

**Medical Assistance in Dying
ASSESSMENT RECORD (ASSESSOR)**

HLTH 1633 2018/10/29 PAGE 1 OF 3

Patient Label

Assessor is to provide this assessment to the Prescriber (if known) and health authority MAiD Care Coordination Service (if required). **If the assessment determines ineligibility, or if planning is discontinued, Assessor MUST fax this form to the Ministry of Health at 778-698-4678 within 30 days.** Retain original in patient's health record.

PATIENT INFORMATION

Last Name		First Name	Second Name(s)
Personal Health Number (PHN) <input type="checkbox"/> N/A	Birthdate (YYYY / MM / DD)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other - specify:
Province or Territory that Issued PHN <i>If patient does not have a PHN, provide the province or territory of patient's usual place of residence</i>		Postal Code Associated With PHN <i>If patient does not have a PHN, provide the postal code of patient's usual place of residence</i>	

PRACTITIONER CONDUCTING ASSESSMENT

Last Name		First Name	Second Name	
<input type="checkbox"/> CPSID # <input type="checkbox"/> BCCNP Prescriber #	Phone Number	Fax Number	Work Email Address	
Work Mailing Address			City	Postal Code
If you are a physician, what is your specialty? <input type="checkbox"/> Anaesthesiology <input type="checkbox"/> Family Medicine <input type="checkbox"/> Geriatric Medicine <input type="checkbox"/> Neurology <input type="checkbox"/> Palliative Medicine <input type="checkbox"/> Other (specify) <input type="checkbox"/> Cardiology <input type="checkbox"/> General Internal Medicine <input type="checkbox"/> Nephrology <input type="checkbox"/> Oncology <input type="checkbox"/> Respiratory Medicine				
To the best of your knowledge or belief, before you received the written request for MAiD, did the patient consult you concerning their health for a reason other than seeking MAiD?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Province or Territory where you received the written request for MAiD.	

RECEIPT OF WRITTEN REQUEST FOR MAiD

From whom did you receive the written request for MAiD that triggered the obligation to provide information? <input type="checkbox"/> Patient directly (1632 form) <input type="checkbox"/> Patient directly - other, specify: <input type="checkbox"/> Another practitioner <input type="checkbox"/> Another third-party - specify: <input type="checkbox"/> Care coordination service	Date Written Request Received (YYYY / MM / DD)
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PROFESSIONAL INTERPRETER (PROVINCIAL LANGUAGE SERVICE OR OTHER) IF USED

Last Name	First Name	ID Number	Date of Service (YYYY / MM / DD)
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ELIGIBILITY CRITERIA AND RELATED INFORMATION

Each assessing medical or nurse practitioner is to make these determinations independently, document in the health record, and summarize their findings below.
Comments for any matter in any section are clarified in the medical record.

Assessment Date (YYYY / MM / DD)	<input type="checkbox"/> In Person <input type="checkbox"/> By Telemedicine	If Telemedicine: Name of Witness (Regulated Health Professional)	Witness Profession	Witness College ID
Location of Assessment <input type="checkbox"/> Home <input type="checkbox"/> Facility - Site: Unit: <input type="checkbox"/> Other - specify:				

I confirm that the following safeguards are met:

- ☐ The patient is personally known to me or has provided proof of identity, and has consented to this assessment.
- ☐ I do not know or believe that I am a beneficiary under the will of the patient requesting medical assistance in dying or a recipient, in any other way, of a financial or other material benefit resulting from the patient's death, other than the standard compensation for their services relating to the request.
- ☐ I ensured that the patient's request for medical assistance in dying was made **in writing and signed and dated** by the patient or by another person permitted to do so on their behalf.
- Indicate the date on which the patient (or other person) signed the request (YYYY / MM / DD): _____
- ☐ I was satisfied that the request was signed and dated by the patient, or by another person permitted to do so on their behalf, and before two independent witnesses who then signed and dated the request.
- ☐ I ensured that the request was signed and dated after the patient was informed by a practitioner that the patient had a grievous and irremediable medical condition.

THIS FORM DOES NOT CONSTITUTE LEGAL ADVICE; it is an administrative tool that must be completed for medical assistance in dying.

Last Name of Patient		First Name of Patient		Second Name(s) of Patient	
I have determined that the patient has been fully informed of:					
<input type="checkbox"/> Their medical diagnosis and prognosis. <input type="checkbox"/> Their right to withdraw their request at any time and in any manner. <input type="checkbox"/> The recommendation to seek advice on life insurance implications.					
I have determined that the patient meets the following criteria to be eligible for medical assistance in dying: <i>If patient is ineligible based on one or more criteria, select "Did Not Assess" for any remaining criteria that are not assessed.</i>					
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did Not Assess		Is the patient eligible for health services funded by a government in Canada? (Answer "Yes" if the patient would have been eligible but for an applicable minimum waiting period of residence or waiting period.)			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did Not Assess		Is the patient at least 18 years of age?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did Not Assess		Is the patient capable of making this health care decision?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did Not Assess		Did the patient make a voluntary request for MAiD that, in particular, was not made as a result of external pressure? If Yes, indicate why you are of this opinion (select all that apply): <ul style="list-style-type: none"> <input type="checkbox"/> Consultation with patient <input type="checkbox"/> Knowledge of patient from prior consultations or treatment for reasons other than MAiD <input type="checkbox"/> Consultation with other health or social service professionals <input type="checkbox"/> Consultation with family members or friends <input type="checkbox"/> Reviewed medical records <input type="checkbox"/> Other - Specify: 			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did Not Assess		Did the patient give informed consent to receive MAiD after having been informed of the means that were available to relieve their suffering, including palliative care? <i>Palliative care is an approach that improves the quality of life of patients and their families facing life threatening illnesses, through the prevention and relief of pain and other physical symptoms, and psychological and spiritual suffering. It may be provided in any setting, by specialists or by others who have been trained in the palliative approach to care.</i>			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did Not Assess		Does the patient have a serious and incurable illness, disease or disability? If Yes, indicate the illness, disease or disability (select all that apply): <ul style="list-style-type: none"> <input type="checkbox"/> Cancer – lung and bronchus <input type="checkbox"/> Cancer – breast <input type="checkbox"/> Cancer – colorectal <input type="checkbox"/> Cancer – pancreas <input type="checkbox"/> Cancer – prostate <input type="checkbox"/> Cancer – ovary <input type="checkbox"/> Cancer – hematologic <input type="checkbox"/> Cancer – other - specify below <input type="checkbox"/> Neurological condition – multiple sclerosis <input type="checkbox"/> Neurological condition – amyotrophic lateral sclerosis <input type="checkbox"/> Neurological condition – other (For stroke, select cardiovascular condition below) - specify below <input type="checkbox"/> Chronic respiratory disease (e.g., chronic obstructive pulmonary disease) <input type="checkbox"/> Cardio-vascular condition (e.g., congestive heart failure, stroke) - specify below <input type="checkbox"/> Other organ failure (e.g., end-stage renal disease) <input type="checkbox"/> Multiple co-morbidities - specify below <input type="checkbox"/> Other illness, disease or disability - specify below 			
		Additional Information Relevant to Patient's Illness, Disease, or Disability			

Last Name of Patient	First Name of Patient	Second Name(s) of Patient
Eligibility criteria for medical assistance in dying continued:		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did Not Assess	Is the patient in an advanced state of irreversible decline in capability?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did Not Assess	Does the patient's illness, disease or disability, or their state of decline cause them enduring physical or psychological suffering that is intolerable to them and can not be relieved under conditions that they consider acceptable? If Yes, indicate how the patient described their suffering (select all that apply): <input type="checkbox"/> Loss of ability to engage in activities making life meaningful <input type="checkbox"/> Loss of dignity <input type="checkbox"/> Isolation or loneliness <input type="checkbox"/> Loss of ability to perform activities of daily living (e.g., bathing, food preparation, finances) <input type="checkbox"/> Loss of control of bodily functions <input type="checkbox"/> Perceived burden on family, friends or caregivers <input type="checkbox"/> Inadequate pain control, or concern about it <input type="checkbox"/> Inadequate control of other symptoms, or concern about it <input type="checkbox"/> Other - Specify:	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did Not Assess	Has the patient's natural death become reasonably foreseeable, taking into account all of their medical circumstances?	
Consideration of capability to provide informed consent. Check one of the following: <i>(Capable means that person is able to understand the relevant information and the consequences of their choices)</i>		
<input type="checkbox"/> I have no reason to believe the patient is incapable of providing informed consent to medical assistance in dying. OR <input type="checkbox"/> I have reason to be concerned about the capability of the patient to provide informed consent. <input type="checkbox"/> I have referred the patient to another practitioner for an assessment of capability to provide informed consent. <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Name of Practitioner Performing Determination of Capability</div>		
On receipt of the requested assessment, I determine that the patient: <input type="checkbox"/> is capable of providing informed consent <input type="checkbox"/> is not capable of providing informed consent		
CONCLUSION REGARDING ELIGIBILITY and PRACTITIONER SIGNATURE		
I determine that the patient: <input type="checkbox"/> Does meet the criteria for medical assistance in dying <input type="checkbox"/> Does not meet the criteria for medical assistance in dying <i>If it is determined that the patient does not meet the criteria, the practitioner assessor is to advise the attending practitioner and the patient of the determination and of the patient's option to seek another opinion.</i>		
Practitioner Signature	Date (YYYY / MM / DD)	Time
If planning was discontinued prior to administration, indicate reason:		
<input type="checkbox"/> Patient withdrew request <input type="checkbox"/> Patient's capability deteriorated (no longer capable of providing informed consent) <input type="checkbox"/> Death occurred prior to administration		
Health Authority fax numbers for submission of forms: Fraser HA: Fax: 604-523-8855 Vancouver Coastal HA: Fax: 1-888-865-2941 Interior HA: Fax: 250-469-7066 Vancouver Island HA: Fax: 250-727-4335 Northern HA: Fax: 250-565-2640 Provincial Health Services Authority: Fax: 604-829-2631		

HLTH 1633 – ASSESSMENT RECORD (ASSESSOR)

Instructions for Completion

Medical Assistance in Dying

Ministry of Health

Updated: November 1, 2018

What is the purpose of the *Assessment Record (Assessor)* form?

The federal legislation for medical assistance in dying requires that two independent medical practitioners (i.e. physicians or nurse practitioners) each provide a written opinion confirming that a requesting person (i.e. patient) meets all of the eligibility criteria set out in the legislation.

The *Assessment Record (Assessor)* form (HLTH 1633) is to be used by the medical practitioner who is willing to be an Assessor in relation to the patient's request for medical assistance in dying. The Assessor will use this form to record their assessment of patient eligibility. The Assessor's completion and submission of this provincial form fulfills both their federal and provincial reporting obligations under the federal *Regulations for Monitoring of Medical Assistance in Dying* and the provincial standards of the regulatory colleges for physicians and nurse practitioners.

The Assessor must **always use the most recent version** of the *Assessment Record (Assessor)* form (HLTH 1633) each time that they complete an eligibility assessment. The 1633 form is located on the Ministry of Health webpage for forms related to medical assistance in dying, at:

<https://www2.gov.bc.ca/gov/content/health/accessing-health-care/home-community-care/care-options-and-cost/end-of-life-care/medical-assistance-in-dying/forms>

The related *Assessment Record (Prescriber)* form (HLTH 1634) is to be used by the medical practitioner who is willing and prepared to prescribe the medication and administer medical assistance in dying.

How is the *Assessment Record (Assessor)* form laid out?

The three-page *Assessment Record (Assessor)* form has sections for the Assessor to record their assessment and conclusion regarding a patient's eligibility for medical assistance in dying, in relation to a patient's written request (i.e. *Patient Request Record* – HLTH 1632).

Note: Page 3 of the *Assessment Record Assessor* form is not to be finalized (i.e. signed and dated) until after the Assessor has reviewed the *Patient Request Record* to ensure it was appropriately completed, signed and witnessed (i.e. instructions for completion, signing and witnessing are noted in the *Patient Request Record* and its instruction guide, available at the following link:
<https://www2.gov.bc.ca/assets/gov/health/forms/1632fil.pdf>

Where and when should I submit my completed *Assessment Record (Assessor)* form?

For service planning purposes, the Assessor is to provide a copy of their completed *Assessment Record (Assessor)* to the Prescriber practitioner, and to the applicable health authority MAiD Care Coordination Service for health authority involved cases (if required per health authority policy). Contact information for each health authority is provided at the bottom of page 3 of the form. (Please complete form using black ink.)

For reporting purposes, the Assessor **must** fax their completed *Assessment Record (Assessor)* form, as well as the *Patient Request Record* (HLTH 1632) and a *Consultant's Assessment* of patient capability if applicable (HLTH 1635) to the Ministry of Health at 778-698-4678 **within 30 days** of becoming aware of any of the following reportable information:

1. The patient is assessed as ineligible for medical assistance in dying.
2. The patient is now ineligible after previously being assessed as eligible.
3. The patient has withdrawn their request.
4. The patient has died from another cause.

Reporting Caveats (reporting is not required in the following scenarios):

- i. Reporting is no longer required if the Assessor becomes aware of the reportable information “after the 90th day after the day on which the practitioner received the request” (under the federal *Regulations*).
- ii. The Assessor is not required to submit reporting for an assessment of patient eligibility, *unless the patient later becomes ineligible for this service*.
- iii. The Assessor is not required to submit reporting on a death resulting from medical assistance in dying, which is the responsibility of the Prescriber to report to the BC Ministry of Health (i.e. the Prescriber will submit all required provincial forms including a copy of the Assessor's assessment).

Is electronic format acceptable for forms retention?

Assessors are to retain a copy of all completed provincial forms for medical assistance in dying in the patient's health record, and must comply with any request for information or provision of medical records sought by the BC Ministry of Health for the purpose of oversight or monitoring of medical assistance in dying. Electronic retention of the forms in “pdf” format meets the requirement for provincial oversight and monitoring of medical assistance in dying.

PATIENT INFORMATION

The Assessor will record information pertaining to the patient (i.e., name, personal health number, province, postal code, birthdate and gender). If the patient does not have a BC personal health number (PHN), the Assessor will select the N/A (not applicable) checkbox. If the patient has health insurance from another province or territory, the Assessor will indicate the province or territory that issued the health insurance number and the associated postal code.

PRACTITIONER CONDUCTING ASSESSMENT

The Assessor will record information pertaining to themselves (i.e., name, CPSID# or BCCNP Prescriber #, phone, fax, work email address, work mailing address and area of specialty if a physician).

RECEIPT OF WRITTEN REQUEST FOR MAID

The Assessor will record the following information pertaining to their receipt of the patient's written request for medical assistance in dying:

- date the request was received;
- from whom the Assessor received the written request; and,
- whether the patient and practitioner had a prior therapeutic relationship.

PROFESSIONAL INTERPRETER (PROVINCIAL LANGUAGE SERVICE OR OTHER) IF USED

Should the patient require an interpreter, The Provincial Language Service can be accessed 24 hours a day, seven days a week at 1-877-BC Talks (228-2557) select option 1. The Assessor will record the interpreter's name, identification number and the date of service.

ELIGIBILITY CRITERIA AND RELATED INFORMATION

The Assessor will record information pertaining to their assessment of the patient's eligibility for medical assistance in dying. The following provides clarity on a number of requested information elements:

- **Assessment Date** – the date of the in-person or telemedicine assessment of eligibility, which is not necessarily the date the Assessor records their signature at the bottom of page 3 (i.e. the Assessor is required to review the patient's formal *Patient Request Record* (HLTH 1632) to ensure it is completed appropriately, before signing off on their eligibility assessment).
- **Telemedicine assessment** - in British Columbia, one of the two eligibility assessments for medical assistance in dying can be conducted using telemedicine. A telemedicine assessment requires that a regulated health professional be present with the patient to witness the assessment; therefore, the Assessor would record the witness' name, profession and college ID.

Note: The regulated health professional who acts as a witness to the Assessor's telemedicine assessment should not be the Prescriber, unless there are no other reasonable options.

- **Location of Assessment** – "Facility" refers to licensed community care settings and assisted living residences (if applicable also indicate the facility's unit).

I confirm that the following safeguards are met:

The Assessor will indicate by checkmark to confirm that each of six statements pertaining to the federal and provincial safeguards for medical assistance in dying are met. Clarity is provided on the following:

- **4th statement** – "I was satisfied that the request was signed and dated by the patient, or by another person permitted to do so on their behalf, and before two independent witnesses who then signed and dated the request."

Note: Both the Assessor and the Prescriber should review the *Patient Request Record* (HLTH 1632) to ensure they are satisfied that the two witnesses, and, if applicable, a proxy signor, meet the criteria for being “independent” from the patient. These criteria are specified in the federal legislation and identified on the *Patient Request Record* (HLTH 1632), and on the following Ministry of Health webpage for patients and families: <http://www2.gov.bc.ca/gov/content/health/accessing-health-care/home-community-care/care-options-and-cost/end-of-life-care/medical-assistance-in-dying>

The Assessor should inquire with patient and/or witnesses and proxy, if applicable, to confirm independence if there are any questions as to their independence.

If the Assessor requires further guidance on the above responsibility, they can contact their professional regulatory college (i.e. the College of Physicians and Surgeons of British Columbia, or the British Columbia College of Nursing Professionals).

I have determined that the patient has been fully informed of:

The Assessor will indicate by checkmark their agreement with each of three statements pertaining to information that the patient has been informed of (e.g. the patient’s medical diagnosis and prognosis). These statements pertain to a number of the federal safeguards for medical assistance in dying.

I have determined that the patient meets the following criteria to be eligible for medical assistance in dying: If patient is ineligible based on one or more criteria, select “Did Not Assess” for any remaining criteria not assessed.

The Assessor will indicate by checkmark their determination of whether the patient meets each question regarding eligibility criteria in the federal legislation for medical assistance in dying. If the Assessor indicates a patient does not meet one or more of the eligibility criteria, and does not proceed with their assessment, the Assessor must also indicate by checkmark those eligibility criteria that they “Did Not Assess” (i.e. the Assessor must complete this entire section to meet their reporting obligation).

Clarity is provided on the following questions pertaining to patient eligibility:

- 3rd question – “Is the patient capable of making this health care decision?” See also page three of the *Assessment Record (Assessor)* form for further considerations regarding the patient’s capability to provide informed consent for medical assistance in dying.
- 5th question – “Did the patient give informed consent to receive MAiD after having been informed of the means that were available to relieve their suffering, including palliative care?” The federal government has defined palliative care as an approach that improves the quality of life of patients and their families facing life threatening illnesses, through the prevention and relief of pain and other physical symptoms, and psychological and spiritual suffering. It may be provided in any setting, by specialists or by others who have been trained in the palliative approach to care.

HLTH 1633 – ASSESSMENT RECORD (ASSESSOR) – Instructions for Completion

- 6th question – “Does the patient have a serious and incurable illness, disease or disability?”
Select all illnesses, diseases or disabilities that apply. Use the additional space provided at the bottom of the page to clarify any responses and to provide additional information relating to the patient’s diagnoses.
- 8th question – “Does the patient’s illness, disease or disability, or their state of decline cause them enduring physical or psychological suffering that is intolerable to them and cannot be relieved under conditions that they consider acceptable? If yes, indicate how the patient described their suffering (select all that apply)”

Note: The federal *Regulations* require practitioners to provide the patient’s description of their suffering. The list of options is intended to support practitioners in relaying the patient’s description of their suffering. It is not intended to validate or invalidate various forms of suffering in respect of eligibility for medical assistance in dying.

- 9th question – “Has the patient’s natural death become reasonably foreseeable, taking into account all of their medical circumstances?” In the absence of a specific question on “prognosis”, the Assessor is encouraged to use the additional space available under question 6 to provide clarifying information regarding the patient’s diagnoses and the assessment that natural death has become reasonably foreseeable.

Consideration of capability to provide informed consent

The Assessor will indicate by checkmark their determination of the patient’s capability to provide informed consent to receive medical assistance in dying:

☐ I have **no reason** to believe the patient is incapable of providing informed consent to medical assistance in dying.

OR

☐ I have **reason to be concerned** about the capability of the patient to provide informed consent.

Note: The assessor will also indicate by separate checkmark if they referred the patient to another practitioner for a capability assessment, and the name of that practitioner.

If either the Assessor or Prescriber has **reason to be concerned** about the patient’s capability, they must refer the patient to another medical practitioner (e.g. with enhanced knowledge and skills in psychiatry or geriatric medicine) for a capability assessment. Once the consulting practitioner’s determination of patient capability has been received (*Consultant’s Assessment of Patient’s Informed Consent Decision Capability* – HLTH 1635), the Assessor will indicate by checkmark whether they determine the patient to be capable or not capable of providing informed consent.

CONCLUSION REGARDING ELIGIBILITY and PRACTITIONER SIGNATURE

The Assessor will indicate by checkmark one of two statements regarding their determination of the patient's eligibility for medical assistance in dying (i.e. whether the patient does or does not meet the eligibility criteria), and will record their signature, date and time of signing.

Note: This section at the bottom of page 3 of the *Assessment Record (Assessor)* form should not be signed and dated until after the Assessor has reviewed the *Patient Request Record* to ensure it was appropriately completed, signed and witnessed (i.e. instructions for completion of the *Patient Request Record*, including instructions for signing and witnessing, are specified in the *Patient Request Record* and its instruction guide, available at the following link:
<https://www2.gov.bc.ca/assets/gov/health/forms/1632fil.pdf>)

If planning was discontinued prior to administration, indicate reason

The Assessor will indicate by checkmark one of three possible reasons for planning being discontinued prior to the administration of medical assistance in dying (i.e. patient withdrew request, patient's capability deteriorated and they are no longer capable of providing informed consent, or death of the patient occurred prior to administration of medical assistance in dying).

This completes the Assessment Record (Assessor) form.

The Assessor's submission of the HLTH 1633 form:

For planning purposes: For an assessment of eligibility or ineligibility, or if the Assessor becomes aware that planning has been discontinued, the Assessor is to provide their completed 1633 form to the Prescriber (if known) and health authority MAiD Care Coordination Service (if required per health authority policy). (Fax numbers for MAiD Care Coordination Services are located at the bottom of the 1633 form.)

For reporting purposes: For an assessment of ineligibility, or if the Assessor becomes aware that planning has been discontinued, **the Assessor must fax their 1633 form (and the *Patient Request Record* and a consultant's assessment of patient capability if applicable) to the BC Ministry of Health at 778-698-4678 within 30 days** of their determination of patient ineligibility or of becoming aware of a reason for planning being discontinued.

**Medical Assistance in Dying
ASSESSMENT RECORD (PRESCRIBER)**

HLTH 1634 2018/10/29 PAGE 1 OF 6

Patient Label

Prescriber is to fax this assessment to the health authority MAiD Care Coordination Service (if required). **If MAiD is administered, Prescriber must fax required all forms to the BC Ministry of Health at 778-698-4678 within 72 hours of confirmation of patient's death.** If assessment determines ineligibility, or if planning is discontinued, Prescriber must fax this form to the Ministry of Health within 30 days. Retain original in patient's health record.

PATIENT INFORMATION

Last Name		First Name		Second Name(s)	
Personal Health Number (PHN) <input type="checkbox"/> N/A	Birthdate (YYYY / MM / DD)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other - specify:		
Province or Territory that Issued PHN <i>If patient does not have a PHN, provide the province or territory of patient's usual place of residence</i>			Postal Code Associated With PHN <i>If patient does not have a PHN, provide the postal code of patient's usual place of residence</i>		

PRACTITIONER CONDUCTING ASSESSMENT

Last Name		First Name		Second Name	
<input type="checkbox"/> CPSID # <input type="checkbox"/> BCCNP Prescriber #	Phone Number		Fax Number	Work Email Address	
Work Mailing Address				City	Postal Code
If you are a physician, what is your specialty? <input type="checkbox"/> Anaesthesiology <input type="checkbox"/> Family Medicine <input type="checkbox"/> Geriatric Medicine <input type="checkbox"/> Neurology <input type="checkbox"/> Palliative Medicine <input type="checkbox"/> Other (specify) <input type="checkbox"/> Cardiology <input type="checkbox"/> General Internal Medicine <input type="checkbox"/> Nephrology <input type="checkbox"/> Oncology <input type="checkbox"/> Respiratory Medicine					
To the best of your knowledge or belief, before you received the written request for MAiD, did the patient consult you concerning their health for a reason other than seeking MAiD?				<input type="checkbox"/> Yes <input type="checkbox"/> No	Province or Territory where you received the written request for MAiD.

RECEIPT OF WRITTEN REQUEST FOR MAiD

From whom did you receive the written request? <input type="checkbox"/> Patient directly (1632 form) <input type="checkbox"/> Patient directly - other, specify: <input type="checkbox"/> Another practitioner <input type="checkbox"/> Another third-party - specify: <input type="checkbox"/> Care coordination service		Date Written Request Received (YYYY / MM / DD)
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PROFESSIONAL INTERPRETER (PROVINCIAL LANGUAGE SERVICE OR OTHER) IF USED

Last Name	First Name	ID Number	Date of Service (YYYY / MM / DD)
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ELIGIBILITY CRITERIA AND RELATED INFORMATION

Each assessing medical or nurse practitioner is to make these determinations independently, document in the health record, and summarize their findings below. *Comments for any matter in any section are clarified in the medical record.*

Assessment Date (YYYY / MM / DD)	<input type="checkbox"/> In Person <input type="checkbox"/> By Telemedicine	If Telemedicine: Name of Witness (Regulated Health Professional)	Witness Profession	Witness College ID
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Location of Assessment <input type="checkbox"/> Home <input type="checkbox"/> Facility - Site:	Unit:	<input type="checkbox"/> Other - specify:
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I confirm that the following safeguards are met:

- ☐ The patient is personally known to me or has provided proof of identity, and has consented to this assessment.
- ☐ I do not know or believe that I am a beneficiary under the will of the patient requesting medical assistance in dying or a recipient, in any other way, of a financial or other material benefit resulting from the patient's death, other than the standard compensation for their services relating to the request.
- ☐ I ensured that the patient's request for medical assistance in dying was made **in writing and signed and dated** by the patient or by another person permitted to do so on their behalf.
Indicate the date on which the patient (or other person) signed the request (YYYY / MM / DD): _____
- ☐ I was satisfied that the request was signed and dated by the patient, or by another person permitted to do so on their behalf, and before two independent witnesses who then signed and dated the request.
- ☐ I ensured that the request was signed and dated after the patient was informed by a practitioner that the patient had a grievous and irremediable medical condition.
- ☐ I was satisfied that the other practitioner and I are independent.

THIS FORM DOES NOT CONSTITUTE LEGAL ADVICE; it is an administrative tool that must be completed for medical assistance in dying.

Last Name of Patient	First Name of Patient	Second Name(s) of Patient
I confirm that the following safeguards are met: (cont.)		
<input type="checkbox"/> I have ensured that another physician or nurse practitioner provided a second assessment (HLTH 1633) confirming that the patient met all of the criteria. Was the practitioner a: <input type="checkbox"/> Physician OR <input type="checkbox"/> Nurse Practitioner On what date did the other practitioner sign their second assessment? (yyyy/mm/dd) _____		
I have determined that the patient has been fully informed of:		
<input type="checkbox"/> Their medical diagnosis and prognosis. <input type="checkbox"/> Their right to withdraw their request at any time and in any manner. <input type="checkbox"/> The potential risks and probable outcome associated with taking the medication to be prescribed (i.e. patient expects to die when the medication is administered). <input type="checkbox"/> The recommendation to seek advice on life insurance implications.		
I have determined that the patient meets the following criteria to be eligible for medical assistance in dying: <i>If patient is ineligible based on one or more criteria, select "Did Not Assess" for any remaining criteria that are not assessed.</i>		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did Not Assess	Is the patient eligible for health services funded by a government in Canada? (Answer "Yes" if the patient would have been eligible but for an applicable minimum waiting period of residence or waiting period.)	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did Not Assess	Is the patient at least 18 years of age?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did Not Assess	Is the patient capable of making this health care decision?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did Not Assess	Did the patient make a voluntary request for MAiD that, in particular, was not made as a result of external pressure? If Yes, indicate why you are of this opinion (select all that apply): <input type="checkbox"/> Consultation with patient <input type="checkbox"/> Knowledge of patient from prior consultations or treatment for reasons other than MAiD <input type="checkbox"/> Consultation with other health or social service professionals <input type="checkbox"/> Consultation with family members or friends <input type="checkbox"/> Reviewed medical records <input type="checkbox"/> Other - Specify:	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did Not Assess	Did the patient give informed consent to receive MAiD after having been informed of the means that were available to relieve their suffering, including palliative care?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did Not Assess	Does the patient have a serious and incurable illness, disease or disability? If Yes, indicate the illness, disease or disability (select all that apply): <input type="checkbox"/> Cancer – lung and bronchus <input type="checkbox"/> Cancer – breast <input type="checkbox"/> Cancer – colorectal <input type="checkbox"/> Cancer – pancreas <input type="checkbox"/> Cancer – prostate <input type="checkbox"/> Cancer – ovary <input type="checkbox"/> Cancer – hematologic <input type="checkbox"/> Cancer – other - specify below <input type="checkbox"/> Neurological condition – multiple sclerosis <input type="checkbox"/> Neurological condition – amyotrophic lateral sclerosis <input type="checkbox"/> Neurological condition – other (For stroke, select cardiovascular condition below) - specify below <input type="checkbox"/> Chronic respiratory disease (e.g., chronic obstructive pulmonary disease) <input type="checkbox"/> Cardio-vascular condition (e.g., congestive heart failure, stroke) - specify below <input type="checkbox"/> Other organ failure (e.g., end-stage renal disease) <input type="checkbox"/> Multiple co-morbidities - specify below <input type="checkbox"/> Other illness, disease or disability - specify below	
Additional Information Relevant to Patient's Illness, Disease, or Disability		

Last Name of Patient	First Name of Patient	Second Name(s) of Patient
Eligibility criteria for medical assistance in dying continued:		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did Not Assess	Is the patient in an advanced state of irreversible decline in capability?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did Not Assess	<p>Does the patient's illness, disease or disability, or their state of decline cause them enduring physical or psychological suffering that is intolerable to them and can not be relieved under conditions that they consider acceptable?</p> <p>If Yes, indicate how the patient described their suffering (select all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Loss of ability to engage in activities making life meaningful <input type="checkbox"/> Loss of dignity <input type="checkbox"/> Isolation or loneliness <input type="checkbox"/> Loss of ability to perform activities of daily living (e.g., bathing, food preparation, finances) <input type="checkbox"/> Loss of control of bodily functions <input type="checkbox"/> Perceived burden on family, friends or caregivers <input type="checkbox"/> Inadequate pain control, or concern about it <input type="checkbox"/> Inadequate control of other symptoms, or concern about it <input type="checkbox"/> Other - Specify: 	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did Not Assess	Has the patient's natural death become reasonably foreseeable, taking into account all of their medical circumstances?	
Other Information		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Did you consult with other health care professionals, such as a psychiatrist or the patient's primary care provider, or social workers to inform your assessment (do not include the mandatory written second assessment (HLTH 1633) required by the Criminal Code)?</p> <p>If Yes, indicate what type of professional you consulted (select all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Nurse <input type="checkbox"/> Oncologist <input type="checkbox"/> Palliative care specialist <input type="checkbox"/> Primary care provider <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Psychologist <input type="checkbox"/> Social worker <input type="checkbox"/> Speech pathologist <input type="checkbox"/> Other health care professional – Specify: 	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know	<p>Has the patient received palliative care?</p> <p><i>Palliative care is an approach that improves the quality of life of patients and their families facing life threatening illnesses, through the prevention and relief of pain and other physical symptoms, and psychological and spiritual suffering. It may be provided in any setting, by specialists or by others who have been trained in the palliative approach to care.</i></p> <p>If Yes, for how long?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Less than 2 weeks <input type="checkbox"/> 2 weeks to less than 1 month <input type="checkbox"/> 1-6 months <input type="checkbox"/> More than 6 months <input type="checkbox"/> Do not know <p>If No, to the best of your knowledge or belief, was palliative care accessible to the patient?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know	<p>Does the patient require disability support services?</p> <p><i>Disability support services could include but are not limited to assistive technologies, adaptive equipment, rehabilitation services, personal care services and disability-based income supplements.</i></p> <p>If Yes, has the patient received disability support services?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know</p> <p>If Yes, for how long?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Less than 6 months <input type="checkbox"/> 6 months to less than 1 year <input type="checkbox"/> 1 year to less than 2 years <input type="checkbox"/> 2 years or more <input type="checkbox"/> Do not know <p>If No, to the best of your knowledge or belief, were disability support services accessible to the patient?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know</p>	

Last Name of Patient	First Name of Patient	Second Name(s) of Patient
Consideration of capability to provide informed consent. Check one of the following: <i>(Capable means that person is able to understand the relevant information and the consequences of their choices)</i>		
<input type="checkbox"/> I have no reason to believe the patient is incapable of providing informed consent to medical assistance in dying. OR <input type="checkbox"/> I have reason to be concerned about the capability of the patient to provide informed consent. <input type="checkbox"/> I have referred the patient to another practitioner for an assessment of capability to provide informed consent. <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Name of Practitioner Performing Determination of Capability</div> On receipt of the requested assessment, I determine that the patient: <input type="checkbox"/> is capable of providing informed consent <input type="checkbox"/> is not capable of providing informed consent		
Change in Eligibility (to be completed if, in your opinion, the patient was not eligible)		
Had you previously determined that the patient was eligible for MAiD? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , was the patient's change in eligibility due to the loss of capacity to make decisions with respect to their health? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , did you become aware that the patient's request was not voluntary (e.g. based on new information regarding external pressure)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
CONCLUSION REGARDING ELIGIBILITY and PRACTITIONER SIGNATURE		
I determine that the patient: <input type="checkbox"/> Does meet the criteria for medical assistance in dying <input type="checkbox"/> Does not meet the criteria for medical assistance in dying <i>If it is determined that the patient does not meet the criteria, the assessing practitioner is to advise the attending practitioner and the patient of the determination and of the patient's option to seek another opinion.</i>		
Practitioner Signature	Date (YYYY / MM / DD)	Time

PLANNING FOR MEDICAL ASSISTANCE IN DYING	
<input type="checkbox"/> I have received and reviewed the assessment by at least one other independent colleague indicating the patient is eligible for medical assistance in dying.	
<input type="checkbox"/> I have discussed with the patient the following options for administration and the patient has requested: <input type="checkbox"/> Practitioner-administered Intravenous (IV) Regimen, or <input type="checkbox"/> Patient self-administered Oral Regimen (supervised by practitioner)	
<input type="checkbox"/> I have planned for potential issues (failure of oral route to achieve effect, issues with initiation of intravenous access, etc.)	
<input type="checkbox"/> There is a location and timeline for provision: Planned Location: <input type="checkbox"/> Home <input type="checkbox"/> Facility - Site: _____ Unit: _____ <input type="checkbox"/> Other - specify: _____ Planned Date: _____ Days From Initial Request (if fewer than 10 clear days) _____	
<input type="checkbox"/> I ensured that there were at least 10 clear days between the day on which the request was signed by or on behalf of the patient and the day on which MAiD was provided. Where you considered a shorter period than 10 clear days appropriate in the circumstances, was it the patient's death or loss of capacity to provide informed consent that was deemed imminent? <input type="checkbox"/> Patient's death <input type="checkbox"/> Patient's loss of capacity to provide informed consent	
<input type="checkbox"/> I have reviewed with the pharmacist the request, assessments, and a plan to provide and administer medical assistance in dying, as well as to return any unused medications to the pharmacist within 72 hours after confirmation of death.	
<input type="checkbox"/> I have indicated on the prescription or order that the medication is for medical assistance in dying.	

Last Name of Patient	First Name of Patient	Second Name(s) of Patient
If planning was discontinued prior to administration, indicate reason and submit this form to the Ministry of Health and appropriate Health Authority (if required):		
<input type="checkbox"/> Patient withdrew request If the patient withdrew request, what were their reasons (select all that apply): <input type="checkbox"/> Palliative measures are sufficient <input type="checkbox"/> Family members do not support MAiD <input type="checkbox"/> Changed their mind <input type="checkbox"/> Other - specify: _____ <input type="checkbox"/> Do not know Did the patient withdraw their request after being given an opportunity to do so immediately before providing MAiD, as per Sec 241.2(3)(h) of the Criminal Code? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Patient's capability deteriorated (no longer capable of providing informed consent)		
<input type="checkbox"/> Death occurred prior to administration Did you complete the medical certificate of death? <input type="checkbox"/> Yes → What was the date of death? (YYYY / MM / DD): _____ What is the immediate cause of death on the medical certificate of death? _____ What is the underlying cause of death on the medical certificate of death? _____ <input type="checkbox"/> No → Provide the date of death (YYYY / MM / DD): _____ <input type="checkbox"/> Do not know		

COMPLETE this section with patient immediately prior to medical assistance in dying.

PATIENT CONFIRMATION OF REQUEST AND CONSENT IMMEDIATELY PRIOR TO MEDICAL ASSISTANCE IN DYING				
By signing below I confirm that I was given the opportunity to withdraw my request, and I give express consent to receive medical assistance in dying at this time.				
Signature of Patient			Date Signed (YYYY / MM / DD)	
PROXY SIGNATURE (IF APPLICABLE) (must be signed in front of patient)				
If patient is physically unable to sign, a proxy (another person) may sign on the patient's behalf and under the patient's express direction. The proxy signing here can be one of the witnesses listed in the Patient Request Record. The proxy must be at least 18 years old, understand the nature of the request, not know or believe they are a beneficiary in the will or recipient of financial or other material benefit resulting from the death of the patient, and must sign in the presence of the patient.				
Signature of Proxy		Print Name	Relationship to Patient	
		Date Signed (YYYY / MM / DD)	Phone Number	
Address		City	Province	Postal Code
CONSENT VIA VERBAL OR OTHER MEANS (IF APPLICABLE)				
If consent was provided via verbal or other means, and in the absence of a proxy, provide details on the steps taken to obtain consent.				
PROFESSIONAL INTERPRETER (PROVINCIAL LANGUAGE SERVICE OR OTHER) IF USED				
Last Name	First Name	ID Number	Date of Service (YYYY / MM / DD)	

This information is collected by the Ministry of Health under s.26(c) of the *Freedom of Information and Protection of Privacy Act* (FOIPP Act) and will be used for the purposes of monitoring and oversight for the provision of Medical Assistance in Dying in British Columbia. Should you have any questions about the collection of this personal information, please contact the Manager, Medical Assistance in Dying Oversight Unit at PO BOX 9638 STN PROV GOVT, Victoria BC V8W 9P1: 778-698-7497.

Vancouver Island HA: Fax: 250-727-4335
Provincial Health Services Authority: Fax: 604-829-2631

HLTH 1634 – ASSESSMENT RECORD (PRESCRIBER)

Instructions for Completion

Medical Assistance in Dying

Ministry of Health

Updated: November 1, 2018

What is the purpose of the *Assessment Record (Prescriber)* form?

The federal legislation for medical assistance in dying requires that two independent medical practitioners (i.e. physicians or nurse practitioners) each provide a written opinion confirming that a requesting person (i.e. patient) meets all of the eligibility criteria set out in the legislation.

The *Assessment Record (Prescriber)* form (1634) is to be used by the medical practitioner who is willing to be an assessor in relation to the patient's request for medical assistance in dying, and who is also prepared to prescribe the medication and administer medical assistance in dying should the patient's request proceed. The Prescriber will use this form to record their assessment of patient eligibility and, if applicable, details related to their planning and providing of medical assistance in dying. The Prescriber's completion and submission of this provincial form fulfills both their federal and provincial reporting obligations under the federal *Regulations for Monitoring of Medical Assistance in Dying* and the provincial standards of the regulatory colleges for physicians and nurse practitioners.

The Prescriber must **always use the most recent version** of the *Assessment Record (Prescriber)* form (HLTH 1634). The 1634 form is located on the Ministry of Health webpage for forms related to medical assistance in dying, at:

<https://www2.gov.bc.ca/gov/content/health/accessing-health-care/home-community-care/care-options-and-cost/end-of-life-care/medical-assistance-in-dying/forms>

The related *Assessment Record (Assessor)* form (HLTH 1633) is to be used by the medical practitioner who is willing to be an Assessor in relation to the patient's request for medical assistance in dying.

How is the *Assessment Record (Prescriber)* form laid out?

The first four pages of the *Assessment Record (Prescriber)* form have sections for the Prescriber to record their assessment and conclusion regarding a person's eligibility for medical assistance in dying, in relation to a patient's written request (i.e. *Patient Request Record* – HLTH 1632).

Note: Page four of the *Assessment Record (Prescriber)* form is not to be finalized (i.e. signed and dated) until after the Prescriber has reviewed the *Patient Request Record* to ensure it was appropriately completed, signed and witnessed - i.e. instructions for completion, signing and witnessing are noted in the *Patient Request Record* and its instruction guide, available at the following link:
<https://www2.gov.bc.ca/assets/gov/health/forms/1632fil.pdf>

Pages four through six of the *Assessment Record (Prescriber)* form have sections for the Prescriber to record details pertaining to their planning and providing of medical assistance in dying, in relation to the patient's chosen method (i.e. physician-administered intravenous medication, or self-

administered oral medication) and the patient's confirmation of request and express consent to receive medical assistance in dying (replacing the expired *Patient Confirmation Record* – HLTH 1637).

Where and when should I submit my completed *Assessment Record (Prescriber)* form?

For service planning purposes, the Prescriber is to fax their *Assessment Record (Prescriber)* form to the health authority MAiD Care Coordination Service (if required per health authority policy). Contact information for each health authority is provided at the bottom of page five of the form. (Please complete form using black ink.)

For reporting purposes:

When planning is discontinued - the Prescriber **must** fax their *Assessment Record (Prescriber)* form (with the *Patient Request Record* and a consultant's assessment of patient capability if applicable) to the Ministry of Health at 778-698-4678 **within 30 days** of becoming aware of any of the following reportable information:

1. The patient is assessed as ineligible for medical assistance in dying.
2. The patient is now ineligible after previously being assessed as eligible.
3. The patient has withdrawn their request.
4. The patient has died from another cause.

Reporting Caveat (under the federal Regulations):

Reporting is not required if the Prescriber becomes aware of the reportable information "after the 90th day after the day on which the practitioner received the request".

When medical assistance in dying is administered - the Prescriber **must** fax all required provincial forms, including their completed *Assessment Record (Prescriber)* form, to the BC Ministry of Health at 778-698-4678 **within 72 hours** of confirmation of the patient's death. The provincial forms to be submitted are listed on the Medical Assistance in Dying in British Columbia: Reporting at a Glance one-page reference document available on the Ministry of Health website.

Is electronic format acceptable for forms retention?

Prescribers are to retain a copy of all completed provincial forms for medical assistance in dying in the patient's health record, and must comply with any request for information or provision of medical records sought by the BC Ministry of Health for the purpose of oversight or monitoring of medical assistance in dying. Electronic retention of the forms in "pdf" format meets the requirement for provincial oversight and monitoring of medical assistance in dying.

PATIENT INFORMATION

The Prescriber will record information pertaining to the patient (i.e., name, personal health number, province, postal code, birthdate and gender). If the patient does not have a BC personal health number (PHN), the Prescriber will select the N/A (not applicable) checkbox. If the patient has health insurance from another province or territory, the Prescriber will indicate the province or territory that issued the health insurance number and the associated postal code.

PRACTITIONER CONDUCTING ASSESSMENT

The Prescriber will record information pertaining to themselves (i.e., name, CPSID# or BCCNP Prescriber #, phone, fax, work email address, work mailing address, and area of specialty if a physician).

RECEIPT OF WRITTEN REQUEST FOR MAID

The Prescriber will record the following information pertaining to their receipt of the patient's written request for medical assistance in dying:

- date the request was received;
- from whom the Prescriber received the written request; and,
- whether the patient and practitioner had a prior therapeutic relationship.

PROFESSIONAL INTERPRETER (PROVINCIAL LANGUAGE SERVICE OR OTHER) IF USED

Should the patient require an interpreter, The Provincial Language Service can be accessed 24 hours a day, seven days a week at 1-877-BC Talks (228-2557) select option 1. The Prescriber will record the interpreter's name, identification number and the date of service.

ELIGIBILITY CRITERIA AND RELATED INFORMATION

The Prescriber will record information pertaining to their assessment of the patient's eligibility for medical assistance in dying. The following provides clarity on a number of requested elements:

- **Assessment Date** – the date of the in-person or telemedicine assessment of eligibility, which is not necessarily the date the Prescriber records their signature at on page four (i.e. the Prescriber is required to review the patient's formal *Patient Request Record* (HLTH 1632) to ensure it is completed appropriately, before signing off on their eligibility assessment).
- **Telemedicine assessment** - in British Columbia, one of the two eligibility assessments for medical assistance in dying can be conducted using telemedicine. A telemedicine assessment requires that a regulated health professional be present with the patient to witness the assessment; therefore, the Prescriber would record the witness' name, profession and college ID.

Note: The regulated health professional who acts as a witness to the Prescriber's telemedicine assessment should not be the Assessor, unless there are no other reasonable options.

- **Location of Assessment** – “Facility” refers to licensed community care settings and assisted living residences (if applicable also indicate the facility's unit).

I confirm that the following safeguards are met:

The Prescriber will indicate by checkmark to confirm each of seven statements pertaining to federal and provincial safeguards for medical assistance in dying. Clarity is provided on the following statements:

- **4th statement** – “I was satisfied that the request was signed and dated by the patient, or by another person on their behalf and under their express direction, before two independent witnesses who then also signed and dated the request.”

Note: Both the Prescriber and the Assessor should review the *Patient Request Record* (HLTH 1632) to ensure they are satisfied that the two witnesses, and, if applicable, a proxy signer, meet the criteria for being “independent” from the patient. These criteria are specified in the federal legislation and identified on the *Patient Request Record* (HLTH 1632), and on the following Ministry of Health webpage for patients and families: <http://www2.gov.bc.ca/gov/content/health/accessing-health-care/home-community-care/care-options-and-cost/end-of-life-care/medical-assistance-in-dying>

The Prescriber should inquire with the patient and/or witnesses and proxy, if applicable, to confirm independence if there are any questions as to their independence.

If the Prescriber requires further guidance on the above responsibility, they can contact their professional regulatory college (i.e. the College of Physicians and Surgeons of British Columbia, or the British Columbia College of Nursing Professionals).

- **6th statement** – “I was satisfied that the other practitioner and I are independent.”

Note: Practitioners who work out of the same office should consider whether this arrangement affects their ability to provide an objective assessment of a patient's eligibility. Assessors should not be each other's mentor or supervisor.

Further guidance on the above safeguard can be sought through the Prescriber's professional regulatory college.

- **7th statement** (p.2) – “On what date did the other practitioner sign their second assessment (HLTH 1633)?”

Note: This refers to the date the Assessor signed their *Assessment Record (Assessor)* (HLTH 1633), not the date the assessment or telemedicine assessment was performed (if different from the Assessor's signature date).

I have determined that the patient has been fully informed of:

The Prescriber will indicate by checkmark their agreement with each of four statements pertaining to information that the patient has been informed of (e.g. the patient's medical diagnosis and prognosis, and the potential risks and probable outcome of taking the medication to be prescribed). These statements pertain to a number of the federal and provincial safeguards for medical assistance in dying.

**I have determined that the patient meets the following criteria to be eligible for medical assistance in dying:
If patient is ineligible based on one or more criteria, select "Did Not Assess" for any remaining criteria not assessed.**

The Prescriber will indicate by checkmark their determination of whether the patient meets each question regarding eligibility criteria in the federal legislation for medical assistance in dying. If the Prescriber indicates a patient is ineligible based on one or more of the eligibility criteria, and does not proceed further with their assessment, the Prescriber must indicate by checkmark those eligibility criteria that they "Did Not Assess" (i.e. the Prescriber must complete this entire section to meet their reporting obligation).

Clarity is provided on the following questions pertaining to patient eligibility:

- 3rd question – "Is the patient capable of making this health care decision?" See also page three of the *Assessment Record (Prescriber)* form for further considerations regarding the patient's capability to provide informed consent for medical assistance in dying.
- 5th question – "Did the patient give informed consent to receive MAiD after having been informed of the means that were available to relieve their suffering, including palliative care?" The federal government has defined palliative care as an approach that improves the quality of life of patients and their families facing life threatening illnesses, through the prevention and relief of pain and other physical symptoms, and psychological and spiritual suffering. It may be provided in any setting, by specialists or by others who have been trained in the palliative approach to care.
- 6th question – "Does the patient have a serious and incurable illness, disease or disability?" Select all illnesses, diseases or disabilities that apply. Use the additional space provided at the bottom of the page to clarify any responses and to provide additional information relating to the patient's diagnoses.
- 8th question – "Does the patient's illness, disease or disability, or their state of decline cause them enduring physical or psychological suffering that is intolerable to them and cannot be relieved under conditions that they consider acceptable? If yes, indicate how the patient described their suffering (select all that apply)"

Note: The federal *Regulations* require practitioners to provide the patient's description of their suffering. The list of options is intended to support practitioners in relaying the

patient's description of their suffering. It is not intended to validate or invalidate various forms of suffering in respect of eligibility for medical assistance in dying.

- 9th question – “Has the patient’s natural death become reasonably foreseeable, taking into account all of their medical circumstances?” In the absence of a specific question on “prognosis”, the Prescriber is encouraged to use the additional space available under question 9 to provide clarifying information regarding the patient’s diagnoses and the assessment that natural death has become reasonably foreseeable.

Other Information:

The prescriber will report details if known about the patient’s receipt of palliative and disability support services. The federal government has provided the following definitions:

- Palliative Care is an approach that improves the quality of life of patients and their families facing life threatening illnesses, through the prevention and relief of pain and other physical symptoms, and psychological and spiritual suffering. It may be provided in any setting, by specialists or by others who have been trained in the palliative approach to care.
- Disability Support Services could include but are not limited to assistive technologies, adaptive equipment, rehabilitation services, personal care services and disability-based income supplements.

Consideration of capability to provide informed consent. Check one of the following:

The Prescriber will indicate by checkmark their determination of the patient’s capability to provide informed consent to receive medical assistance in dying:

- ☐ I have **no reason** to believe the patient is incapable of providing informed consent to medical assistance in dying.

OR

- ☐ I have **reason to be concerned** about capability of the patient to provide informed consent.

Note: The Prescriber will also indicate by separate checkmark if they referred the patient to another practitioner for a capability assessment, and the name of that practitioner.

If either the Prescriber or Assessor has **reason to be concerned** about the patient’s capability, they must refer the patient to another medical practitioner (e.g. with enhanced knowledge and skills in psychiatry or geriatric medicine) for a capability assessment. Once the consulting practitioner’s determination of patient capability has been received (*Consultant’s Assessment of Patient’s Informed Consent Decision Capability* – HLTH 1635), the Prescriber will indicate by checkmark whether they determine the patient to be capable or not capable of providing informed consent.

CONCLUSION REGARDING ELIGIBILITY and PRACTITIONER SIGNATURE

The Prescriber will indicate by checkmark one of two statements regarding their determination of the patient's eligibility for medical assistance in dying (i.e. whether the patient does or does not meet the eligibility criteria), and will record their signature, date and time of signing.

Note: This section on page four of the *Assessment Record (Prescriber)* form should not be signed and dated until after the Prescriber has reviewed the *Patient Request Record* to ensure it was appropriately completed, signed and witnessed (i.e. instructions for completion of the *Patient Request Record*, including instructions for signing and witnessing, are specified in the *Patient Request Record* and its instruction guide, available at the following link: <https://www2.gov.bc.ca/assets/gov/health/forms/1632fil.pdf>)

PLANNING FOR MEDICAL ASSISTANCE IN DYING

The Prescriber will review and indicate by checkmark their confirmation with each of seven statements (and provide additional detail where necessary) pertaining to their planning for medical assistance in dying. A number of the statements pertain to the federal and provincial safeguards for medical assistance in dying.

- **1st statement** – “I have received and reviewed the assessment by at least one other independent colleague indicating the patient is eligible for medical assistance in dying.”

Note: The federal legislation requires that a person's eligibility for medical assistance in dying be assessed by two independent medical practitioners. In BC, this second assessment completed by the Assessor using the HLTH 1633 form.

- **2nd statement** – “I have discussed with the patient the following options for administration and the patient has requested (*indicated by checkmark*): practitioner-administered IV regimen, or patient-administered oral regimen.”

Note: The patient's confirmation of their chosen method for receiving medical assistance in dying is also recorded on the last page of this form.

- **3rd statement** – “I have planned for potential issues (failure of oral route to achieve effect, issues with initiation of intravenous access, etc.)”

Note: The Prescription order for medical assistance in dying specifies that for both protocols (i.e. the IV and oral drug protocols) a back-up kit of IV medication is to be prescribed by the practitioner and dispensed by the pharmacist. The Prescriber can contact the health authority MAiD Care Coordination Service for assistance in obtaining the pharmacy protocols and/or nursing support for initiation of intravenous access.

- **4th statement** – “There is a location and timeline for provision.” As well as recording information on the planned location and date, if the planned date is fewer than 10 clear days from the date of the patient’s written request (HLTH 1632) the Prescriber will indicate the number of days.
- **5th statement** – “Where you considered a shorter period than 10 clear days appropriate in the circumstances, was it the patient’s death or loss of capacity to provide informed consent that was deemed imminent (select all that apply)?”

Note: The safeguard of “at least 10 clear days” is specified in the federal legislation, and means that there must be at least 10 full days between the date on which the *Patient Request Record* is signed (i.e. day 1) and the date on which medical assistance in dying is provided (i.e. day 12), unless **both** practitioners are of the opinion that the person’s death or loss of capacity to provide informed consent is imminent.

The opinion of each practitioner is to be documented in the patient’s health record and/or the practitioner’s record pertaining to their assessment of the patient.

- **6th and 7th statements** – “I have reviewed with the pharmacist the request, assessments, and a plan to provide and administer medical assistance in dying, as well as to return any unused medications to the pharmacist within 72 hours after confirmation of death”, and, “I have indicated on the Prescription order that the medication is for medical assistance in dying.”

Note: These two statements refer to the *Prescription* order for medical assistance in dying, and the new *Dispensing Record (Pharmacist)* form (HLTH 1642) that contains sections on “Prescription Planning” and “Prescription Accountability” and is completed collaboratively by the Prescriber and the dispensing pharmacist. For additional guidance on the *Prescription*, the Prescriber can access the *British Columbia Pharmacy Protocols* guidance document (includes the medication administration records for intravenous and oral drug protocols, as well as drug protocol monographs) through a health authority or their professional regulatory college.

If planning was discontinued prior to administration, indicate reason

The Prescriber will indicate by checkmark one of three possible reasons why planning was discontinued prior to the administration of medical assistance in dying (i.e. patient withdrew request, patient’s capability deteriorated and they are no longer capable of providing informed consent, or patient death occurred prior to administration of medical assistance in dying).

For planning purposes: For an assessment of ineligibility, or if the Prescriber becomes aware that planning has been discontinued, the Prescriber is to provide their 1634 form to the health authority MAiD Care Coordination Service (if required per health authority policy). (Fax numbers for MAiD Care Coordination Services are located at the bottom of the 1633 form.)

For reporting purposes: For an assessment of ineligibility, or if the Prescriber becomes aware that planning has been discontinued, **the Prescriber must fax their 1634 form (and the *Patient Request Record* and a consultant's assessment of patient capability if applicable) to the BC Ministry of Health at 778-698-4678 within 30 days** of their determination of patient ineligibility or of becoming aware of a reason for planning being discontinued.

PATIENT CONFIRMATION OF REQUEST AND CONSENT IMMEDIATELY PRIOR TO MEDICAL ASSISTANCE IN DYING

Complete this section with patient immediately prior to medical assistance in dying.

The patient will sign and date this section to confirm that they were given the opportunity to withdraw their request for medical assistance in dying, and to confirm that they give express consent immediately before receiving medical assistance in dying.

PROXY SIGNATURE (IF APPLICABLE) (must be signed in front of patient)

If the patient is physically unable to sign and date their confirmation of request and consent, space is provided for a “proxy” (another person) to sign and date the confirmation of request and consent on the patient’s behalf, under the patient’s express direction and in the presence of the patient. If a proxy signs on behalf of the patient, the proxy will also record their printed name, relationship to the patient (e.g. “friend”), phone number and address.

Who can be a “proxy” to sign and date the patient confirmation of request on behalf of the patient and under their express direction?

The proxy must be at least 18 years of age, understand the nature of the request for medical assistance in dying, not know or believe they are a beneficiary in the patient’s will or a recipient of financial or other material benefit resulting from the patient’s death (for example, this may include “in-laws”), **and must sign the form in the presence of the patient**. A proxy signing here can be one of the two independent witnesses listed on page 2 of the *Patient Request Record*, or can be any other person who meets the criteria to be a proxy.

CONSENT VIA VERBAL OR OTHER MEANS (IF APPLICABLE)

It is also possible for the patient to communicate their consent verbally or by some other means (for example, making their mark using a tablet). The Prescriber will make note of whether the patient's consent was provided verbally or by some other means of communication in the absence of a proxy; however, it is preferable that a written signature by the patient or a proxy be provided if possible.

ADMINISTRATION OF MEDICAL ASSISTANCE IN DYING

The Prescriber will record information pertaining to their providing of medical assistance in dying, including information on the location, method of administration (intravenous, oral, or both routes if applicable) and details regarding self-administration (if applicable).

Note: Under the responses for "Location Type", there are "Yes / No / Do Not Know" checkboxes for the Prescriber to indicate their response to the question "If the patient had to be transferred to this location, was transfer due to an originating facility's policy regarding MAiD provision?"

The Prescriber will indicate by checkmark their confirmation of the following statement, which is a safeguard specified in the federal legislation and a responsibility of the Prescriber:

- ☐ Immediately before providing medical assistance in dying, I gave the patient an opportunity to withdraw their request and ensured that the patient gave express consent to receive medical assistance in dying.

There is space at the end of the form for the Prescriber to provide supplementary information to clarify responses, if applicable.

PRACTITIONER SIGNATURE

The prescriber practitioner will record their signature, and the date and time of their signing.

This completes the Assessment Record (Prescriber) form.

When medical assistance in dying is administered - the Prescriber **must** fax all required provincial forms, including the *Assessment Record (Prescriber)* form, to the BC Ministry of Health at 778-698-4678 **within 72 hours** of confirmation of the patient's death. The provincial forms to be submitted are listed on the Reporting at a Glance document found on the Ministry of Health website here.

**HLTH 1635 – CONSULTANT’S ASSESSMENT OF PATIENT’S
INFORMED CONSENT DECISION CAPABILITY**

Instructions for Completion

Medical Assistance in Dying

Ministry of Health

Updated: November 1, 2018

What is the purpose of the *Consultant's Assessment of Patient's Informed Consent Decision Capability (i.e. Consultant's Assessment)* form?

The federal legislation for medical assistance in dying requires that two independent medical practitioners (i.e. physicians or nurse practitioners) each provide a written opinion confirming that a requesting person (i.e. patient) meets all of the eligibility criteria set out in the legislation. One of the criteria is that the patient is able to provide “informed consent” to medical assistance in dying.

If one or both of the medical practitioners have reason to be concerned about the patient's capability, they must refer the patient to another medical practitioner (e.g. with enhanced knowledge and skills in psychiatry or geriatric medicine) for a capability assessment. The consultant medical practitioner must use the *Consultant's Assessment* form (HLTH 1635) to record their assessment of the requesting person's capability to provide informed consent to receive medical assistance in dying.

Note: Related forms are the *Patient Request Record* (HLTH 1632), the *Assessment Record (Assessor)* (HLTH 1633) used by the medical practitioner willing to be an assessor, and the *Assessment Record (Prescriber)* (HLTH 1634) used by the medical practitioner willing to be an assessor and provider of medical assistance in dying.

Where should I submit my completed *Consultant's Assessment* form?

The Consultant is to provide their completed *Consultant's Assessment* form to the practitioner who requested the patient capability assessment, and to the applicable health authority MAiD Care Coordination Service for health authority involved cases (if required per health authority policy). Contact information for each health authority is provided at the bottom of the form. (Please complete the form using black ink.)

All deaths resulting from medical assistance in dying, as well as information related to patient ineligibility or planning being discontinued (due to patient withdrawal or death from another cause), are required to be reported to the BC Ministry of Health. The assessor or provider practitioner will fax a copy of all required provincial forms, including the *Consultant's Assessment*, to the BC Ministry of Health within the timeframe required for reporting.

Is electronic format acceptable for forms retention?

Practitioners are to retain all original completed provincial forms for medical assistance in dying in the patient's health record, and must comply with any request for information or provision of medical records sought by the BC Ministry of Health for the purpose of oversight and monitoring of medical assistance in dying. Electronic retention of the forms in “pdf” format meets the requirement for provincial oversight and monitoring of medical assistance in dying.

PATIENT INFORMATION

The Consultant will record information pertaining to the patient (i.e. name, personal health number, birthdate and gender) and their medical diagnosis or diagnoses relevant to the request for medical assistance in dying (i.e. diagnoses that indicate a grievous and irremediable medical condition, intolerable suffering, and death being reasonably foreseeable). The patient's medical diagnoses are also recorded on the *Assessment Record (Assessor)* (HLTH 1633) form and the *Assessment Record (Prescriber)* (HLTH 1634) form. (If the patient does not have a personal health number, use the N/A checkbox.)

REFERRING PRACTITIONER

The Consultant will record information pertaining to the referring medical practitioner (i.e. the Assessor and/or Prescriber who referred the patient for the capability assessment (i.e. name, CPSID # or BCCNP Prescriber #, phone number and address)).

CONSULTANT PRACTITIONER

The Consultant will record information pertaining to themselves (i.e., name, college #, phone, fax, mailing address, email address, specialty, and the location of the assessment). A general practitioner will provide details on their additional training and expertise for conducting an in-person capability assessment under the category "other".

PROFESSIONAL INTERPRETER (PROVINCIAL LANGUAGE SERVICE OR OTHER) IF USED

Should the patient require an interpreter, The Provincial Language Service can be accessed 24 hours a day, seven days a week at 1-877-BC Talks (228-2557) select option 1. The Consultant will record the interpreter's name and identification number and the date of service.

CONSULTANT PRACTITIONER ASSESSMENT AND DETERMINATION OF PATIENT'S CAPABILITY TO PROVIDE INFORMED CONSENT

The Consultant will record the date of the patient's examination. Details on the assessment process and findings are to be documented in the patient's medical record.

Confirmation

The Consultant will indicate by checkmark that on the date of the assessment, they met with the patient, informed the patient of the reason for the assessment, and obtained patient consent to conduct the assessment to determine their capability to consent to medical assistance in dying. The Consultant will then initial one of the following two statements, and discuss their findings with the patient and advise the referring practitioner:

HLTH 1635 – CONSULTANT ASSESSMENT – Instructions for Completion

Initials

The patient does not have capability. A psychiatric illness/cognitive impairment is present to a degree that impairs ability to make an informed consent decision regarding medical assistance in dying.

OR

Initials

The patient has capability. A psychiatric illness/cognitive impairment is **not** present to a degree that impairs ability to make an informed consent decision regarding medical assistance in dying.

CONSULTANT PRACTITIONER SIGNATURE

The Consultant will record their signature, date and time of signing.

This completes the Consultant's Assessment form.

HLTH 1641 – DISPENSING RECORD (PHARMACIST)

Instructions for Completion

Medical Assistance in Dying

Ministry of Health

Issued: November 1, 2018

What is the purpose of the *Dispensing Record (Pharmacist)* form?

The *Dispensing Record (Pharmacist)* form (HLTH 1641) is to be used by the full pharmacist who dispenses a substance in connection with the provision of medical assistance in dying. The information to be reported on this form fulfils the pharmacist's reporting obligation under the federal *Regulations for the Monitoring of Medical Assistance and Dying* (effective November 1, 2018), as well as the provincial reporting requirement specified under the College of Pharmacists of British Columbia's Standards, Limits and Conditions for Dispensing Drugs for the Purposes of Medical Assistance in Dying (*Health Professions Act* Bylaws Schedule F, Part 5, Section 6).

How is the *Dispensing Record (Pharmacist)* form laid out?

The *Dispensing Record (Pharmacist)* form replaces provincial information previously collected on page 5 of the Prescription form (i.e. the sections on Prescription Planning and Prescription Accountability) and includes the information to be collected from the pharmacist under federal regulation. The pharmacist will record details related to the patient, practitioner, prescription planning, dispensing and receipt of medications, and the reconciliation of returned medications after the provision of medical assistance in dying.

Only the full pharmacist who dispenses the substance is required to report, and only one 1641 form is required when more than one drug protocol (IV and oral) is dispensed for the purpose of providing medical assistance in dying to a patient.

Where and when should I submit my completed *Dispensing Record (Pharmacist)* form?

The full pharmacist **must** FAX their completed *Dispensing Record (Pharmacist)* form (HLTH 1641) to the BC Ministry of Health at 778-698-4678 **within six business days** of the day on which the substance is scheduled to be administered to the patient (i.e. the scheduled provision of medical assistance in dying).

Is electronic format acceptable for forms retention?

Pharmacists are to retain a copy of the completed *Dispensing Record (Pharmacist)* form and *Prescription* order (including Medication Administration Record), and must comply with any request for information or provision of records sought by the BC Ministry of Health for the purpose of oversight or monitoring of medical assistance in dying. Electronic retention of the forms in "pdf" format meets the requirement for provincial oversight and monitoring of medical assistance in dying.

PATIENT INFORMATION

The pharmacist will obtain this information from the prescriber's *Prescription* order for medical assistance in dying. If the patient does not have a personal health number (PHN) from any province or territory but is eligible for health care in Canada, the pharmacist will select the N/A checkbox and leave the PHN field blank (i.e. do not assign a temporary PHN here), and indicate the province or territory of the patient's usual place of residence on the day the substance is dispensed.

PRESCRIPTION PLANNING

The prescriber will contact the pharmacist with the prescription for the patient, which must be in the patient's name and for the indication of medical assistance in dying. The pharmacist must review the prescription and discuss and confirm with the prescriber the patient's eligibility and consent for medical assistance in dying, the patient's drug therapy and the drug protocol selected, as well as other details pertaining to the ordering, preparation, dispensing, documenting, and return of unused and partially used medications.

To ensure a smooth and timely dispensing process, it is recommended that the prescriber and pharmacist collaborate to confirm the planned date and time of the procedure well in advance to allow ample time for obtaining and preparing the medications.

This section of the *Dispensing Record (Pharmacist)* form includes information on the planned date and time of prescription release from the pharmacist, and the plan for concluding the medical assistance in dying process (i.e. return of any unused and partially used medications).

Planned Date and Time of Prescription Release – The pharmacist will discuss with the prescriber and record the planned date and time of release of the prescribed medications.

Return of Unused Medications – The pharmacist will discuss with the prescriber and record the planned date and time of return of unused and partially used medications.

Plan for Concluding Medical Assistance in Dying Process – The pharmacist will indicate by checkmark that procedures have been established with the prescriber for the return of any unused and partially used medications within 72 hours (of the scheduled date of administration) to the pharmacy for secure and timely disposal. Any pharmacist within the dispensing pharmacy may receive back unused and partially used medications from the prescriber.

PRESCRIPTION ACCOUNTABILITY

This section includes information on the Medication Administration Record, dispensing sign-off, and details pertaining to the return of any unused and partially used medications after the provision of medical assistance in dying.

HLTH 1641 – DISPENSING RECORD (PHARMACIST) – Questions and Answers

Medication Administration Record (MAR) – The pharmacist will indicate by checkmark that the prescriber has been instructed on how to complete the MAR for medical assistance in dying medications. (Upon completion of medical assistance in dying, the prescriber will provide a copy of the MAR to the pharmacist for reconciliation of the return of all unused and partially used medications.)

Confirmation of Photo ID of Prescriber (if applicable) - If the prescriber is not known to the dispensing pharmacist, the pharmacist must confirm the prescriber's identity by means of photo ID and indicate by checkmark that this has been completed.

Dispensed by: Pharmacist – The pharmacist will record their name, signature, CPBC license number, dispensing location, and the date and time, to indicate their dispensing of the prescription(s) directly to the prescriber. There is space for the pharmacist to provide supplementary information to clarify their response (if applicable). An additional page can be added to the pharmacist's form if needed to clarify the pharmacist's response.

Notes regarding dispensing:

Dispensed drugs for the purpose of medical assistance in dying must be transported between the pharmacist and the prescriber only. In exceptional circumstances, this transport can be completed by a safe and secured courier (with terms and conditions that align with federal legislation, particularly the Controlled Drugs and Substances Act [CDSA] and the Narcotic Control Regulation.

Telepharmacy remote sites are not eligible to dispense drugs for the purpose of medical assistance in dying, unless a full pharmacist is temporarily on-site.

The full pharmacist may delegate to a pharmacy technician any aspect of the preparation of drugs for the purpose of medical assistance in dying that is within a pharmacy technician's scope of practice.

Received by: Prescriber - The prescriber will record their name, signature, CPSID number or BCCNP Prescriber number, and the date and time, to indicate their receipt of the prescription(s) directly from the pharmacist.

Return of All Unused and Partially Used Medications to Pharmacist for Disposal – The full pharmacist must collaborate with the prescriber regarding the return of unused and partially used medication to the pharmacy for disposal. The prescriber will return all unused and partially used medications to the pharmacy within 72 hours of the patient's death. Any pharmacist within the dispensing pharmacy may receive back unused and partially used medications from the prescriber.

The prescriber will provide a copy of the medication administration record(s) to the pharmacist for review and reconciliation of the medications returned. The pharmacist will record the name of each unused or partially used medication, and will document the strength and quantity of medication returned. The pharmacist will also indicate by checkmark whether each medication returned is

HLTH 1641 – DISPENSING RECORD (PHARMACIST) – Questions and Answers

consistent with what has been indicated by the prescriber on the medication administration record(s). If additional space is required to indicate the returned medications, the pharmacist will attach another page to their 1641 form.

The prescriber will record their name, CPSID number or BCCNP number, signature and the date and time, to indicate their return of any unused and partially used medications. The pharmacist will record their name, CPBC license number, signature and the date and time, to indicate their receipt of any unused and partially used medications.

Note - regarding the return of unused or partially used medications:

If the prescriber does not return the unused and partially used medications by the pharmacist's filing deadline (i.e. 6 business days), the pharmacist will indicate this by check box at the top of the return of medications section, and document their efforts to communicate with the prescriber in the "supplementary information" box (located in the dispensing section of the 1641 form).

This completes the Dispensing Record (Pharmacist) form.

HLTH 1642 – Transfer of Request

Instructions for Completion

Medical Assistance in Dying

Ministry of Health

Issued: November 1, 2018

What is the purpose of the *Transfer of Request* form?

The *Transfer of Request* form (HLTH 1642) is to be used by a medical or nurse practitioner (practitioner) who receives a person's **written request** for medical assistance in dying, does not intend to be the Assessor or Provider for that patient, and transfers the patient's written request or care to another practitioner or health authority medical assistance in dying (MAiD) Care Coordination Service for medical assistance in dying.

What constitutes a written request?

A person's written request for medical assistance in dying (either explicitly for or reasonably interpreted as such) may take any form. It does not have to be in the format required by the *Criminal Code* as a safeguard when medical assistance in dying is provided (i.e. duly signed, dated and witnessed). It must, however, be an explicit request (or reasonably interpreted as such) and not just an inquiry or request for information in order to trigger the reporting requirement for the practitioner.

Examples of a written request include the provincial *Patient Request Record* form (HLTH 1632), a patient's written request on paper, or an email or text message from a patient requesting medical assistance in dying.

The information to be reported on this form fulfils the practitioner's reporting obligation under the federal *Regulations for the Monitoring of Medical Assistance and Dying (Regulations)*, effective November 1, 2018), as well as the provincial reporting requirement specified under the College of Physicians and Surgeons of British Columbia's *Practice Standard for Medical Assistance in Dying*, and the British Columbia College of Nursing Professionals' *Nurse Practitioner Scope of Practice Standards, Limits, and Conditions for Medical Assistance in Dying*.

How is the *Transfer of Request* form laid out?

The one page *Transfer of Request* form has sections for the practitioner to record information related to the patient, practitioner, the patient's written request, and the practitioner's transfer of the patient's written request or care to another practitioner or MAiD Care Coordination Service. Each section is explained in greater detail on page 3 of this instructions guide.

Where and when should I submit my completed *Transfer of Request* form?

The practitioner **must** FAX their completed *Transfer of Request* form (HLTH 1642) to the **BC Ministry of Health at 778-698-4678 within 30 days** of the day on which they transferred the patient's written request or care.

Reporting Caveat: Reporting is not required if the practitioner becomes aware of the reportable information “after the 90th day after the day on which the practitioner received the request” (under the federal *Regulations*). **This reporting caveat is not intended to delay the practitioner’s transfer of a patient’s written request for medical assistance in dying;** rather, as per the professional regulatory college standards for medical assistance in dying (i.e. College of Physicians and Surgeons of BC, and BC College of Nursing Professionals) practitioners are required to perform an effective transfer of care for their patients.

Is electronic format acceptable for forms retention?

Practitioners are to retain a copy of the completed *Transfer of Request* form in the patient’s health record, and must comply with any request for information or provision of medical records sought by the BC Ministry of Health for the purpose of oversight or monitoring of medical assistance in dying. Electronic retention of the forms in “pdf” format meets the requirement for provincial oversight and monitoring of medical assistance in dying.

PATIENT INFORMATION

The practitioner will record information pertaining to the patient (name, personal health number, province, postal code, birthdate and gender). If the patient does not have a BC personal health number (PHN), the practitioner will select the N/A (not applicable) checkbox. If the patient has health insurance from another province or territory, the practitioner will indicate the province or territory that issued the health insurance number and the associated postal code.

PRACTITIONER INFORMATION

The practitioner will record information pertaining to themselves (i.e. name, CPSID# or BCCNP Prescriber #, phone, fax, work email address, work mailing address, and area of specialty if a physician).

RECEIPT OF WRITTEN REQUEST

The practitioner will record the following information pertaining to their receipt of the patient’s written request for medical assistance in dying:

- date the request was received;
- province where the written request was received;
- whether the patient and practitioner had a prior therapeutic relationship; and,
- from whom the practitioner received the written request.

TRANSFER OF REQUEST

The practitioner will record the following information pertaining to their transfer of the patient's written request for medical assistance in dying or care:

- date the practitioner transferred the patient's written request or care;
- an indication of whether the practitioner completed an eligibility assessment (i.e. a HLTH 1633 or 1634 form, or an informal eligibility assessment) prior to transferring the request or care, and, if so, whether the patient was eligible for medical assistance in dying in their opinion.

Note: A practitioner is not required to complete a formal or informal eligibility assessment prior to transferring a patient's written request for medical assistance in dying.

- an indication of the reasons for transferring the patient's written request or care;

For example:

- due to policies on medical assistance in dying of a hospital, community care facility (i.e. residential care or assisted living residence) or palliative care facility where the patient is located;
 - due to a lack of relevant expertise to assess patient eligibility or to provide MAiD;
- an indication of where the practitioner transferred the patient's written request or care to.

This completes the Transfer of Request form.



1124040

December 7, 2018

All Health Authority MAiD Care Coordination Services:

I am writing to inform all health authority MAiD Care Coordination Services (MCCS) of the extension of, and updates to, the Medical Assistance in Dying Travel and Training Assistance Program (MAiDTTAP). The revised MAiDTTAP Policy is in effect until October 31, 2019, with funding approved by the Joint Standing Committee on Rural Issues to continue to assist health authorities in providing MAiD services to residents in Rural Subsidiary Agreement communities (A, B, C or D designation).

Updates to the MAiDTTAP Policy and Forms:

In addition to the compensation previously allowed under MAiDTTAP (i.e. approved travel time and costs for a visiting physician conducting an eligibility assessment or providing MAiD, and mentorship training payment(s) for a local physician training with the visiting physician), the Policy now compensates a visiting physician for their pre-approved travel time/costs and mentorship when attending up to two MAiD provisions by a newly trained local physician or nurse practitioner. The two provisions by the local provider do not have to be sequential, in order to accommodate the unique challenges that a newly trained provider may encounter in their initial provisions of MAiD (e.g. the visiting physician could be requested and approved to mentor the first and third MAiD provisions by a local provider).

The MCCS must apply to Rural Programs for pre-approval of the visiting mentor's travel time/costs and mentorship, by completing and submitting the new MAiDTTAP Visiting Mentor Funding Request form (HLTH 1643). This form requires the MCCS to provide the following information related to the request (i.e. similar to the MAiDTTAP Funding Request form):

1. Indicate if the one-way travel time for nearest available MAiD Visiting Mentor is >30 minutes.
2. Indicate whether a local physician (or nurse practitioner) has attended a provision with any MAiDTTAP provider in the past.
3. Indicate, if any, how many times the local physician (or nurse practitioner) has provided MAiD; either with a Visiting Mentor or independently.

Following receipt of Rural Programs' approval and the visiting mentor's attendance at the local provision of MAiD, the visiting mentor physician will complete and submit the MAiDTTAP Application for Expenses (HLTH 1639) and the MAiDTTAP Application for Mentorship Training Payment (HLTH 1640). The HLTH 1639 is the existing form that the visiting physician completes and submits to Rural Programs for compensation of their travel time/costs, and the HLTH 1640 is an existing form now updated to include the visiting mentor physician's application for mentorship compensation. It should be noted that the mentorship training payment is paid to only *one* eligible observing physician (i.e. would be paid to *either* the local physician approved to train with a visiting physician in eligibility assessment or MAiD provision, *or* would be paid to a visiting physician approved to mentor the local physician or nurse practitioner during their provision of MAiD). The provision of MAiD, whether by visiting or local provider, is compensated via MAiD fee items in the Medical Services Commission Payment Schedule.

Questions regarding the above updates to the MAiDTTAP Policy and forms can be directed to Rural Programs, at 250-952-2754.

Sincerely,



Derek Rains
Director, Acute Care Access and Policy

Pc: Provincial MAiD Working Group

Sandra Walker
Senior Manager, Physician Services Branch

Page 043 to/à Page 079

Withheld pursuant to/removed as

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**Medical Assistance in Dying
Travel and Training Assistance Program
(MAiDTTAP)**

Policy

Ministry of Health

Effective date: November 2017

Updated: November 2018

Chapter:	MAiD Travel and Training Assistance Program (MAiDTTAP)	Page:	2 of 8
Section: 1	General	Effective:	November 2017

1.1 Description:

The Medical Assistance in Dying Travel and Training Assistance Program (MAiDTTAP) provides funding to assist Health Authorities (HAs) in the provision of MAiD services to residents in Rural Subsidiary Agreement (RSA) communities. MAiDTTAP funds compensate visiting physicians for travel time and travel related costs, including lodging, incurred in conducting an eligibility assessment or providing MAiD when no local medical practitioner (i.e. physician or nurse practitioner) is available, willing and trained to provide the service. MAiDTTAP also compensates local physicians, via a mentorship training payment, for training with a visiting physician in eligibility assessment or the provision of MAiD, and compensates the visiting physician for travel time/costs and mentorship when attending a local physician's (or nurse practitioner's) provision of MAiD.

1.2 Guidelines:

HAs are expected to integrate MAiD services into regional health service delivery, with the objective of increasing capacity to provide service and improving access to MAiD for residents in RSA communities. HAs are expected to follow sound financial practices in their requests for MAiDTTAP funding and, where possible, to combine physician travel with mentorship training opportunities for local physicians willing to learn about eligibility assessment or the provision of MAiD.

Each HA has a MAiD Care Coordination Service (MCCS) in place to connect residents with available medical practitioners who are willing and trained to assess eligibility and/or provide MAiD. If no local practitioner is available in the resident's community, the MCCS will contact the nearest available physician who is able to travel to assess eligibility or provide MAiD. The MCCS will determine whether travel requirements meet the criteria for MAiDTTAP funding, including whether a mentored training opportunity exists for a local physician, and will submit the *MAiDTTAP Funding Request* form with supporting information for consideration and approval by Rural Programs, Physician Compensation Branch, Ministry of Health. Rural Programs will provide the MCCS with an indication of approval within 48 hours of receipt of the funding request, in consideration of MAiD timelines. The visiting physician will submit travel time and travel related cost receipts to Rural Programs using the *MAiDTTAP Application for Expenses* form. A local physician participating in mentored training, and a visiting physician attending and mentoring a local physician's (or nurse practitioner's) provision of MAiD, will submit the *Application for Mentorship Training Payment* form to Rural Programs.



Chapter:	MAiD Travel and Training Assistance Program (MAiDTTAP)	Page:	3 of 8
Section: 1	General	Effective:	November 2017

1.3 Program Funding:

MAiDTTAP funding (i.e. physician travel expenses and travel time honorariums, and physician mentorship training payments) is a reserved amount of \$100,000 allocated from one-time funding. Funding allocation will be reviewed yearly from the effective date of this policy. As self-sufficiency in RSA communities is attained, the need for physician travel and training assistance is expected to diminish.

Chapter:	MAiD Travel and Training Assistance Program (MAiDTTAP)	Page:	4 of 8
Section: 2	Eligibility and Application	Effective:	November 2017

2.1 Visiting Physician Eligibility:

All RSA communities are eligible for MAiDTTAP funding if there is no local practitioner who is available, willing and trained to assess eligibility or provide MAiD in the resident's community, and if one-way travel time for the nearest available MAiD practitioner is >30 minutes. There is no maximum number of MAiD visits per RSA community per year; however, each *MAiDTTAP Funding Request* must include supporting information to indicate that the conditions for funding (see a-f below) have been met or adequately addressed. If approved, MAiDTTAP funding includes compensation for the visiting physician's travel time and travel related costs incurred in the pick-up and return of MAiD medications from/to the dispensing pharmacy, and for the visiting physician's travel time/costs and mentorship when attending a local physician's (or nurse practitioner's) provision of MAiD.

For each *MAiDTTAP Funding Request*, the MCCS will ensure that the following conditions have been met or adequately addressed, with supporting information:

- Telemedicine will be used, if possible, for one of the two eligibility assessments to determine a resident's eligibility for MAiD.
- There is no local practitioner who is available, willing and trained to conduct an eligibility assessment or provide MAiD in the resident's community.
- Every effort is being made to recruit and support local practitioners, to enable self-sufficiency for MAiD in RSA communities.
- Every effort has been made to identify whether a training opportunity exists that can be combined with the physician's travel, including communicating to local physicians the availability of a mentorship training payment for attending an eligibility assessment or provision of MAiD.
- Allowable compensation is only up to the distance of the nearest MAiD provider able to travel.
- Health care providers participating in the MAiD event, including local providers who attended as a mentored training opportunity, will be offered the opportunity to participate in any planned debrief following the MAiD event.

2.2 Training Physician Eligibility:

All RSA communities are eligible for MAiDTTAP funding, in the form of a mentorship training payment, for a local physician who participates in a mentored training session with a visiting physician in eligibility assessment or the provision of MAiD.

Chapter:	MAiD Travel and Training Assistance Program (MAiDTTAP)	Page:	5 of 8
Section: 2	Eligibility and Application	Effective:	November 2017

2.3 Rural Retention Premiums:

When a visiting physician provides services in a community that is eligible for Rural Retention Premiums, the visiting physician is entitled to the FFS retention premium in that community but is not entitled for the flat sum retention amount, which is only for resident physicians. Visiting physicians must ensure the Rural Retention Program Service Clarification Code is on all FFS billings to receive the FFS premium.

Chapter:	MAiD Travel and Training Assistance Program (MAiDTTAP)	Page:	6 of 8
Section: 3	Reimbursement	Effective:	November 2017

3.1 Travel Expenses: Visiting Physician

Reimbursement will be made directly to the visiting physician upon receipt and approval of their *MAiDTTAP Application for Expenses* form and applicable original receipts for eligibility assessment or provision of MAiD, or for attending and mentoring a local physician's (or nurse practitioner's) provision of MAiD. Acceptable expenses relate to direct costs of physician travel and lodging only, including travel expenses for the pick-up and return of prescribed MAiD medications from/to the dispensing pharmacy.

3.2 Travel Time: Visiting Physician

Physicians are also entitled to a travel time honorarium for eligibility assessment or provision of MAiD, or for attending and mentoring a local physician's (or nurse practitioner's) provision of MAiD. Travel time is calculated based on the time the physician leaves his/her residence/office and arrives in the community (including, if applicable, travel time to pick-up MAiD medications from the dispensing pharmacist) and the time the physician leaves the community to the time s/he returns to his/her residence/office (including, if applicable, travel time to return unused medications to the dispensing pharmacy), to a maximum of \$1,500 per return trip (i.e. a total maximum of \$3,000 for eligibility assessment and provision, and a maximum of \$3000 for attending up to two MAiD provisions by each mentored local physician (or nurse practitioner)).

3.4 Travel Time Honorariums: Visiting Physician

Effective September, 2017:

Less than 2.5 hours	\$ 250
2.5 to 4 hours	\$ 500
4 to 10 hours	\$1,000
Over 10 hours	\$1,500

3.3 Mentorship Training Payment: Local Physician

Reimbursement will be made directly to the local physician upon receipt and approval of their *MAiDTTAP Application for Mentorship Training Payment* form. The local physician can claim a total of two mentorship training payments for training received in both eligibility assessment and the provision of MAiD (i.e. a total maximum of \$265.14).

Mentorship Training Payment	\$ 132.57
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Chapter:	MAiD Travel and Training Assistance Program (MAiDTTAP)	Page:	7 of 8
Section: 3	Reimbursement	Effective:	November 2017

3.4 Mentorship Training Payment: Visiting Physician

Reimbursement will be made directly to the visiting physician upon receipt and approval of their *MAiDTTAP Application for Mentorship Training Payment* form. The visiting physician can claim up to two mentorship training payments for attending up to two provisions of MAiD by each mentored local physician (or nurse practitioner) (i.e. a maximum of \$265.14 for attending the MAiD provisions of each local provider).

Mentorship Training Payment \$ 132.57

3.5 Retroactive Payment

MAiDTTAP **does not** compensate for travel/training prior to effective date of policy.

Chapter:	MAiD Travel and Training Assistance Program (MAiDTTAP)	Page:	8 of 8
Section: 4	Advisory Committee, Reporting, and Monitoring	Effective:	November 2017

4.1 Joint Standing Committee on Rural Issues (JSC)

The Joint Standing Committee on Rural Issues (JSC) is the governing body for MAiDTTAP. The JSC reports to the Medical Services Commission on the funding and administration of MAiDTTAP and will provide policy direction, evaluate exceptional circumstance requests, and resolve appeals in relation to MAiDTTAP.

4.2 Appeal Process

If the JSC has deemed a community or physician ineligible, the MCCS may submit an appeal or register exceptional circumstances, in writing, to the JSC for consideration. The JSC will attempt to respond to an appeal promptly, in consideration of MAiD timelines.

4.3 Reporting, Monitoring, and Evaluation

4.3.1 Health Authority Responsibility

The MCCS will collect and retain information on MAiDTTAP funding requests, physician visits for eligibility assessment and provision of MAiD, and mentored training sessions, and will provide this information to Rural Programs or the JSC as requested for program review or audit.

4.3.2 Ministry Responsibility

The Ministry will monitor MAiDTTAP service delivery and expenses, perform program evaluation, and forward unresolved program issues to the JSC, as needed.

Medical Assistance in Dying

Patients and their families have many decisions to make when faced with end-of-life care or intolerable suffering. It's important for British Columbians to know and understand all the health care options available to them.

Medical assistance in dying provides patients, who may be experiencing intolerable suffering due to a grievous and irremediable (incurable) medical condition, the option to end their life with the assistance of a doctor or nurse practitioner.

Medical assistance in dying is provided only to legally eligible patients. To ensure this service is provided in a safe manner, a system of safeguards has been designed to protect vulnerable people and support all people to make an informed decision.

British Columbians seeking medical assistance in dying should speak with their doctor, nurse practitioner or local health authority's care co-ordination service for medical assistance in dying.

See below for more information.

What is medical assistance in dying?

Medical assistance in dying occurs when an authorized doctor or nurse practitioner provides or administers medication that intentionally brings about a person's death, at that person's request. This procedure is only available to eligible patients.

- [Find out about other options available to patients facing suffering at end of life](#)

Who is eligible for medical assistance in dying?

In order to be eligible to receive medical assistance in dying, a person must meet *all* of the following criteria:

- Be eligible for health services publicly funded by a government in Canada, such as being registered or eligible for B.C.'s Medical Services Plan;
- Be at least 18 years of age and capable of making decisions about their health;
- Have made a voluntary request for medical assistance in dying that, in particular, was not made as a result of external pressure;
- Have given informed consent to receive medical assistance in dying after being informed of the means that are available to relieve their suffering, including palliative care; and
- Have a grievous and irremediable medical condition, which means:
 - they have a serious and incurable illness, disease or disability;
 - they are in an advanced state of decline that cannot be reversed;
 - that illness, disease or disability or that state of decline causes them enduring physical or psychological suffering that is intolerable to them and cannot be relieved under conditions that they consider acceptable; and

- 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 they have remaining.

What safeguards are in place for medical assistance in dying?

Federal law includes the following safeguards to ensure vulnerable people are protected:

- A person's request for medical assistance in dying must be made in writing and signed and dated in front of two "independent witnesses" (see below), who must also sign and date the request.
- A person's request must be signed and dated after they have been informed by a doctor or nurse practitioner that they have a medical condition that fits the "grievous and irremediable" criteria.
- Two independent doctors or nurse practitioners must assess the person to confirm their eligibility.
- A person must be given the opportunity to withdraw their request throughout the process, including immediately before being provided with medical assistance in dying.
- A person must be given a period of reflection of at least 10 days from the date they signed their request, unless both practitioners agree that a shorter period is appropriate in the circumstances.
- Medical assistance in dying can only be provided to persons who can give consent. Consent through an alternate or substitute decision maker or through a personal advance directive is not applicable. (If a person is capable of providing informed consent but is physically unable to sign a request, another person may sign the request under the patient's express direction).

The province of B.C. has implemented the following additional safeguards:

- A regulated health professional must witness an eligibility assessment conducted via the Telehealth videoconferencing system. (A Telehealth assessment would be arranged by the doctor or nurse practitioner.)
- If one or both doctors or nurse practitioners are concerned about a patient's capability to provide informed consent, they will request a capability assessment from a third doctor or specialist.
- The pharmacist must dispense the drugs directly to the prescribing doctor or nurse practitioner and the prescribing doctor or nurse practitioner must return any unused drugs to the pharmacy.
- The doctor or nurse practitioner must be present with the patient during the self-administration or administration of medical assistance in dying and remain with the patient until death is confirmed. This may not be delegated to another person or professional.

Who can be an "independent witness" to a patient's request for medical assistance in dying?

An “independent witness” can be any person who is at least 18 years of age and who understands the nature of the request, except if they:

- know or believe that they are a beneficiary under the will of the person making the request, or would receive a financial or other material benefit resulting from that person’s death;
- are an owner or operator of any health care facility where the person making the request is being treated or lives; or
- are directly involved in providing health care services or personal care to the person making the request.

How can eligible patients receive medical assistance in dying in B.C.?

Patients looking to access medical assistance in dying should bring their wishes or questions to the attention of their doctor or nurse practitioner, who can discuss the options available to the patient or assist them to find someone who can help.

Every B.C. health authority has a designated person to help connect patients requesting information on medical assistance in dying with a doctor or nurse practitioner who can provide guidance.

Visit the health authority links below for information and contacts:

[Fraser Health](#)

[Interior Health](#)

[Island Health](#)

[Northern Health](#)

[Provincial Health Services Authority](#)

[Vancouver Coastal Health](#)

For people living in a First Nations community or care providers working in First Nations communities, please email the First Nations Health Authority (maid@fnha.ca) if you have any questions or require further assistance in coordination.

Patients can expect requests for medical assistance in dying to be received in a compassionate and respectful manner. Before anyone is able to receive medical assistance in dying, they must be assessed by two independent doctors or nurse practitioners to see if they are eligible for this service. This process also ensures the patient is aware of all of the care options available to them and has the information required to make an informed decision.

Is there a Patient Request form to fill out, and where should I send it?

There is a provincial form called the [Patient Request Record](#) that must be filled out by the patient to request medical assistance in dying. The patient must sign and date page 1 of this form in front of two independent witnesses, who must also sign and date the form on page 2. The [Patient](#)

Request Record fulfills the requirement in the federal legislation that a person must submit a written request for medical assistance in dying.

The patient can submit their Patient Request Record directly to their doctor or nurse practitioner, or they can contact a health authority's care coordination service for medical assistance in dying (see health authority links above and contact information located under the Patient Request Record on the Forms page).

Will patients have to pay for the drugs used to perform assistance in dying?

Patients will have full coverage for medications used in medical assistance in dying.

Where is medical assistance in dying available in B.C.?

Not all doctors or nurse practitioners will be willing or able to provide medical assistance in dying. This is a new service and it will take time before health-care providers acquire the skills, training and experience to provide this service.

Patients should speak to their doctor or nurse practitioner or contact their health authority regarding the options available within their region. Medical assistance in dying will not be immediately available in every community. However, the B.C. government is working to support patient-centred access within each region of the province.

Who is allowed to perform medical assistance in dying?

Doctors and nurse practitioners are able to provide medical assistance in dying as long as they comply with the rules set out in the Criminal Code, and all applicable provincial and territorial laws, rules and policies. For example, B.C. physicians must follow the standards of the College of Physicians and Surgeons of British Columbia, and nurse practitioners must follow the standards of the British Columbia College of Nursing Professionals.

Other health-care providers, such as registered nurses and pharmacists, as well as family members or loved ones requested by the patient, may help in providing medical assistance in dying, so long as they also comply as stated above and are not in a position to benefit from the person's death.

What if my doctor or nurse practitioner won't perform medical assistance in dying?

For a variety of reasons, not all doctors or nurse practitioners will provide medical assistance in dying and no one will be forced to do so. For some, providing medical assistance in dying may conflict with their personal beliefs.

Even if a doctor or nurse practitioner does not provide medical assistance in dying as a matter of conscience, a patient can still expect to be treated with respect and be provided with information

on how to access this service. This means health-care providers must not discriminate against patients and must provide an effective transfer of care if they choose not to offer that care themselves.

What if I change my mind after requesting medical assistance in dying?

Patients requesting medical assistance in dying can change their mind and withdraw their request at any time and in any manner.

It's very important that patients have time to reflect on their decision so, following a patient's request for medical assistance in dying, a mandatory reflection period of at least 10 days must occur between the day the written request is signed and the day medical assistance in dying is provided, unless death or the patient's loss of capacity are imminent.

Immediately before the doctor or nurse practitioner provides medical assistance in dying – whether in the form of administering or providing the patient with prescribed drugs for self-administration – they must confirm with the patient that they are still sure that this is what they want and the patient must provide consent to proceed.

Can I request medical assistance in dying in advance of experiencing suffering or receiving a diagnosis?

According to federal law, medical assistance in dying cannot be provided based on an advance request and can only be provided after two independent assessors have determined that all of the eligibility criteria set out in the Criminal Code have been met. To be eligible for medical assistance in dying, the patient must be diagnosed with a grievous and irremediable medical condition and experience intolerable suffering.

Furthermore, in order to receive medical assistance in dying, a patient must be able to clearly communicate their consent at the time of the procedure. Only the patient can request and consent to medical assistance in dying. Medical assistance in dying cannot be provided at the request of a substitute decision maker.

Is medical assistance in dying legal?

Medical assistance in dying is now legal in Canada, as long as criteria established in the federal legislation are followed.

In February 2015, the Supreme Court of Canada decided that it would no longer be a criminal offence in Canada for a physician to help someone end their life in certain circumstances. On June 17, 2016, the federal government passed legislation to amend the Criminal Code and bring medical assistance in dying into practice throughout Canada.

More Information

For more information and background on medical assistance in dying in Canada, see:

- [Government of Canada information on medical assistance in dying](#)
- [Guidance from the College of Physician and Surgeons of B.C. \(PDF, 140KB\)](#)
- [College of Physicians and Surgeons of B.C. - Medical Assistance in Dying FAQs \(PDF, 152KB\)](#)
- [Guidance from the B.C. College of Nursing Professionals](#)
- [Guidance from the College of Pharmacists of B.C.](#)
- [Federal legislation *An Act to amend the Criminal Code and to make related amendments to other Acts \(medical assistance in dying\)*](#)
- [The Supreme Court ruling *Carter v. Canada*](#)

Forms for Medical Assistance in Dying

Some web browsers may not support all the features of PDF forms, such as fillable or calculating fields, and may produce errors. We recommend you download the form and open it using the latest version of [Adobe Reader](#).

Patient Form

Form #	Form Name and Information
HLTH 1632	<p>The form for a patient to submit their request for medical assistance in dying. For more information on submitting the Patient Request form, see the Medical Assistance in Dying page.</p> <ul style="list-style-type: none">• Patient Request Record (PDF, 548KB)• Instructions for Patient Request Record (PDF, 423 KB)

Medical Assistance in Dying Care Coordination Services in BC

Health Authority	Phone	Fax	Mail
Fraser HA	604-587-7878	604-523-8855	Medical Assistance in Dying Fraser Health Central City T 4th Floor, 13450 - 102nd Av Surrey BC V3T 0H1
Interior HA	1-844-469-7073	250-469-7066	Medical Assistance in Dying Interior Health Community 505 Doyle Avenue, 3rd Floor

Health Authority	Phone	Fax	Mail
			Kelowna BC V1Y 0C5
Island HA	1-877-370-8699	250-727-4335	Care Coordination Service, c/o Victoria General Hospital Victoria BC V8Z 6R5
Northern HA	250-645-6417	250-565-2640	Care Coordinator, Medical A Northern Health 600 - 299 Victoria Street Prince George BC V2L 5B8
Vancouver Coastal HA	1-844-550-5556	1-888-865-2941	Care Coordination Service, Vancouver Coastal Health 855 12th Avenue West, #CP Vancouver BC V5Z 1M9
Provincial Health Services Authority	1-888-875-3256	604-829-2631	PHSA Medical Assistance in Suite 202 - 601 West Broadway Vancouver BC V5Z 4C2

Practitioner Forms

Form #	Form Name and Information
HLTH 1633	<p>For the <i>assessing</i> medical or nurse practitioner to record details of their assessment of a patient's eligibility for medical assistance in dying.</p> <ul style="list-style-type: none"> • Assessment Record (Assessor) (PDF, 626KB) • Instructions for Assessment Record (Assessor) (PDF, 424KB)
HLTH 1634	<p>For the <i>prescribing</i> medical or nurse practitioner to record details of their assessment of a patient's eligibility and details related to the planning and administration of medical assistance in dying.</p> <ul style="list-style-type: none"> • Assessment Record (Prescriber) (PDF, 736KB) • Instructions for Assessment Record (Prescriber) (PDF, 453KB)
HLTH 1642	<p>For a practitioner to record details of their <i>transfer</i> of a patient's written request for medical assistance in dying to another practitioner or health authority MAiD Care Coordination Service.</p> <ul style="list-style-type: none"> • Transfer of Request (PDF, 550KB)

Form #	Form Name and Information
	<ul style="list-style-type: none"> • Instructions for Transfer of Request (PDF, 415KB)
HLTH 1635	<p>For a <i>consulting</i> practitioner to record details of their assessment of a patient's capability to make an informed consent decision regarding medical assistance in dying. (To be used only if one or both assessors have reason to be concerned regarding a patient's capability to provide informed consent.)</p> <ul style="list-style-type: none"> • Consultant's Assessment of Patient's Informed Consent Decision Capability (PDF, 551KB) • Instructions for Consultant's Assessment of Patient's Informed Consent Decision Capability (PDF, 376KB)
	<p>Prescription and Medication Administration Record</p> <ul style="list-style-type: none"> • The BC Medical Assistance in Dying Prescription form (including the Pre-Printed Order and the Medication Administration Record) and the British Columbia Pharmacy Protocols guidance document are not available for general distribution. These documents can be accessed by the prescribing practitioner through the College of Physicians and Surgeons of British Columbia or through each health authority's Care Coordination Centre. <p> Fraser Health Interior Health Island Health Northern Health Provincial Health Services Authority Vancouver Coastal Health </p>
HLTH 5466	<p>For the <i>prescribing</i> medical or nurse practitioner to use when drugs need to be purchased from a community pharmacy, in order for patients to get 100% coverage. The form should be submitted as soon as possible, to ensure approval before the drugs are required. The special authority is approved for a period of 60 days, which can be extended upon request.</p> <p>The form should be faxed to the Ministry of Health PharmaCare Special Authority branch at 1-800-609-4884, along with the following completed sections of the BC Medical Assistance in Dying Prescription form:</p> <ul style="list-style-type: none"> - Identification and Declaration section - Intravenous Drug Protocol section - Oral Drug Protocol section <p>The form should <i>not</i> be sent to a health authority or the BC Ministry of Health fax</p>

Form #	Form Name and Information
	<p>number for reporting on medical assistance in dying.</p> <ul style="list-style-type: none"> Application for PharmaCare Medication Coverage for Medical Assistance in Dying (PDF, 524KB)
VSA 406A	<p>Medical Certification of Death - Vital Statistics Agency</p> <ul style="list-style-type: none"> A medical or nurse practitioner must complete the Medical Certification of Death within 48 hours of death in compliance with Section 18 of the <i>Vital Statistics Act</i> and provide the completed form to the Funeral Director so that a Disposition Permit may be issued. To order additional VSA 406A forms, fax or email the Vital Statistics Agency. Stockroom Fax: 250 952-9094. Email: HLTH.VSstock@gov.bc.ca
HLTH 1636	<p>Document Submission Checklist</p> <ul style="list-style-type: none"> This form has been retired. Practitioners and pharmacists can view the MAiD Reporting at a Glance one-page reference sheet for details on forms submission.
HLTH 1637	<p>Patient Confirmation Record</p> <ul style="list-style-type: none"> This form has been retired. Patient confirmation is now recorded on the Assessment Record (Prescriber) form (HLTH 1634).

Pharmacist Form

Form #	Form Name and Information
HLTH 1641	<p>For the pharmacist who dispenses a substance in connection with the provision of medical assistance in dying, to record details pertaining to the dispensing and return of unused medications.</p> <ul style="list-style-type: none"> Dispensing Record (Pharmacist) (PDF, 574KB) Instructions for Dispensing Record (PDF, 379 KB)

MAiDTTAP Forms

(Medical Assistance in Dying Travel and Training Assistance Program)

Form #	Form Name and Information
HLTH 1638	<p>For the <i>Coordinator of a health authority's MAiD Care Coordination Service</i> to complete and submit to Rural Programs, Ministry of Health, to request funding approval for a physician to travel to a rural/isolated community to conduct an eligibility assessment or provide medical assistance in dying.</p> <p>(Note: Funding request may include a mentorship training opportunity for local physician(s) willing to train with visiting physician in assessment or provision of MAiD.)</p> <ul style="list-style-type: none"> • <u>MAiDTTAP Funding Request (PDF, 537 KB)</u>
HLTH 1639	<p>For the <i>visiting physician</i> to complete and submit to Rural Programs, Ministry of Health, for reimbursement of travel costs and travel related expenses for approved travel to a rural/isolated community to conduct an eligibility assessment or provide medical assistance in dying.</p> <p>(Note: Travel approval is sought by the health authority's MAiD Care Coordination Service, using the HLTH 1638 form.)</p> <ul style="list-style-type: none"> • <u>MAiDTTAP Application for Expenses (PDF, 590 KB)</u>
HLTH 1640	<p>For a <i>local physician</i> to complete and submit to Rural Programs, Ministry of Health, to receive payment for participating in an approved mentored training opportunity with a visiting physician in eligibility assessment or provision of medical assistance in dying.</p> <p>(Note: Training approval is sought by the health authority's MAiD Care Coordination Service, using the HLTH 1638 form.)</p> <ul style="list-style-type: none"> • <u>MAiDTTAP Application for Mentorship Training Payment (PDF, 532 KB)</u>
HLTH 1643	<p>For the <i>Coordinator of a health authority's MAiD Care Coordination Service</i> to complete and submit to Rural Programs, Ministry of Health, to request Visiting Mentor funding approval for a physician to travel to a rural/isolated community to provide support and mentorship to the Local Physician's first provisions.</p> <p>(Note: Funding request is only for MAiD Visiting Mentors who are providing support and mentorship. For MAiD physicians providing assessment or provision, please use form HLTH 1638.)</p> <ul style="list-style-type: none"> • <u>MAiDTTAP Visiting Mentor Funding Request (PDF, 522 KB)</u>

Medical Assistance in Dying - Information for Health-Care Providers

Medical assistance in dying is a relatively new health-care service in B.C. and health-care providers may have questions about the administrative steps in providing this service, as well as their reporting obligations. See below for information on some of the common administrative processes involved in providing medical assistance in dying, as well as information on the reporting requirements and provincial forms to be used for this purpose.

For clarification on practice standards, health-care providers should contact their provincial regulatory college. Each college's standards are also accessible through links at the bottom of this page.

Changes to Reporting Requirements for Practitioners and Pharmacists

As of **Nov. 1, 2018**, the requirements for reporting on medical assistance in dying in B.C. are changing. **All required provincial forms for medical assistance in dying must now be submitted to the B.C. Ministry of Health**, the designated recipient of reportable information from physicians, nurse practitioners and pharmacists. The BC Coroners Service will no longer receive the provincial forms on this date.

Physicians, nurse practitioners and pharmacists have new reporting obligations that they must be aware of. These requirements are specified in new federal *Regulations for the Monitoring of Medical Assistance in dying* (*Regulations* – effective Nov. 1, 2018), and in B.C.'s college standards for physicians, nurse practitioners and pharmacists.

All provincial and federal reportable information is included on B.C.'s provincial forms for medical assistance in dying. This means that the practitioner (Assessor and Prescriber) or pharmacist's completion and submission of their provincial form(s) to the B.C. Ministry of Health will fulfill their provincial and federal reporting obligations regarding medical assistance in dying. A single designated recipient streamlines the reporting process for B.C. practitioners and pharmacists.

NOTE: The latest provincial forms MUST be used by practitioners and pharmacists if the patient's written request is dated on or after Nov. 1, 2018. The Ministry of Health will accept old forms if the patient's written request was dated *prior* to Nov. 1, 2018.

What is reportable – by who and when?

There are a number of **new reporting requirements** for practitioners (Assessors and Prescribers) and pharmacists (see 1 to 3 below), as well as the existing requirement that practitioners must report on deaths due to medical assistance in dying (see 4). See the *Medical*

Assistance in Dying in British Columbia: Reporting at a Glance (PDF, 214KB) one-page reference guide.

The reporting requirement for practitioners is triggered once a patient's written request is received, even if the request does not result in medical assistance in dying.

What constitutes a patient's written request?

For reporting purposes, a patient's written request may take any form. It does not have to be in the format required as a safeguard under the *Criminal Code* (i.e. duly signed, dated and witnessed). However, it must be an explicit request for medical assistance in dying and not just an inquiry or request for information. Examples of a written request include the *Patient Request Record* (HLTH 1632) form, a written paper request, and a request received by email or text message.

Note: The above definition only applies to what triggers a reporting requirement and not to the actual provision of medical assistance in dying, which in B.C. requires a patient's completion of the *Patient Request Record* (HLTH 1632) form.

1. Transfer of request (Practitioner) - NEW

A practitioner who receives a patient's written request for medical assistance in dying and transfers the request or care of the patient to another practitioner or MAiD Care Coordination Service for any reason, must report to the Ministry of Health **within 30 days** after the day of transfer.

Reporting is accomplished by the practitioner completing and faxing the *Transfer of Request* (HLTH 1642) form to the Ministry of Health at 778 698-4678.

Reporting caveats (under the federal *Regulations*):

- i. The practitioner submitting a HLTH 1642 form is **not required** to report further information identified under categories 2, 3 and 4 below.
- ii. The reporting is **not required** if the transfer happens "after the 90th day after the day on which the practitioner received the request."
- iii. The practitioner who is planning to be the provider of medical assistance in dying would be required to submit a HLTH 1642 form if they are unable to provide the service and instead refer the patient's request to another provider.

2. Ineligibility, withdrawal of request, or death from another cause (Practitioner) - NEW

A practitioner who receives a patient's written request for the purpose of eligibility assessment or provision of medical assistance in dying, must report to the Ministry of Health **within 30 days** of becoming aware of any of the following information related to patient ineligibility or planning being discontinued:

- a) The patient is assessed as ineligible for medical assistance in dying;
- b) The patient is now ineligible after previously being assessed as eligible;
- c) The patient has withdrawn their request; or
- d) The patient has died from another cause

The **Assessor** will report using the *Assessment Record (Assessor)* form (HLTH 1633).

The **Prescriber** will report using the *Assessment Record (Prescriber)* form (HLTH 1634).

Note: The Assessor or Prescriber will include the *Patient Request Record* (HLTH 1632) and *Consultant's Assessment* if applicable (HLTH 1635) with their reporting, and will fax the required forms to the Ministry of Health at 778 698-4678.

Reporting caveat (under the federal *Regulations*):

- i. This reporting is **not required** if the practitioner becomes aware of the information “after the 90th day after the day on which the practitioner received the request”.
3. **Dispensing of substance for medical assistance in dying** (Pharmacist) - **NEW**
- The full pharmacist who dispenses a substance in connection with the provision of medical assistance in dying must report to the Ministry of Health **within 6 business days** of the day on which the substance is scheduled to be administered to the patient.
- Reporting is accomplished by the full pharmacist completing (in collaboration with the prescribing practitioner) and faxing the *Dispensing Record (Pharmacist)* (HLTH 1641) form to the Ministry of Health at 778 698-4678.
4. **Provision of medical assistance in dying** (Practitioner)

The practitioner who provides medical assistance in dying (by administering a substance or providing a substance for the patient's self-administration) must report to the Ministry of Health **within 72 hours** of confirmation of the patient's death.

The Prescriber will report using the *Assessment Record (Prescriber)* (HLTH 1634) form, which includes sections on the planning and administration of medical assistance in dying. The Prescriber will include the following forms with their reporting and will fax the forms to the Ministry of Health at 778-698-4678: *Patient Request Record* (HLTH 1632); *Assessment Record (Assessor)* (HLTH 1633); *Consultant's Assessment* (HLTH 1635) if applicable; Prescription and Medication Administration Record. These forms are also identified on the *Medical Assistance in Dying in British Columbia: Reporting at a Glance* one-page reference document.

Note 1: The Medical Certification of Death form must be completed and submitted to the funeral director so that a Disposition Permit may be issued, not to the Ministry of Health fax number for reporting on medical assistance in dying.

Note 2: As is the case with other deaths in B.C., if the patient's underlying condition relates to an accident, violence or self-inflicted injury, the practitioner must also report the death to the coroner on call in the region where the incident giving rise to the injury occurred by calling 1 855 207-0637.

Why are some B.C. reporting timelines shorter than the federal ones?

In B.C., some of the timelines for practitioner and pharmacist reporting have been shortened compared to what are outlined in the federal *Regulations*. The following two shortened timelines ensure that B.C. practitioners and pharmacists only have to report once to meet provincial oversight and federal monitoring requirements:

- Provision of medical assistance in dying - the providing practitioner (Prescriber) is required to report **within 72 hours** of confirmation of the patient's death (instead of "within 30 days" under the federal *Regulations*).
- Dispensing for medical assistance in dying - the dispensing pharmacist is required to report **within 6 business days** after the day on which the substance is scheduled to be administered to the patient (instead of "within 30 days" under the federal *Regulations*).

What forms must be completed and where can I find them?

The provincial standardized forms for medical assistance in dying are available on the Ministry of Health's website (see quick link to Forms in right column of this page). These provincial forms are to be used by patients, practitioners and pharmacists, and **must be downloaded from this website each time they are required to ensure the most recent version is used**.

The set of provincial forms related to medical assistance in dying includes the following:

- ***Patient Request Record (HLTH 1632)*** - for a patient to record details related to their request for medical assistance in dying.
- ***Transfer of Request (HLTH 1642)*** – for a practitioner to record details of their transfer of a patient's written request or care to another practitioner or MAiD Care Coordination Service, for any reason.
- ***Assessment Record (Assessor) (HLTH 1633)*** - for an assessing practitioner to record details of a patient's eligibility assessment, and, if applicable, reasons for planning being discontinued (e.g., due to a patient withdrawing their request).
- ***Assessment Record (Prescriber) (HLTH 1634)*** – for a prescribing practitioner to record details of a patient's eligibility assessment and, if applicable, reasons for planning being discontinued or details related to the planning and administering of medical assistance in dying.

- ***Consultant's Assessment of Patient's Informed Consent Decision Capability (HLTH 1635)*** – for a consulting practitioner to record details of their capability assessment.
- ***Dispensing Record (Pharmacist) (HLTH 1641)*** – for a full pharmacist to record details of their dispensing and the prescribing practitioner's receipt of medications, as well as the reconciliation of returned medications after medical assistance in dying.
- ***Medical Certification of Death (VSA 406A)*** – the prescribing practitioner must complete this form within 48 hours of death in compliance with Section 18 of the *Vital Statistic Act*, and provide the completed form to the funeral director so that a Disposition Permit may be issued. **(This form is not to be submitted to the Ministry of Health fax number for reporting on medical assistance in dying.)**

The completion of these provincial forms meets the requirements of the federal *Regulations for the Monitoring of Medical Assistance in Dying*, B.C.'s professional regulatory colleges (Physicians and Surgeons, Nursing Professionals, and Pharmacists), the B.C. Ministry of Health and the B.C. Vital Statistics Agency, regarding the completion of documentation and reporting on medical assistance in dying.

Where are the forms to be submitted?

The patient can submit their Patient Request Record (HLTH 1632) directly to their physician or nurse practitioner, or can contact a health authority's care coordination service for medical assistance in dying (see health authority links below).

The physician, nurse practitioner or pharmacist will fax their requisite provincial form(s) to the Ministry of Health at 778 698-4678, within the timeframe required for each reporting requirement.

Note: Details on reporting requirements are addressed in the section above titled "What is reportable – by who and when?" As well, instructions are indicated at the top of each provincial form and in its accompanying instruction guide (see quick link to Forms page in right column on this page).

What is the process for prescribing drugs used in medical assistance in dying?

Physicians, nurse practitioners and pharmacists must follow the standards set out by their respective professional college when writing a prescription or dispensing drugs for medical assistance in dying. There is an expectation that the British Columbia standardized drug protocols and prescription form will be used.

The *British Columbia Pharmacy Protocols* guidance document and the *British Columbia Medical Assistance in Dying Prescription* form (includes the pre-printed order and medication administration record) are not available for general distribution. The prescribing physician or nurse practitioner can access these documents by contacting the health authority care coordination service for medical assistance in dying, or the College of Physicians and Surgeons.

Pharmacists may also familiarize themselves with the standardized drug protocols by accessing the *British Columbia Pharmacy Protocols* guidance document through the secure portion of the College of Pharmacists website.

When drugs need to be purchased from a community pharmacy, in order for patients to get 100% coverage, the prescriber must:

- Complete the Application for PharmaCare Medication Coverage for Medical Assistance in Dying form.
- Fax the form to the Ministry of Health PharmaCare Special Authority branch at 1 800 609-4884, along with the following completed sections of the B.C. Medical Assistance in Dying Prescription form:
 - Identification and Declaration section;
 - Intravenous Drug Protocol section; and
 - Oral Drug Protocol section.

Please note that:

1. The form should ***not*** be sent to a health authority or the B.C. Ministry of Health fax number for reporting on medical assistance in dying (which receives the provincial forms that contain reportable information for medical assistance in dying).
2. The special authority form should be submitted as soon as possible to ensure approval before the drugs are required.
3. The special authority is approved for a period of 60 days, which can be extended upon request.

When drugs and supplies are dispensed from a health authority pharmacy, they are fully covered by the health authority.

More information on the expectations related to the prescription process is available in the standards of the College of Physicians and Surgeons, the standards, limits and conditions of the College of Pharmacists of British Columbia, and the standards, limits and conditions of the British Columbia College of Nursing Professionals.

How do I fill out the death certificate after providing medical assistance in dying?

In order to meet the requirement that medical assistance in dying is indicated on the Medical Certification of Death and that the cause of death is the underlying illness or disease causing the grievous and irremediable medical condition, the Vital Statistics Agency recommends that the Medical Certification of Death be completed as follows:

- Report medical assistance in dying in PART 1 (a);
- Report the underlying illness/disease causing the grievous and irremediable medical condition in PART I (b); and
- Report manner of death as "natural."

For example:

PART I		Approximate Interval Between → Onset and Death →	
Immediate cause of death.	(a) MAID - Medical Assistance in Dying		
	due to, or as a consequence of		
Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the <u>underlying causes last.</u>	(b) ALS - Amyotrophic Lateral Sclerosis		
	due to, or as a consequence of		
	(c)		
	(d)		

Manner of Death	State if death was: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending finalized details of natural causes	The Handbook for Physicians, Nurse Practitioners and Coroners is available on-line. See back of form for details.
	N.B. The Coroner MUST be notified of any unnatural death including: accidents, misadventure, suicide, etc.	
	Case discussed with Coroner: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Coroner's Name: _____	

Who should I contact with questions about medical assistance in dying policy and processes?

Health-care providers working within health authorities should contact their health authority's designated coordinator for medical assistance in dying, or their supervisor for more information on policy and processes. Health authorities play a central role in the co-ordination of medical assistance in dying services, and are prepared to support patients and care providers who need assistance in navigating the service.

Fraser Health

Interior Health

Island Health

Northern Health

Provincial Health Services Authority

Vancouver Coastal Health

Health-care providers not affiliated with a health authority should contact their provincial regulatory college for information on medical assistance in dying processes.

For people living in a First Nations community or care providers working in First Nations communities, please email the First Nations Health Authority (maid@fnha.ca) if you have any questions or require further assistance in coordination.

Standards and Guidelines

The provincial regulatory colleges have laid out medical assistance in dying standards and guidelines so registrants know what is expected of them when they are approached about or are participating in providing the service:

- Standards from the College of Physicians and Surgeons of B.C.

- [Standards for registered nurses and nurse practitioners from the B.C. College of Nursing Professionals](#)
- [Standards from the College of Pharmacists of B.C.](#)

How do I bill MSP for medical assistance in dying services?

The following fees for medical assistance in dying have been approved:

P13501 MAiD Assessment Fee – Assessor Prescriber
 P13502 MAiD Assessment Fee – Assessor
 P13503 Physician witness to video conference MAiD Assessment – Patient Encounter
 P13504 MAiD Event Preparation and Procedure
 P13505 MAiD Medication Pick-up and Return

The complete description and submission notes can be found in the MSC Payment Schedule located in the following document:

- [MSC Payment Schedule \(PDF, 2.8MB\)](#)

How do I bill for approved travel and training for these services?

The Medical Assistance in Dying Travel and Training Assistance Program provides funding to assist health authorities in the provision of medical assistance in dying services to residents in Rural Subsidiary Agreement communities. The program policy and forms are accessible at the following Rural Practice Programs link:

- [Medical Assistance in Dying Travel and Training Assistance Program Policy and Forms](#)