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Medical Assistance in Dying FAQs

The following attempts to address some of the questions raised by the profession.

Where can I find the Statutes of Canada – Bill C-14?

<http://www.parl.gc.ca/HousePublications/Publication.aspx?Language=E&Mode=1&DocId=8384014>

Where can I find Legislative Background: Medical Assistance in Dying (Bill C-14) – Addendum?

<http://www.justice.gc.ca/eng/rp-pr/other-autre/addend/index.html>

Are there currently any educational programs for physicians who perform MAiD?

Yes. Educational modules have been developed on the PHSA learning hub. To access these modules, visit: <https://learninghub.phsa.ca/Courses/8111/medical-assistance-in-dying-maid-for-assessors-and-prescribers>

Are there any plans to develop further educational programs for physicians who choose to perform MAiD?

Feedback from the profession has made it clear that educational supports would benefit physicians who choose to perform MAiD. While the College generally does not develop clinical practice or pharmacotherapy guidelines directly, it strongly supports the need for physician education in this area. Physicians who perform MAiD in health authority facilities will need to be privileged to perform this service. Community-based physicians do not need privileges, but are expected to have appropriate competencies, qualifications, experience and training to establish that a patient meets the criteria for MAiD as well as the appropriate technical knowledge and competency to prescribe or administer MAiD.

Can MAiD be contained in a care plan for patients with a terminal illness who will inevitably experience a decline in competence through the trajectory of their illness and who may wish to exercise their right to die at a defined point in time?

No. The law requires the person to be competent at the time that assistance is provided.

Are physicians who choose not to provide MAiD required to refer patients to an alternate physician?

While physicians may make a personal choice not to provide MAiD based on their values and beliefs, the College expects them to give their patients information and assistance to allow them to make informed choices for themselves. This includes advising patients that other physicians may be available to see them, and/or directing them to an agency or health authority. If asked, physicians must agree to transfer the medical records of the patient as required. Where needed, physicians must offer assistance and

must not abandon their patient. While physicians are not required to make a formal referral on behalf of their patient, they do have a duty of care that must be continuous and non-discriminatory.

If a physician is a conscientious objector, is he or she required to assess a patient for eligibility for MAiD?

No. Physicians who choose not to perform MAiD are not required to assess their patients' eligibility for MAiD. However, while they are able to make a personal choice not to provide MAiD based on their values and beliefs, the College expects physicians to give their patients information and assistance to allow them to make informed choices for themselves. This includes advising patients that other physicians may be available to see them, and/or directing them to an agency or health authority.

Who is collecting the forms?

As of November 1, 2018, the BC Ministry of Health is the designated provincial agency responsible for oversight and monitoring of MAiD in British Columbia, which includes being the designated recipient of MAiD reporting from physicians, nurse practitioners and pharmacists. The reporting is accomplished by submitting the relevant provincial form(s) by fax to the BC Ministry of Health. Physicians should always access the most current provincial forms for MAiD reporting, which are available on the Ministry's website at the link provided below. There is no need to phone the BC Ministry of Health's office.

<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>

Physicians who provide any aspect of this service involving health authority programs or personnel should submit a copy of all relevant provincial forms to their health authority MAiD care coordination centre.

How do I obtain the Prescription and Medication Administration Record?

The Prescription and Medication Administration Record is not available for general distribution. This document can be accessed by the prescribing practitioner through each health authority's Care Coordination Centre. If a physician is not affiliated with a health authority, they may [contact the College](#) to obtain this form.

When must I contact the BC Coroner's Service?

For MAiD deaths where the underlying condition relates to an accident, violence or self-inflicted injury, the death must be reported directly to the BC Coroners Service (as per the Coroners Act) by the prescriber. The report should be made immediately following the death (or the next business day if outside of normal business hours) by calling the coroner on call in the region where the incident giving rise to the injury occurred. Phone 1-855-207-0637 to be connected to a service that will direct your call to the correct Coroners Service region. No forms need to be submitted to the BC Coroner's Service – only the phone call is necessary.

If I refer or transfer the care of my patient as a result of receiving a patient's written request for MAiD do I have to report this to the BC Ministry of Health?

Yes. New federal regulations on monitoring of MAiD require that any physician or nurse practitioner who receives a patient's written request for MAiD and refers or transfers the care of that patient to another practitioner or MAiD care coordination service, must report this by filling out and submitting the provincial form designated for this purpose.

What is considered to be “written request” from the patient?

Written request involves any form of request from a patient, including a written letter, email or text message. This written submission must be an explicit request for MAiD, and can be submitted by the patient or by an advocate for the patient at the patient’s request.

The standard states that both medical assessors (MAs) must be independent of each other, and that one MA cannot be a mentor of the other. What constitutes as “mentorship”?

Mentorship, for the purpose of this standard, is a formal designation referring to the process of communication during a sustained period of time between a physician who is perceived to have greater relevant knowledge, wisdom, or experience and another physician who is perceived to have less. If communication occurs on an infrequent and informal basis, this relationship does not constitute as a mentorship. The College recognizes that there may be circumstances where physicians are geographically co-located yet remain independent practitioners.

What forms do I use if the patient requested MAiD before November 1, 2018? Is there some sort of transition period?

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

Is the 10-day waiting period mandatory?

No. The 10-day waiting period is set out in the legislation and can be shortened if death is imminent or there is risk of the patient becoming incompetent. It is up to both the attending and consulting physicians to use sound medical judgement to determine what constitutes a reasonable period of time based on the patient’s medical condition and circumstances. Following a waiting period and after completion of all documentation, the patient must be offered the opportunity to rescind his or her request for MAiD, which must also be documented.

How do I know if my patient is suffering from “enduring psychological distress”?

One of the key considerations with regard to assessment of enduring “psychological distress” is assessment of the impact of affect (such as anxiety and/or depression) and cognitive functioning on the capacity to make an informed decision. It is well understood that cognitions and affect can impact significantly on competence to make an informed decision. Speaking to the patient’s family can sometimes provide useful information. In some cases, an objective assessment of an affective state (by a psychiatrist or registered psychologist with expertise in this area) can provide clarification.

Why do patients have to be eligible for health insurance?

This requirement is to avoid the scenario of people who are not Canadian residents travelling to Canada strictly to access MAiD.

How will physicians who choose to perform MAiD be compensated?

This is a question that should be directed to the Doctors of BC.

Why do physicians have to use a provincial form? Where can the forms be accessed?

The provincial forms support a standardized approach to MAiD and ensure that all required elements of consent and eligibility criteria have been confirmed and documented. The forms will be provided to the BC Ministry of Health to support provincial monitoring and reporting. These forms are available from the Ministry of Health website or by contacting the College.

Why do physicians have to use a preprinted prescription? Where can this form be accessed?

The preprinted prescription supports the use of standardized drug protocols for medications used in MAiD for either medically assisted suicide or voluntary euthanasia. These medication protocols are for MAiD prescribing whether provided in a health authority setting or in the community. Physicians working in a health authority are expected to use the preprinted order form issued by the health authority. Community-based physicians can obtain copies of preprinted order forms from the College.

How do physicians 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 Certificate of Death and that the cause of death is the underlying illness/disease causing the grievous and irremediable medical condition, the Vital Statistics Agency recommends that the Medical Certificate of Death be completed as follows:

- report MAiD in PART I (a)
- report the underlying illness/disease causing the grievous and irremediable medical condition in Part I
- report manner of death as “Natural”

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: _____	

How is “10 clear days” defined?

The term “clear days” is defined in section 27 of the *Interpretation Act*, which applies to all federal legislation. Essentially, a “clear day” **excludes** the days on which the events on either end occur. In the case of MAiD, this means that the day on which the written request for MAiD is signed, and the day on which MAiD is provided **do not** count towards the 10 days.

Example:

- Consent form is signed = Day 0
- MAiD is provided = Day 11
- Days in between = 10 clear days

The *Interpretation Act* specifically states:

Computation of Time

Clear days

27 (1) Where there is a reference to a number of clear days or “at least” a number of days between two events, in calculating that number of days the days on which the events happen are excluded.

Section 241.2(3)(g) of the [Criminal Code of Canada](#) on MAiD also specifies that if the assessor and prescriber are both of the opinion that death or loss of capacity to provide informed consent is imminent, the “10 clear days” time frame can be shortened to a period that the prescriber considers appropriate under the circumstances.

Note: The decision to shorten the time frame must be clearly documented in the patient’s record by both the assessor and the prescriber.

Who can witness the patient’s written request for MAiD?

The federal law includes safeguards regarding who can and cannot witness a patient’s written request for MAiD. The witness must be independent of the patient requesting MAiD.

An independent witness **is:** at least 18 years of age and understands the nature of the request for medical assistance in dying.

An independent witness **is not:** a beneficiary or recipient of any financial or material benefit resulting from the patient’s death; the owner of the health-care facility where the patient is being treated or resides; or a person who is directly involved in the patient’s health care or personal care.

Employees of a facility may act as an independent witness providing they are not involved in the patient’s health care or personal care, and are not the owner of the health-care facility.

Note: Some health authorities may have a policy in place that restricts their employees from acting as an independent witness, irrespective of whether they are involved in care of the patient.

Does the federal legislation require both independent witnesses to witness the patient’s request/signature at the same time?

Parliament intended the person to sign and date the request in front of two witnesses at the same time. The purpose of having the two witnesses present at the same time is to provide additional assurance that the request is being signed by or on behalf of the person who is seeking medical assistance in dying, and that the person is doing so voluntarily. If parliament had thought that one witness was sufficient for this purpose, it would not have required two witnesses.

Can an independent witness and a proxy signer be: a) related to each other; and b) related to the patient?

An independent witness and a proxy signer can be: a) related to each other; and b) related to the patient, as long as they meet the requirements for being an independent witness or proxy signer (i.e. they are not a beneficiary under the patient’s will).

Can one of the independent witnesses also function as the proxy signer?

The answer is “no” for page 1 of the request form, since a witness cannot act in two different capacities (i.e. cannot witness their own proxy signature).

The answer is “yes” for page 3 of the request form, since the prior witness would only be acting in one capacity – as the proxy signer to confirm the patient’s final consent for MAiD.