



MINISTRY OF HEALTH  
POLICY COMMUNIQUÉ

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TO: All Health Authorities

TRANSMITTAL DATE: March 4, 2022

COMMUNIQUÉ 2022-02  
NUMBER:

CLIFF NUMBER: 1199305

SUBJECT: Medical Assistance in Dying: Access and Care Coordination

DETAILS: The objective of this policy is to clarify expectations related to access to this health care service and to support a consistent approach to service delivery across the province.

EFFECTIVE DATE: March 4, 2022

MINISTRY CONTACT: Executive Director, Hospital Services Branch, Hospital and Provincial Health Services Division

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Stephen Brown  
Deputy Minister  
Ministry of Health

COMMUNIQUÉ

## MINISTRY OF HEALTH POLICY: MEDICAL ASSISTANCE IN DYING: ACCESS TO AND CARE COORDINATION

### Background

In June 2016, amendments to the *Criminal Code of Canada* (CCC) to allow medical assistance in dying (MAiD) for capable adults in certain circumstances came into effect. An additional set of amendments regarding MAiD were passed in March 2021. The CCC sets out criteria that medical practitioners and nurse practitioners must apply in order to determine whether an individual is eligible for MAiD. The CCC provisions also include procedural safeguards that must be observed for this service to be lawfully provided, and the standards of British Columbia's professional regulatory colleges include additional safeguards that must be adhered to in this province. The CCC contemplates that other health care providers (such as nurses and pharmacists) may be involved in aiding in MAiD and this is permitted, provided the assistance is in accordance with the specific circumstances described in the CCC.

### Definitions

- **Contracted Organization:** A contracted organization (or facility) with an independent board that receives public funding from a Health Authority, for operating setting(s) where end-of-life services are normally offered.
- **Eligible:** According to the CCC, to be eligible for MAiD a person must meet all of the following criteria:
  - a. Be eligible for health services funded by a government in Canada;
  - b. Be at least 18 years of age and capable of making decisions with respect to their health;
  - c. Have a grievous and irremediable medical condition (defined below);
  - d. Have made a voluntary request for MAiD that, in particular, was not made as a result of external pressure; and,
  - e. Have given informed consent to receive MAiD after having been informed of the means that are available to relieve their suffering, including, where appropriate, counselling services, mental health and disability support services, community services and palliative care.
- **Faith-based Organization:** An organization that is a party to the Master Agreement with the Denominational Health Care Facilities Association, or otherwise in its constitution declares itself as being an organization based on religion or spirituality.
- **Grievous and Irremediable Medical Condition:** According to the CCC, a person has a grievous and irremediable medical condition if they meet all of the following criteria:
  - a. They have a serious and incurable illness, disease, or disability<sup>1</sup>;
  - b. They are in an advanced state of irreversible decline in capability; and
  - c. That illness, disease or disability or that state of decline causes them enduring physical or psychological suffering that is intolerable to them and that cannot be relieved under conditions that they consider acceptable.
- **Health Authority:** Refers to regional health authorities (established under the *Health Authorities Act*) and the Provincial Health Services Authority (established under the *Society Act*).

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<sup>1</sup> For the purposes of MAiD eligibility, a mental illness is not considered a serious and incurable illness, disease, or disability (this exception will be repealed Mar 17, 2023)

- **Non-participating:** Refers to a Contracted Organization or Faith-based Organization that has elected to Opt-out (defined below).
- **Opt-out:** Refers to a decision that may be made by a Contracted Organization or Faith-based Organization to not allow the provision of MAiD in their setting(s).
- **Transfer of Care:** At the request of the individual, a health care provider, despite their personal values and beliefs, must transfer the individual's medical records to another health care provider who will assume responsibility for the individual's care.

## Policy Objective

The objective of this policy is to clarify expectations related to access to MAiD and to support a consistent approach to service delivery across the province. This will include:

1. Establishing a provincial policy framework that supports reasonable access across the province to MAiD, in a manner similar to other health care services.
2. Supporting a consistent approach to delivery of MAiD that complies with the CCC.
3. Recognizing that MAiD is an option available to eligible adults, whose suffering cannot be relieved through other means acceptable to them.

## Scope

This policy applies to all Health Authorities in British Columbia. If Health Authority programs or services are provided through a Contracted Organization (i.e. publicly funded), or contracted staff, Health Authorities are required to work with these organizations and staff to ensure patient-centred pathways are in place to access MAiD, that meet or exceed the measures described in this policy.

## Policy

Health Authorities /hospital societies must ensure the policy direction below is followed:

### Access

- 1) Health Authorities are responsible for ensuring that MAiD is reasonably available in a manner similar to other end-of-life health care services. This may require collaboration with community-based services and health care providers to ensure care is effectively sequenced in a patient-centred manner across settings, programs and services.
- 2) No individual should be denied admission or access to a program or service for which they would otherwise be eligible, due to a request or potential request for MAiD.

### Health Care Provider Participation

- 3) MAiD must be available in a manner that is respectful of the requesting individual's personal autonomy and the conscience<sup>2</sup> of individual health care providers.
- 4) Regulated health care providers must adhere to their professional standards of practice. Health Authorities must not establish operating procedures that put the health care provider in a direct conflict with their professional standards.
- 5) Health Authorities must ensure that information about how to access MAiD within each Health Authority is available to the public, individuals who may request MAiD, health care providers and staff.
- 6) Nothing in this policy compels an individual to provide or assist in providing MAiD.

<sup>2</sup> References to objections of conscience throughout are intended to also include objections based on religion.

- 7) In the event that a health care provider declares a conscientious objection to participating in the assessment or provision of MAiD, Health Authorities must ensure that qualified staff are available to provide information to individuals requesting MAiD, in order to enable the requesting individual to connect with a health care provider willing to assist the requesting individual to explore their request. Individual health providers declaring conscientious objection will ensure compliance with regulatory standards as related to effective Transfer of Care (see #4).

#### Location and Availability

- 8) Health Authorities must make reasonable efforts to facilitate assessment and provision of MAiD in the appropriate location of the requesting individual's choosing<sup>3</sup>, irrespective of whether the interdisciplinary care team in that setting is involved in the assessment or provision.
- When distributing or reallocating resources, Health Authorities must consider their populations' health needs and existing access to MAiD in communities throughout their regions. This may include new or expanded partnerships with Contracted Organizations.
  - If the interdisciplinary care team involved in providing the requesting individual's health care is not involved in the assessment or provision of MAiD, they are expected to continue to meet those care needs unrelated to MAiD, unless a Transfer of Care is enacted at the individual's request.
- 9) A physical transfer of an admitted patient, resident or client from one facility or setting to another, as a result of a request for MAiD, should be avoided unless:
- the request for transfer originates with the individual; or,
  - the individual is receiving care at a Non-participating Faith-based Organization (see #12) or a Contracted Organization that refuses to allow provision of MAiD (see #11b).

#### Health Authority Managed Services and Facilities:

- 10) The assessment and provision of MAiD are expected to be reasonably accessible in all Health Authority owned and operated settings where end-of-life services are normally offered. This is inclusive of hospitals, hospices, long term care facilities, assisted living residences and other settings.

#### Contracted Organizations (e.g. long-term care facilities, hospices, assisted living residences and other settings)

- 11)
- Health Authorities will ensure that a Contracted Organization that receives greater than 50% of its bed funding from the Health Authority will allow the assessment and provision of MAiD in settings where end-of-life services are normally offered.
    - Where the Contracted Organization does not have staff willing or able to participate in assessment and/or provision of MAiD, the Health Authority will ensure that qualified staff are available.
    - Contracted Organizations that are also Faith-based Organizations are exempt from this requirement (see #12).
  - Health Authorities will permit a Contracted Organization that receives less than or equal to 50% of its bed funding from the Health Authority to Opt-out of the provision of MAiD. Contracted Organizations that refuse to allow the provision of MAiD, must:
    - Provide notification of the Contracted Organization's confirmation of its refusal to allow the provision of MAiD in their facility, including all Board of Directors signatures, to the applicable Health Authority;

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<sup>3</sup> This may include the individual's home, but does not include Non-participating Faith-based Organizations.

- ii. Provide the copy of the organization's most recent fiscal year financial statement, and any other additional required financial information requested, to the applicable Health Authority;
  - iii. Inform individuals of their policy prior to consent to admission; and,
  - iv. Clearly post their policy(ies) related to MAiD on their website.
- c. Health Authorities must work with Contracted Organizations that refuse to allow provision of MAiD (11b) to ensure that requesting individuals are provided with information to support decision making, including the role of Health Authorities in care coordination.
  - d. Health Authorities will only allocate new health authority funding to:
    - i. Contracted Organizations that will allow the assessment and provision of MAiD in settings where end-of-life services are normally offered; or,
    - ii. Contracted Faith-based Organizations (see #12).

#### Faith-Based Organizations:

- 12) Faith-based Organizations may decide to Opt-out of the provision of MAiD in the facilities operated by the organization. Health Authorities must consult with their affiliate Non-participating Faith-based Organizations to develop policies and procedures that outline how Faith-based Organizations will work with the Health Authority or with community-based health care providers (e.g. physician in private practice), to ensure that patient-centred pathways are in place to support an effective connection with another health care provider or organization willing to explore a request for information, Transfer of Care or physical transfer, as required. Health Authorities must work with Faith-based Organizations that Opt-out to ensure the following:
  - a. the requesting individual has full information regarding the services and treatment options available to them;
  - b. the requesting individual is aware of available information resources, including information regarding the Health Authority's role in care coordination;
  - c. the Non-participating Faith-based Organization will respect and not impede the individual's request for information concerning MAiD;
  - d. the Non-participating Faith-based Organization will minimize harm to medically frail patients, working with the Health Authority to meet patients needs;
  - e. the Non-participating Faith-based Organization will continue to provide comprehensive care for the requesting individual, to ensure care needs unrelated to MAiD are met; and,
  - f. the Health Authority is reasonably assured that the Non-participating faith-based organization meets the definition of Faith-based Organization as noted in definitions section.

#### Care Coordination

- 13) To ensure reasonable, safe access and coordination of care for MAiD, each Health Authority will establish the appropriate mechanisms that are acceptable to the Ministry of Health to fulfil the following functions:
  - a. Support individuals requesting MAiD to understand available services and to navigate access;
  - b. Support and provide advice regarding the coordination of care and other matters related to MAiD - to health care administrators, members of the interdisciplinary health care team, Faith-based Organizations, Contracted Organizations, as well as organizations and providers not affiliated with the Health Authority. This may include the development of appropriate patient pathways, resource materials, and consultation services;
  - c. Coordinate with the individual requesting MAiD, the most responsible practitioner, and/or administrator, to assist the individual in exploring their request when care is being provided at a Non-participating Faith-based or Contracted Organization, or when the most responsible provider has an objection of conscience;

- d. Maintain the capacity to receive and respond to public requests for information related to MAiD, by telephone, email and fax. Provide contact information for the care coordination service, as well as general information on eligibility criteria and procedural safeguards online and in print; and,
- e. Support activities related to monitoring, reporting and oversight of MAiD.

#### Other

- 14) This policy should be reflected, where relevant, in operational policies and procedures related to MAiD.
- 15) A member of the Health Authority's senior executive team must be notified should a dispute or significant operational challenge arise related to MAiD.
- 16) Patient or family complaints related to MAiD will be directed to the Health Authority's Patient Care Quality Office.

#### Human Resources

MAiD may only be assessed and provided by a physician or nurse practitioner through the Health Authorities or in the community. Depending on the setting, interdisciplinary care teams must provide wrap-around, person-centred care using available human resources and optimized scopes of practice, whenever possible. Interdisciplinary teams may be comprised of, but not limited to, the following health care providers:

- Physicians
- Nurse Practitioners
- Registered Nurses
- Unregulated Care Providers

#### Organizational Capacity

Health Authorities are expected to establish the appropriate mechanisms that are acceptable to the Ministry of Health to ensure reasonable, safe access and coordination of care for MAiD. See Section 13 of Policy Direction above for detail.

#### Accountabilities

Senior level Health Authority executives are accountable for their Health Authority's compliance with this policy.

#### Data Analytics and Reporting

Reporting of MAiD will be consistent with federal and provincial requirements.

### **Monitoring and Evaluation**

Implementation, monitoring and progress evaluation will be ongoing to ensure reasonable access to assessment and provision of MAiD. The Ministry of Health, in collaboration with key stakeholders, will monitor and follow up on any barriers to implementation raised by Health Authorities and key stakeholders. Progress monitoring will be undertaken annually by Ministry of Health, Health Authorities, and key stakeholders.

In consultation with Ministry of Health and key stakeholders, indicators will be developed to allow for the monitoring and reporting of performance of this policy objective. These indicators will be limited in scope to the impacts to care and services outlined in the Policy Objective.

The performance indicators developed for this policy will include and/or complement indicators selected to undertake both implementation and outcome evaluations of the MAiD policy and provide insight on the measurable, expected outcomes stated in the Policy Objectives.

### **Implementation**

This policy is effective immediately.

## REFERENCES/LINKAGES

- College of Pharmacists of British Columbia. Health Profession Act Bylaws, Schedule F, Part 5 – Dispensing Drugs for the Purposes of Medical Assistance in Dying, Standards, Limits and Conditions
- College of Physicians and Surgeons of British Columbia, Professional Standards and Guidelines, Medical Assistance in Dying
- British Columbia College of Nurses and Midwives, Medical Assistance in Dying (MAiD), Scope of Practice Standards for Registered Nurses
- British Columbia College of Nurses and Midwives, Scope of Practice Standards for Nurse Practitioners: Medical Assistance in Dying
- *Criminal Code of Canada*
- *Health Professions Act*
- Master Agreement between the Province of BC and the Denominational Health Care Facilities Association
- Minister of Health direction to Health Authority Chief Executive Officers RE: Health Authority Coordination of Access to Medical Assistance in Dying (1057216)

## Review

- The policy is subject to review, as required (based on consultations between Ministry and external stakeholders, etc.)

## Contacts

For information on this policy, please contact the Executive Director, Hospital Services Branch, Hospital and Provincial Health Services Division, Ministry of Health.