferred date and time to the greatest extent possible. Notify the pharmacy that medications for medical assistance in dying are required. The Medical Assistance in Dying Order Set (ODRME037M5) is to be completed and provided to Pharmacy a minimum of 24 hours in advance of the procedure.
- **The date and time of the proposed medically assisted death must be confirmed with Pharmacy and the Team Leader/unit Manager prior to confirming with the patient.**
- **Pharmacy requires 24 hours' notice between receiving the 3 completed Clinician Aid forms and Order Set and the administration of the medication**
- Tissue and Organ Donation – If organ or tissue donation is a consideration by the patient, HPHA Organ and Tissue Donation Procedure will be followed: HPHA Organ and Tissue Donation Procedure - Stratford Site Only; TGLN Organ and Tissue Donation Following Medical Assistance in Dying: Program Development Toolkit.
- Provider advises patient that Office of the Chief Coroner may investigate medical assistance in dying related deaths. The extent of the coroner's investigation cannot be determined in advance and may or may not include an autopsy
- Identify/confirm which interprofessional team members are willing to support the provision of medical assistance in dying to eligible patient.
- Identify which nurse is willing and available to insert the appropriate type of vascular access if necessary that will be used to administer the medication; the nurse must be aware of intended use. Depending on the patient, two (2) peripheral IVs (one to be a midline catheter if inserter available) or a PICC line are required.
- Conduct a case walk-through as necessary with all interprofessional team members that will be participating in the administration by confirming eligibility criteria, confirming individual roles, and identifying the order and dosage of the medications that will be administered as required. The IRG can be a resource in this regard.
- Educate patient and family members and any other persons that will be present regarding what to expect during provision of medical assistance in dying.
- Inform the family that Office of the Chief Coroner will request to speak to a family member following procedure.
- While in hospital, patient
    - Should be monitored regarding changes in health status and capacity. If any risk of patient losing capacity and Waiver of Final Consent has not been completed, this option should be discussed with the patient.
    - Should receive support for and observation regarding their planned course of action to ensure they are comfortable with and intent upon a medically

assisted death. Referrals should be considered to HPHA Spiritual Care Provider and Social Work as indicated.

- Information regarding the medications administered and their effects is available in the document: “Information for Health Professionals Regarding Medications-Medical Assistance in Dying"

10. Notification of Internal Resource Group

As soon as the proposed date and time are known, the IRG will be notified and will ensure provision of medical assistance in dying for the patient and supports for the patient, family, and interprofessional team throughout the process as indicated. The Internal Resource Group can be contacted through the Administrative Assistance, Medical Services (ext. 2438) Monday – Friday during business hours or through the Administrator on Call after hours.

The IRG will confirm that all documentation and required steps in the process have been completed.

The IRG will update the relevant members of the Senior Team.

11. Provision of Medical Assistance in Dying

Prior to date of provision of medical assistance in dying:

- Provider administering medication will write orders related to medication, No CPR, no vital signs monitoring and intravenous / midline / PICC line insertion as needed.
- Prescriber may choose to include a medication that will induce asystole in the protocol for patients who have factors that may result in a prolonged pulse after administration of the generally used protocol (i.e., moderate-strong cardiovascular drive). The preferred medication to be used in these cases is bupivacaine 400 mg IV push over 30-60 seconds.
- Medical practitioner or nurse practitioner who prescribes a substance for purposes of medical assistance in dying must, before any pharmacist dispenses the substance, inform the pharmacist of the intended purpose.
- Arrangements will be made for admission/transfer to a private room as necessary.
- Members of the interprofessional team who will participate and who will provide support to patient and significant others as required will be identified.
- Consideration will be given to nursing assignment and allocation of responsibilities with respect to nurse supporting patient and participating in procedure

Day of provision of medical assistance in dying

If the patient has lost their capacity to consent to medical assistance in dying, and a signed Waiver of Final Consent has been completed, if at provision, the patient does not demonstrate by words, sounds or gestures, refusal to have the substance administered or resistance to its administration the substance is administered to the patient in accordance with the terms of the Waiver of Final Consent.

Note: involuntary words, sounds or gestures made in response to contact do not demonstrate a refusal or resistance.

Note: Waiver of Final Consent is permanently invalidated if a “person emonstrates, by words, sounds, or gestures, refusal to have the substance administered or resistance to its administration”.

Refer to Standard Work - Nursing - regarding Direct Admissions and Procedure

Refer to Information for Health Professionals Regarding Medications-Medical Assistance in Dying for information regarding the medications administered and their effects.

- Ensure activity in area of patient's room is kept to a minimum as possible preceding and following procedure. Ensure that, as necessary, staff not involved in the procedure and working in area are redirected (e.g. Environmental Services, Nutrition and Food Services).
- Members of IRG will be available as necessary to meet with the interprofessional team to review process, discuss concerns, and answer questions. IRG confirms documentation is complete including orders, patient capacity, consent and the “Safeguards” (Forms Online ME0030) and the “Documentation Checklist” (Forms Online ME0029).
- Provider or designated team member meets with patient regarding specific requests.
- Individuals to be present are at the discretion of the patient.
- Secondary intravenous / midline / PICC access to be established
- If patient is capable, Provider verbally confirms patient’s informed consent for medical assistance in dying and provides explicit opportunity for the patient to withdraw their consent.
- **Note:** All staff in attendance and Provider should not take their cell phones and Wi-Fi phones into the patient's room or ensure phones are silenced.
- Provider completes the Medication Administration Record (MAR); nurse completes the electronic Medication Administration Records (eMAR) utilizing the administration option "given by MD".
- The medical assistance in dying procedure must be documented as a written or dictated note. The Office of the Chief Coroner will request this documentation in the event of an investigation.
- **Note:** HPHA “butterfly” sign should be placed on closed door of patient’s room following procedure signifying that a patient death has occurred.
- Provider notifies Office of the Chief Coroner of the patient’s death and faxes required documentation (Documentation Checklist for the Office of the Chief Coroner). Under s.10 of the *Coroners Act*, medical assistance in dying deaths are required to be reported to the Office of the Chief Coroner unless a court orders otherwise. Once the death is reported, the Office of the Chief Coroner will determine whether it is appropriate to investigate the death.

Note: Office of the Chief Coroner: Telephone: 1-416-341-4100

Fax: 1-416-314-0888

- Office of the Chief Coroner will request to speak to a member of the patient's immediate family following their conversation with Provider and a review of submitted documentation.
- If Coroner is of opinion that the death does not require an investigation, Provider completes and signs the Medical Certificate of Death – Form 16 with the cause of death as the underlying disease. No mention of medical assistance in dying, multi-drug toxicity, etc. should be included on the death certificate.
- If Coroner is of the opinion that the death ought to be investigated, and investigates the death, the Coroner is required to complete and sign the death certificate. It is recommended that complete medical records be available and accessible to the Coroner in the event of the Coroner's investigation.

Note: In the event of a Coroner's investigation, the body will not be released until the Coroner completes the investigation; this may take several hours.

- Unless otherwise directed by the Coroner, the usual practices for caring for a deceased patient will be performed.
- If TGLN has been contacted regarding organ or tissue donation by the patient, follow the HPHA Organ and Tissue Donation Procedure 1) HPHA Organ and Tissue Donation Procedure – Stratford Site Only policy and 2) TGLN Organ and Tissue Donation Following Medical Assistance in Dying: Program Development Toolkit

12. Documentation

Provider Documentation

Provider documentation will include confirmation of the patient's verbal consent to medical assistance in dying; the means, timing and manner of death, and the names and roles of those who were present. The Coroner's Office will request this information.

Documentation should be in accordance with the Physicians' Consultation and Progress Notes Documentation

The two documents entitled Safeguards (Forms Online ME0030) and HPHA Documentation Checklist (Forms Online ME0029) included with the medication kits must be completed by the Provider for the patient's chart.

Nursing Documentation

Nursing documentation is completed in the **Patient Notes** routine. Staff will choose the Medical Assistance in Dying (MAiD) template:

"Writer was present during medical assistance in dying process. Time of death: _____. Support offered to family and friends."

Nursing staff will be required to document on the electronic medication administration record (eMAR) following the medical assistance in dying procedure. When documenting

the administration of medications, staff will choose “MD Given” or “NP Given” in the reason code drop down box after the “Given” prompt. Detailed instructions are available in the Standard Work - Nursing - regarding Direct Admissions and Procedure document as well as Information for Health Professionals Regarding Medications-Medical Assistance in Dying.

Nursing staff are responsible to have a process in place to ensure documentation occurs. Pharmacy may act as a resource to ensure nursing staff complete this task.

Note: A nurse can document medications on the eMAR without scanning the medication or patient; manual barcode option is used as opposed to scanning the patient identification band. Nurse will click medication order and then ‘document’ button.

13. Post-Provision of Medical Assistance in Dying: Ongoing Support, Monitoring, and Follow-up.

Staff and Provider will provide emotional support to the individuals present with patient. HPHA Spiritual Care Advisor and/or Social Worker may be involved as indicated. Support and debriefing will be offered for all staff involved in the procedure.

Any opportunities identified to improve HPHA’s process should be forwarded to the IRG. HPHA staff and physicians may access the HPHA Employee and Family Assistance Program (EFAP) to obtain additional support.

IRG will review completed documentation from a quality improvement perspective.

14. Reporting Requirements

Regulations for the monitoring of medical assistance in dying outline reporting requirements effective November 1, 2018 for physicians and nurse practitioners who receive written requests for medical assistance in dying and for pharmacists/pharmacy technicians who dispense medication for assisted dying. See Appendix G - Medical Assistance in Dying (MAiD) Reporting Responsibilities

Reporting requirements are required regarding collection of data on self-identified groups, with the individual’s consent, related to race, indigenous status and disability.

This policy has been adapted from the University of Toronto Joint Centre for Bioethics Medical Assistance in Dying Implementation Task Force Model Draft Policy Template (October 11, 2016) and the Trillium Health Partners Assistance in Dying policy (02/08/2016).

Related HPHA Policies and Procedures

- Code of Conduct
- Conflict of Interest
- Consent to Treatment
- Organ and Tissue Donation Procedure – Stratford Site Only
- HPHA Framework to Support Ethical Practice (Huron Perth Sub Region Accreditation Team)

References

- Bill C-7: An Act to amend the Criminal Code (medical assistance in dying), March 17 2021
- Bill C-14: An Act to amend the Criminal Code and to make related amendments to other Acts (Medical Assistance in Dying)
- Bill 84: Medical Assistance in Dying Statute Law Amendment Act, 2017
- Centre for Effective Practice - Medical Assistance in Dying - November 2016
- College of Nurses of Ontario: Guidance on Nurses' Roles in Medical Assistance in Dying (April 2021)
- College of Physicians and Surgeons: Medical Assistance in Dying Policy
- Health Canada - Chart of C7 Implementation Questions - February 23, 2021
- Government of Canada - Medical assistance in dying
- Ministry of Health and Long Term Care: Medical Assistance in Dying and End-of-Life Decisions
- Ministry of Health Clinical Referral Service: 1-844-286-4023 (Resource of registered clinicians for clinicians seeking assistance in making a referral for an initial assessment or for a second opinion regarding medical assistance in dying. Staffed line Mon-Fri 9:00-1700; voicemail after hours.
- Ontario College of Pharmacists: Medical Assistance in Dying—Guidance to Pharmacists and Pharmacy Technicians
- StartHub (HPHA) – Medical Assistance in Dying resources
- TGLN Organ and Tissue Donation Following Medical Assistance in Dying: Program Development Toolkit
- www.canada.ca/health