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POLICY	Manual: Clinical	Section: Interdisciplinary Clinical	Code No.: I M007	Old Code No.:
Title: Medical Assistance in Dying			Original Effective Date: Nov 10, 2016	
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Cross Index:	Authoring Committee/Program/Dept: Ethicist		Approved By: SLT	

As an exception, SLT has approved the use of combined policy and procedure in this document, notwithstanding accepted practice to have policy and procedure as separate documents.

POLICY

Southlake recognizes the right of patients who meet [eligibility criteria](#) to seek medical assistance in dying (MAiD). All inquiries, expressions of interest, or requests for MAiD will be responded to in a timely, compassionate, and respectful manner. Southlake also recognizes the right of care providers (staff members and physicians) to conscientiously object to participating in MAiD in accordance with legal, regulatory, and professional standards.

Definitions:

- **Capacity:** A person 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].
- **LHIN Home and Community Care:** Branch of the Local Health Integration Network responsible for home and community care services. Formerly the Community Care Access Centre.
- **Clear days:** The term "clear days" is defined as the number of days, from one day to another, excluding both the first and the last day. Therefore, in the context of medical assistance in dying, day 1 of the 10-day reflection period would commence on the day following the day on which the patient's request is made. The earliest the request could be fulfilled would be the day following clear day 10.
- **Conscientious Objection:** An individual healthcare practitioner, due to matters of personal conscience, can elect not to participate in MAiD. The level of comfort and support an individual may or may not be willing to provide will likely vary. For example, individual healthcare practitioners 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 healthcare practitioners may wish to participate to the full extent permitted by their professional regulatory colleges.
- **Consent:** As per Southlake's [Consent to Treatment](#) policy, the following elements are required for a MAiD consent to be informed and valid: (1) the person is mentally capable to consent (see definition of capacity); (2) the consent relates specifically to medical assistance in dying; (3) the consent is informed (i.e., the individual has received all information that a reasonable person in the same circumstances would require, and has had the opportunity to ask questions and to receive understandable answers about the nature, purpose, expected benefits, significant risks and side effects, reasonable alternative courses of action, and likely consequences of not proceeding, communicated with consideration to his/her education, age, language, culture, and special needs); (4) the consent has not been obtained through misrepresentation or fraud; and (5) the consent was given voluntarily.
- **Effective Referral:** A referral made in good faith, to a non-objecting, available, and accessible practitioner. The referral must be made in a timely manner to allow patients to access care. Patients must not be exposed to adverse clinical outcomes due to a delayed referral. The timeliness of the referral should be in proportion to the patient's prognosis. As per policy/guidelines from the College of Physicians and Surgeons of Ontario, The College of Nurses of Ontario, and the Ontario College of Pharmacists, any practitioner who conscientiously objects to participating in MAiD must provide an effective referral. For

physicians and nurse practitioners, an effective referral can be made either (i) directly from clinician to clinician; or (ii) through the Ministry's clinician referral service (1-844-243-5880).

- **Independence – medical and nurse practitioners:** The medical practitioner who provides MAiD and the medical or nurse practitioner who provides a written second opinion are independent if they (1) are not in a business, mentoring, or supervisory relationship with each other, (2) do not believe that they are a beneficiary under the will of the person making the request for MAiD, or a recipient of a financial or other material benefit resulting from that person's death, other than compensation for their services, and (3) do not believe that they are connected to each other or to the person making the request for MAiD in any way that would affect their objectivity.
- **Independent Witness:** Any person who is at least 18 years of age and who understands the nature of the request for MAiD may act as a witness, **except** if they: (1) 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, (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 that 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):** Means (a) the administering by a medical practitioner of a substance to a person, at their request, that causes their death; or (b) the prescribing or providing by a medical practitioner of 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 Task Force:** An internal task force with the mandate to provide guidance to staff, physicians, and patients and families regarding MAiD, and also to provide oversight to MAiD within the organization. The Task Force is led by the Ethicist.
- **MOHLTC:** The Ministry of Health and Long Term Care.
- **Most Responsible Physician (MRP):** The physician accountable for the medical management of the patient. If the MRP objects to participating in MAiD, he/she must provide an effective referral to a physician willing to provide MAiD, and the accepting physician will become the new MRP.
- **Primary medical/nurse practitioner (PMNP):** Used specifically in the context of MAiD, the primary medical/nurse practitioner is the medical or nurse practitioner who will be providing MAiD to the patient.
- **Secondary medical/nurse practitioner (SMNP):** Used specifically in the context of MAiD, the secondary medical/nurse practitioner refers to the physician or nurse practitioner who conducts the second eligibility assessment.

Preamble

An inquiry about MAiD can take the form of a question, an explicit request, or an expression of a wish to die. All efforts should be made to explore and address the patient's symptoms, concerns, and anxieties before MAiD is pursued as an option.

Bill C-14 provides exemptions only for medical or nurse practitioners to provide medical assistance in dying. No other professional can administer medications related to medical assistance in dying or conduct eligibility assessments. However, they may assist a medical or nurse practitioner in providing MAiD as per their professional regulations. For an RN or RPN, for example, this can include activities such as educating patients, providing support to patients and family, or inserting an intravenous line (with an order) which will be used to administer medications that will cause the death of a patient. This restriction applies only to medical assistance in dying and does not impact in any way on carrying out orders for the provision of comfort measures.

Requests for MAiD must come from patients themselves and patients must be mentally capable at the time of the administering/prescribing of medications. Consent through substitute decision makers, or through advance requests (e.g. a living will), are prohibited.

PROCEDURE

Purpose:

- To outline the MAiD processes in various scenarios

Responsibility:

- Health care professionals
- Medical staff

Equipment:

- The following forms, which are not mandatory but are recommended, can be accessed from the Ministry of Health and Long-Term Care website (<http://www.health.gov.on.ca/en/pro/programs/maid/>):
 - "Clinician Aid A – Patient Request for Medical Assistance in Dying"
 - "Clinician Aid B – (Primary) 'Medical Practitioner' or 'Nurse Practitioner' Medical Assistance in Dying Aid"
 - "Clinician Aid C – (Secondary) 'Medical Practitioner' or 'Nurse Practitioner' Medical Assistance in Dying Aid"

Method:

Non-admitted patient inquires about MAiD

Inquiries from non-admitted patients may arise in three different contexts:

1. Patients who arrive in the Emergency Department;
2. Patients who have been referred to a Southlake physician from an external physician; or
3. Patients who attend outpatient clinics, such as the Stronach Regional Cancer Centre or Heart Function Clinic

Every effort should be made to avoid admitting patients solely for the purpose of receiving MAiD. Refer to the sections below to determine the appropriate process. For an overview of the process, refer to [Appendix A: Flow Diagram for Assessing Requests for MAiD from Non-Admitted Patients](#).

1) Patients who arrive in the Emergency Department

1. If there is a medical reason for admitting the patient independent of MAiD (e.g., exacerbation of symptoms), the patient should be admitted to the appropriate medical unit under the usual process.
 - i. If the medical reasons for admission have been addressed and the patient is ready for discharge, but wishes to pursue MAiD, refer to step 2 in this section.
 - ii. If, following exploration of the medical reasons for admission, the patient remains an inpatient and wishes to pursue MAiD, refer to the admitted patient section.
2. If there is no medical reason to admit the patient, or to keep the patient in hospital after medical reasons for admission have been addressed, every effort should be made to divert or discharge the patient back to the community setting:
 - If the patient is already under LHIN Home and Community Care, refer back to the LHIN
 - If the patient is not a LHIN Home and Community Care patient, refer back to the patient's family physician or specialist
 - Provide the patient with the phone number for the Ministry of Health MAiD MAiD Care-Coordination Service for self-referral: 1-866-286-4023.
3. If the MAiD process cannot be completed in the community, consideration should be given to providing MAiD in hospital only if it can be done with minimal impact on hospital resources and other patients.
 - For example, if a patient has made a formal request and completed the first assessment, and is near the end of the 10-day waiting period, it may be possible to admit this patient for a 24-48 hour period to complete the MAiD process.

2) Patients who have been referred to a Southlake physician from an external physician

Referrals to Southlake physicians could come either from physicians at other hospitals/facilities or community physicians. In both cases every effort should be made to support the provision of MAiD in the patient's local setting.

1. If there is a medical reason for admitting the patient independent of MAiD, the accepting physician should arrange the transfer and admission under the usual process.
 - i. If the medical reasons for admission have been addressed and the patient is ready for discharge or repatriation, but the patient wishes to pursue MAiD, refer to step 2 in this section.
 - ii. If, following exploration of the medical reasons for admission, the patient remains an inpatient and wishes to pursue MAiD, refer to the admitted patient section.
2. If there is no medical reason for accepting the transfer independent of MAiD, arrangements to provide MAiD at Southlake should be considered only if it can be done with minimal impact on hospital resources and other patients.

3) Patients who attend outpatient clinics

1. The process for outpatients will follow the same process as for admitted patients but with each step taking place on an outpatient basis.
2. If the patient proceeds with MAiD, it will be provided in the patient's community setting.

*Note: The "10 clear days" requirement must be accounted for in decisions to accept transfers and admissions of patients. In most circumstances if the 10 days has not elapsed yet, the patient would have to stay in hospital for at least one night. For example, if a patient is currently on the 10th day following the formal request, MAiD cannot be provided on that same day; the patient must wait until the following day. There are only two circumstances in which MAiD could be provided on the day of arrival/admission:

1. The assessing practitioners have agreed that a waiting period of less than 10 clear days is appropriate because the patient's death or loss of mental capacity is imminent; or
2. The Southlake physician conducts the second assessment at the patient's local setting and then arranges to bring the patient to Southlake on the day MAiD is to be provided. The Southlake physician must make the appropriate arrangements in advance (i.e., timing, location, and availability of medications).

Admitted patient inquires about MAiD

Refer to [Appendix B: Flow Diagram for Assessing Requests for MAiD from Admitted Patients](#)

1. If a patient inquires about MAiD to a nurse or a member of the allied health team, that team member may explore the patient's inquiry to the extent compatible with their scope of practice. The team member must then inform the MRP as soon as possible. The inquiry and notification of the MRP must be documented in the patient's health record.

2. The MRP/NP will explore the inquiry with the patient to identify the underlying concerns that are driving the request for MAiD. The patient's family should be involved as early as possible in the process, with the patient's consent.
3. Consultant input should be obtained as required to help address the patient's concerns (for example, palliative care, the acute pain service, geriatrics, spiritual care). If the patient's concerns have been addressed/explored and the patient is still interested in discussing MAiD, continue with the process below.

Patient interested in continuing with MAiD process

1. The MRP/NP must decide if he/she is comfortable continuing to be involved in the process. Involvement can take one of three forms:
 - i. The MRP/NP is willing to function as the primary medical practitioner (PMNP). This means the MRP/NP would both conduct the primary eligibility assessment and be willing to provide MAiD.
 - ii. The MRP/NP is willing to function as the secondary medical/nurse practitioner (SMNP) but not provide MAiD itself. In this case the MRP/NP could conduct the secondary assessment but must provide an effective referral to physician who is willing to function as the PMNP.
 - iii. The MRP/NP is willing to discuss treatment options, including MAiD, but not function as either the PMNP or SMNP. In this case the MRP/NP must provide an effective referral to a physician or NP who is willing to function as the PMNP.
2. The PMNP discusses all treatment options with the patient, including palliative care and MAiD. If the patient decides to pursue MAiD, the PMNP provides the patient with a copy of *Clinician Aid A - Patient Request for Medical Assistance in Dying* (see documentation section) and informs the MAiD Task Force of the request. The PMNP will explain the following to the patient:
 - The request must be signed and dated in the presence of two independent witnesses; and
 - 10 clear days must elapse between the documented date of the patient's written request and the date MAiD is provided, unless the patient's condition warrants a shorter period of time (see planning section below)
 - If the patient completes or wishes to complete the written request in a format other than *Clinician Aid A*, it must also be signed and dated in the presence of two witnesses.
3. If the patient is unable to locate two independent witnesses, [Dying With Dignity Canada](#) should be contacted to assist with providing witnesses.
4. The PMNP conducts an assessment to determine if the patient meets the eligibility criteria. Consultation with experts may help with the interpretation of the eligibility criteria as they apply to the patient's specific situation (e.g., psychiatry, neurology, oncology, geriatrics). Please see [Appendix C](#) for the list of eligibility criteria. The results of the eligibility assessment must be documented in the patient's health record
5.
 - i. If the patient does not meet the eligibility criteria, the PMNP informs the patient of ineligibility and (i) the patient's right to request MAiD again if clinical circumstances change; and (ii) the patient's right to make a MAiD request to another physician.
 - ii. If the patient meets eligibility criteria, the PMNP will continue with step 6. The assessment should be documented on *Clinician Aid B - (Primary) Medical Practitioner or Nurse Practitioner Medical Assistance in Dying Aid* (see documentation section) but must be documented in the patient's health record as per hospital and professional college standards.
6. The PMNP initiates a referral for a second eligibility assessment to an independent physician/NP. This step may have already occurred if the MRP/NP was willing to conduct the secondary assessment but not function as the PMNP.
 - i. If the second assessment determines that the patient does not meet eligibility criteria, the PMNP will facilitate a referral for another secondary assessment from an independent physician/NP. The results of the second assessment must be documented in the patient's health record.
 - a. If the third assessment determines that the patient does not meet eligibility criteria, the PMNP will inform the patient of ineligibility and (i) the patient's right to request MAiD again if clinical circumstances change; and (ii) the patient's right to make a MAiD request to another physician.
 - b. If the third assessment determines that the patient meets eligibility criteria, the PMNP will explain the results to the patient and continue with the planning stage below. The physician/NP who conducted this assessment should complete the *Clinician Aid C - (Secondary) Medical Practitioner or Nurse Practitioner Medical Assistance in Dying Aid* (see documentation section below) but must document the results in the patient's medical record.
 - ii. If the second assessment agrees that the patient meets eligibility criteria, the PMNP will explain the results to the patient and continue with the planning stage below. The physician/NP who conducted this assessment will complete the *Clinician Aid C: Secondary Medical/Nurse Practitioner* form and document the results in the patient's medical record.
 - iii. Approval to receive MAiD constitutes an "imminent death" and requires notification to the Trillium Gift of Life Network. Refer to the [Organ and Tissue Donation](#) policy and procedure and contact Southlake's TGLN coordinator.

Planning for the provision of MAiD

1. If both practitioners who conduct the eligibility assessments are in agreement that the patient may die or lose mental capacity before the 10 clear days has elapsed, the PMNP can determine a shorter time period that is appropriate under the circumstances. This should be documented in the appropriate place on *Clinician Aid B* (if used) but must be documented in the patient's health record.

2. Before proceeding the PMNP will submit copies of all MAiD documentation to the MAiD Task Force lead for review of the process. The Task Force is not an approval body but will review the documentation to ensure that the appropriate procedure has been followed.
3. In consultation with the patient (and family, with consent of the patient), the PMNP will make arrangements for the appropriate timing and location of death. The pharmacist must also be notified as early as possible to allow time for the review of the protocol, preparation, and provision of medications. Consideration should be given to timing and location that provides the highest quality dying experience for the patient (and family), is sensitive to other patients, and allows for efficient use of hospital resources. Depending on the patient's particular situation, the appropriate location could include:
 - Home or other community setting;
 - The care unit on which the patient currently resides;
 - Transfer to another care unit;
 - An alternate location (e.g., a day surgery suite or clinic room in the evening); or
 - If the patient is going to be an organ donor, MAiD must be provided in hospital in a location that will facilitate donation
4. The PMNP will consult with a pharmacist to discuss the appropriate medication protocols. The PMNP should then discuss the protocol options with the patient and determine whether an oral self-administered protocol (this protocol only available for provision of MAiD outside of the hospital) or a clinician-administered protocol will be used. This must include a discussion of the risks and benefits of both options.
5. When the PMNP orders the medication, the order must specify that the medication is for the purpose of providing MAiD. If MAiD is being provided to an inpatient, the [Medical Assistance in Dying \(MAiD\)](#) order set needs to be completed.
 - i. If the pharmacist or pharmacy technician involved in processing and filling the order for MAiD conscientiously objects, he/she must inform the Pharmacy Manager and make arrangements for another Pharmacy staff member to complete the order and supply the medication.

Provision of MAiD

1. The PMNP must receive the medication kit directly from the pharmacist and ensure the security of the kit until the components are returned to Pharmacy after the completion of the procedure.
2. Prior to the administration of medications, the PMNP will explain to the patient (and family, with the patient's consent) how things will proceed, what to expect, and will offer any additional psychosocial supports (e.g., chaplain, social work).
3. The PMNP will seek the patient's consent to continue with MAiD and will remind the patient that he/she can change his/her mind at any time prior to the initiation of the medication protocol.
 - i. If there is concern that the patient is no longer mentally capable to provide verbal consent, MAiD must not proceed.
4. The PMNP administers the medications to the patient according to the selected protocol and completes the required documentation.
5. Upon confirmation of death the PMNP must notify the Coroner and complete the death certificate.
6. The Pharmacist will retrieve the unused components of the kit from the PMNP and will return the kit to the Pharmacy.
7. Do not proceed with care of the body until the coroner has given permission. See the [Death of a Patient - Care of the Deceased](#) procedure.

Reporting requirements

1. The Pharmacist who dispenses the medications in connection with MAiD must submit a report to the Federal Minister of Health, within 30 days of dispensation, via the [Canadian MAiD Data Collection Portal](#).
2. Upon completion of MAiD, the PMNP must notify the Coroner's Office and submit a report to the Federal Minister of Health, within 30 days of administration, via the Canadian MAiD Data Collection Portal.
3. Any Medical or Nurse Practitioner who receives a written request for MAiD must submit a report to the Federal Minister of Health via the Canadian MAiD Data Collection Portal in the following circumstances:
 1. If you refer the patient or transfer care as a result of the MAiD request, within 30 days of referral/transfer.
 2. If you find the patient ineligible for MAiD, within 30 days after the determination of ineligibility.
 3. If you become aware that the patient withdrew the request, within 30 days after you became aware of the withdrawal.
 4. You become aware of the patient's death from a cause other than MAiD, within 30 days after you become aware of the patient's death.

Documentation

As outlined in the [Equipment](#) section above, the MOHLTC has made three documentation forms publicly available on its website. Use of these forms is not mandatory but is recommended. They can be accessed on the Ministry's website (<http://www.health.gov.on.ca/en/pro/programs/maid/>). Whether or not these forms are used, all practitioners must document in the patient's health record as per regulatory and college guidelines.

APPENDICES

- A. [Flow Diagram for Assessing Requests for MAiD from Non-Admitted Patients](#)
- B. [Flow Diagram for Assessing Requests for MAiD from Admitted Patients](#)
- C. [Eligibility criteria](#)

Special Considerations:

Not Applicable

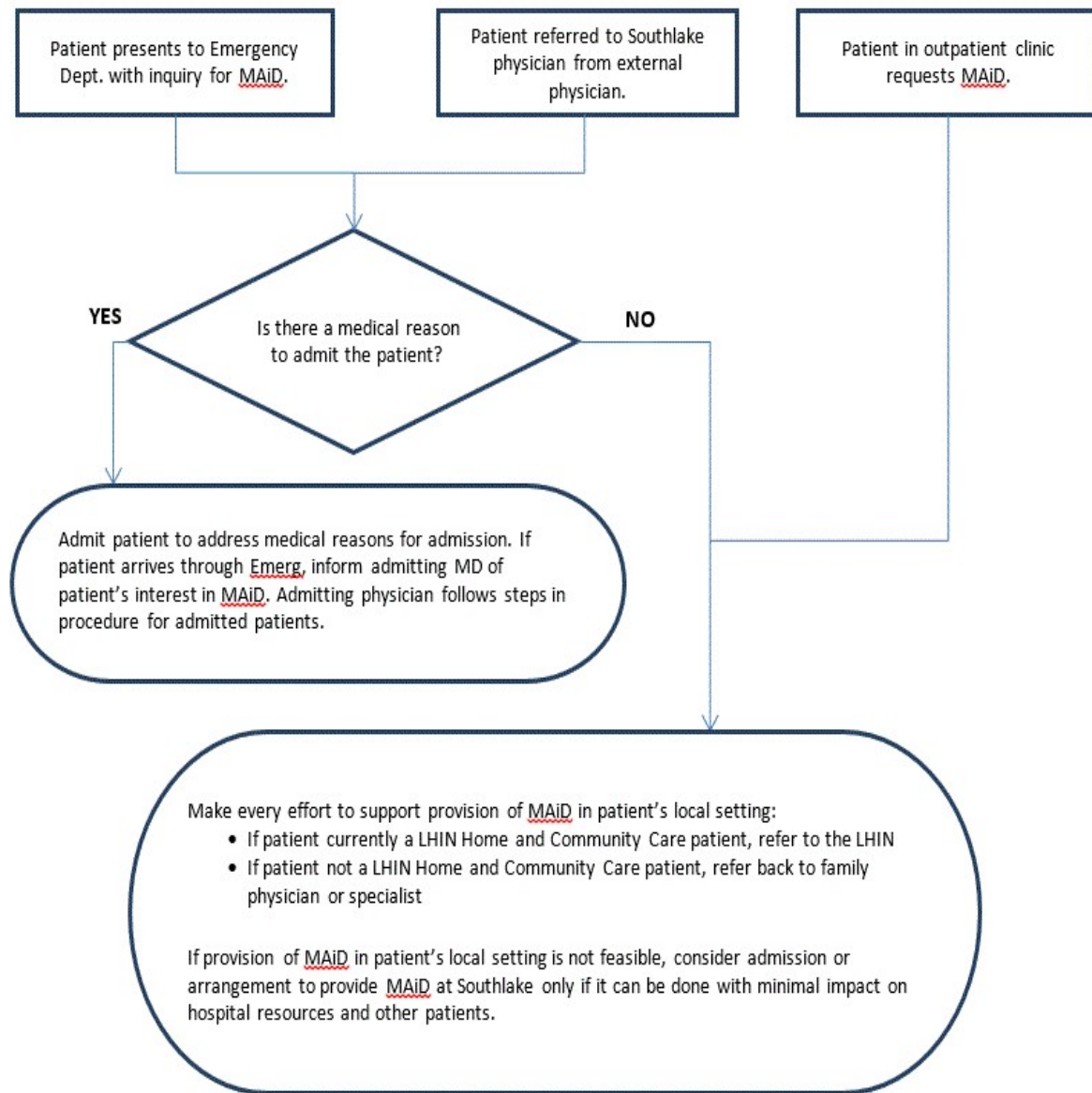
References:

- Bill C-14: *An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying)*, assented to June 17, 2016.
- College of Physicians and Surgeons of Ontario, *Policy #4-16: Medical Assistance in Dying*, June 2016.
- The Ottawa Hospital, *Medical Assistance in Dying policy (draft May 4, 2016)*.
- Royal Victoria Hospital, *Medical Assistance in Dying Policy and Procedure (Draft 7, June 21, 2016)*.
- University of Toronto Joint Centre for Bioethics MAiD Implementation Task Force, *Medical Assistance in Dying Draft Model Template* (June 2016).
- College of Nurses of Ontario, *Guidance on Nurses' Roles in Medical Assistance in Dying* (June 23, 2016).
- Ontario College of Pharmacists, *Medical Assistance in Dying: Guidance to Pharmacists and Pharmacy Technicians* (June 27, 2016).

Appendix A

Flow Diagram for Assessing Patient Requests for MAiD from Non-Admitted Patients

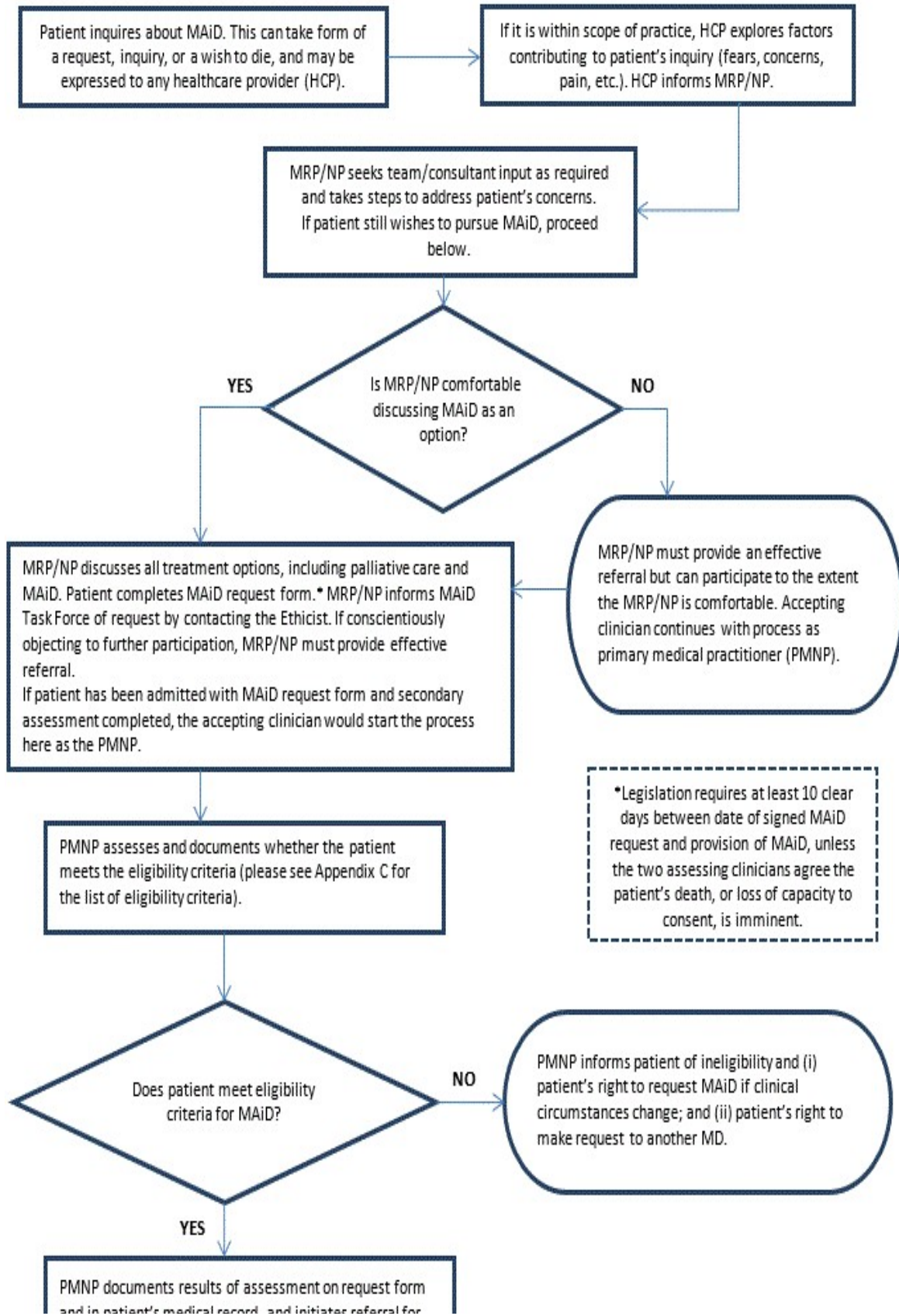
Please see hospital policy & procedure for more detailed information about the process.



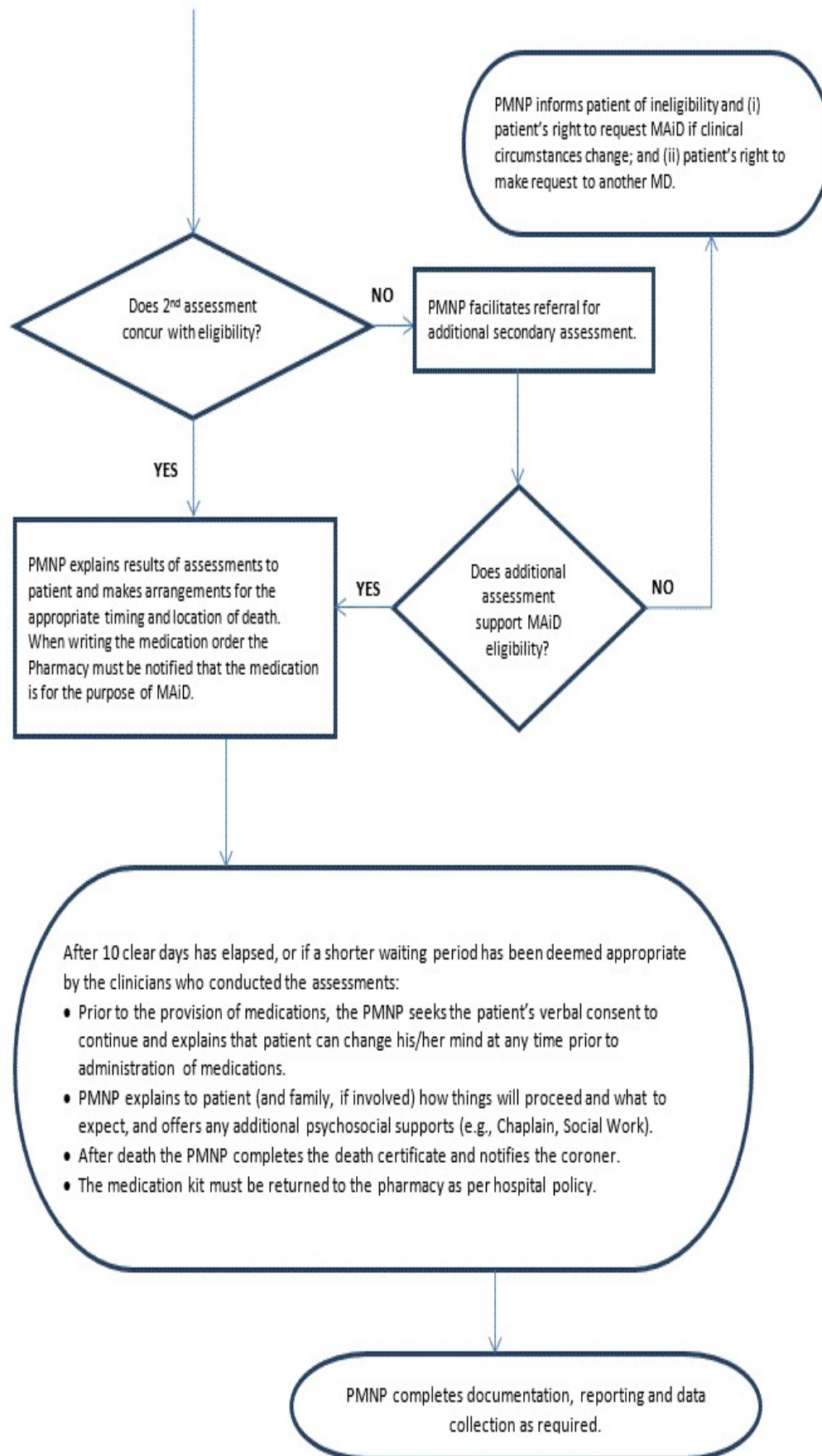
Appendix B

Flow Diagram for Assessing Patient Requests for MAiD from Admitted Patients

This is only a general overview of the process and some steps may occur in a different order. Please see hospital policy & procedure for more detailed information.



and in patient's medical record, and initiates referral for second assessment. If secondary assessment has already been completed, skip to next page.



Appendix C

Eligibility Criteria

To be eligible for medical assistance in dying, patients must meet **ALL** of the following criteria:

- a. they are eligible — or, but for any applicable minimum period of residence or waiting period, would be eligible — for health services funded by a government in Canada;
- b. they are at least 18 years of age and capable of making decisions with respect to their health;
- c. they have a grievous and irremediable medical condition:
 - i. they have a serious and incurable illness, disease or disability;
 - ii. they are in an advanced state of irreversible decline in capability;
 - iii. that illness, disease or 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; and
 - iv. their natural death has become reasonably foreseeable, taking into account all of their medical circumstances, without a prognosis necessarily having been made as to the specific length of time that they have remaining;
- d. they have made a voluntary request for medical assistance in dying that, in particular, was not made as a result of external pressure; and
- e. they give informed consent to receive medical assistance in dying after having been informed of the means that are available to relieve their suffering, including palliative care.