

Medical Assistance in Dying (Responding to Requests)

1. Introduction

1.1. Description

This policy sets out the expectations of [Staff](#) (which includes service providers) in sensitively addressing [Patient's](#) requests for [Medical Assistance in Dying \(MAID\)](#).

1.2. Scope

All Vancouver Coastal Health (VCH) services, whether provided by VCH at [VCH sites](#) or [VCH Affiliated Sites](#).

2. Policy

2.1. VCH is guided by the Ministry of Health Access to Care Policy

The Ministry of Health (Ministry) has issued a policy regarding MAID to support a consistent approach to service delivery across the Province. VCH is responsible for ensuring that the Ministry policy is adhered to within VCH Sites and VCH Affiliated Sites. Under the Ministry policy, VCH is responsible for ensuring that MAID is reasonably available in a manner similar to other end-of-life health care services.

The Ministry policy may be updated or replaced from time to time, and VCH intends to update this policy accordingly in order to maintain consistency with the Ministry policy.

2.2. VCH Supports Capable Patients' Requests for MAID

Staff in VCH Sites and VCH Affiliated Sites will sensitively address a Patient's request for information about MAID or care options to address their suffering, and engage or make an [Effective Connection](#) to colleagues to consider and, if appropriate, provide information about MAID, and connect Patient with the VCH Assisted Dying Program, in compliance with law as well as standards, limits, and conditions set by their professional regulatory bodies.

2.3. VCH Supports Patient Access to all Eligible Programs and Services

No **patient** may be denied admission or access to a program and/or service for which they would otherwise be eligible, due to their request or potential request for MAID (*Ministry of Health Policy: Medical Assistance in Dying: Access and Care Coordination, 2018*).

2.4. Duties of VCH Staff to Confirm No Remediable Challenges

Staff, as acting within their scope of practice, are to explore all available care options for the Patient to alleviate their suffering. If a Staff member has determined that the Patient wants information about MAID, and is not able to provide that information or it is out of scope, they have a responsibility to ensure someone with the appropriate knowledge and scope explores this care option with the Patient.

A request for MAID requires a careful exploration of the causes of a patient's suffering, confirmation that the patient is aware of – but not obligated to accept - available alternatives including [Bio-psycho-social-spiritual](#) interventions.

Any undue influence, including those arising from Bio-psycho-social-spiritual conditions and circumstance affecting the patient's suffering, must be addressed with the patient and reported to the [Most Responsible Provider](#), [MAID Assessor](#) and [MAID Prescriber](#).

2.5. Location of Assessments and the Assisted Death

There is no designated location for Patients requesting MAID. Patients will have their requests addressed, assessments performed and, if eligible, receive an assisted death in the care location consistent with their care needs and wishes.

Patients' usual care journey in a setting or between settings will not be disrupted as a result of their request for MAID, except as provided for in the Denominational Health Care Association Master Agreement (see [section 2.8](#)).

Every effort, will be made by Staff to facilitate assessment and the assisted death in the appropriate location chosen by the patient, irrespective of whether the Staff in that setting are involved in the assessment and the assisted death.

In order to ensure the Patient is being transferred to an appropriate facility that meets their needs, prior to transfer (whether transfer to a VCH Site or a VCH Affiliated Site), if it is visible within the Patient's health care record to VCH staff facilitating transfers that the Patient may be interested in MAID, VCH is responsible for informing the patient about the facility's policies related to MAID.

A planned date for MAID will not impede disposition planning into or out of a VCH Site or VCH Affiliated Site. If the Patient does not want to be discharged, but their disposition plan states otherwise, it is up to the Staff where the Patient is located to determine if the Staff can accommodate the Patient's wishes.

VCH is responsible for providing an alternative space for a Patient to receive an assisted death for those not able to have an assisted death in the Patient's current location due to the facility being party to the Denominational Health Care Association Master Agreement. For facilities outside the Denominational Health Care Association Master Agreement, VCH will endeavor to find a space if the Patient does not want to have MAID in their current location.

2.6. Conscientious Objection by Staff for Care Directly Related to MAID

There is no designated location for Patients requesting MAID. Patients will have their requests addressed, assessments performed and, if eligible, receive an assisted death in the care location consistent with their care needs and wishes.

VCH respects individual Staff in their [Conscientious Objection](#). VCH considers the following activities to be involved in MAID, and are activities that [Conscientious Objectors](#) may decline to be involved with:

- Acting as a witness on the Request For Medical Assistance In Dying Form

- Acting as a proxy on the Request For Medical Assistance In Dying Form, waiver of final consent or final consent for MAID
- Assessing a patient for MAID
- Dispensing medication that will be used for MAID
- Inserting an intravenous line that will be used for MAID
- Prescribing or administering medication with the intention of providing MAID
- Being present in the room while MAID is taking place

(Link to [responsibilities 2.11](#)) Staff must continue to provide care other than those activities described above and are responsible for ensuring [Transfer of Care](#) if they are not willing to be involved with the activities described above.

2.7. Staff Act in Good Faith

Staff must act in good faith, not discriminate against a Patient and/or delay, impede or block access to information, assessment or the assisted death. Staff must continue to provide care other than that directly related to MAID¹ (See [2.6](#)).

2.8. Conscientious Objection by Faith-based Organizations

In accordance with the Denominational Health Care Association Master Agreement, VCH respects that [Faith-Based Organizations](#) that are parties to this Agreement may decide not to perform or allow assisted deaths on organization property. VCH expects that these [Non-Participating](#) organizations will:

- a) Ensure the Patient is fully informed regarding the services and care options available to them which may address the Patient's suffering, including MAID;
- b) Make Patients aware of available information resources and MAID care coordination support ([Effective Connection](#));
- c) Not impede the Patient's access to MAID information, signing of MAID forms, assessments related to MAID, including waiver of final consent.
- d) Plan (including any payment required) and ensure Patient care is safely transferred to the location of the MAID prescriber and, where needed, provide staff or equipment to ensure a seamless transfer, including transfer where a Patient has waived final consent for MAID in advance of the scheduled MAID death;
- e) Continue to provide comprehensive care for the Patient other than the assisted death, and its related activities (see Section 2.6) including care for the Patient during the period of reflection before assisted death, and grief support for families following MAID; and
- f) Maintain a bed space for the Patient, from the time of transfer for MAID until the death is confirmed, ensure a timely and organized transfer and return to care if MAID is not provided.

¹ Adapted from Canadian Medical Association. (2016). *Principles-based Recommendations for a Canadian Approach to Assisted Dying*. Ottawa. Canadian Medical Association.

This paragraph (f) only applies if a Patient would normally continue to receive care at a Faith-Based Organization, but for the assisted death.

2.9. Monitoring and Oversight

Staff involved in the Transfer of Care, preliminary and MAID assessments, the assisted death and/or dispensing of medication for MAID will complete and submit documentation for review by the VCH Assisted Dying Program for errors or omissions, and submit to the Ministry of Health MAID Oversight Unit as per the provincial and federal regulations.

For quality and system improvement, the Senior Executive Team (SET) may request reports and/or data as needed. SET will be informed by the VCH Assisted Dying Program of a dispute or significant operational challenge related to MAID.

2.10. Access to Medications

Medications prescribed for MAID must be directly dispensed to the authorized MAID Prescriber and may be administered in any VCH sites and VCH Affiliated Sites.

VCH pharmacies are responsible for providing MAID medications for patients within VCH sites at the discretion of the MAID Prescriber.

2.11. Responsibilities

2.11.1 All Staff

Ensure their own compliance with VCH policy, the law, and the guidance and standards of their professional regulatory bodies.

Ensure that Patients requesting MAID have had the opportunity to consider alternative services including Bio-Psycho-Social-Spiritual supports which may alleviate their suffering.

Maintain strict confidentiality with respect to a Patient's request for information about MAID, and with respect to a MAID assessment or the assisted death of a Patient (the "[MAID Related Information](#)"). The patient's MAID Related Information must only be shared within the circle of care if there is a clear need for the care provider to know this information in order to provide effective care. The Patient's MAID Related Information must never be shared outside of the [Circle of Care](#) except in compliance with the VCH [Information Privacy and Confidentiality](#) policy and with legal authorization.

2.11.2. Direct Care Staff

Respond to Patients' requests for information on MAID with VCH information resources, and alert the Most Responsible Provider of the request.

Ensure compliance with VCH policy, the law, and the guidance and standards of their professional regulatory body.

2.4.1. Operations Leadership - Supervisor/Manager/Director/COO/CEO

Ensure all Staff are aware of this policy.

Consider the impact of cases of MAID on care teams and provide support to Staff as may be appropriate.

Develop plans to support Patients' right to access MAID when a staff member declares Conscientious Objection as per Section 2.6. Support staff by offering information from employee wellness, and any other Bio-Psycho-Social-Spiritual support available at that time, and depending on the staff's needs.

2.4.2. All Physicians and Nurse Practitioners

When requested and as authorized by the Patient (either by completing the Request for Medical Assistance in Dying verbal or written authorization), provide information to inform the assessment process.

Ensure their own compliance with VCH policy, the law, and the Professional Standards and Guidelines of, for physicians, the College of Physicians and Surgeons of BC (CPSBC) and for nurse practitioners, the British Columbia College of Nurse and Midwives (BCCNM) concerning MAID and offering all care options that might alleviate a patient's suffering.

2.4.3. Most Responsible Provider

You may use bullets to list roles/responsibilities

Coordinate the assessments and engagement of the necessary MAID Assessor(s)/Prescriber.

If the Most Responsible Provider is a Conscientious Objector, they must provide an Effective Connection to another medical provider or group to support the Patient's request for MAID and complete a [Transfer of Request](#) form.

Remain the Most Responsible Provider and continue to meet with Patient to determine goals of care prior to, during, and after the assessments for MAID until after the assisted death, unless another physician or nurse practitioner accepts the Transfer of Care.

2.4.4. MAID Assessor (may be Most Responsible Provider)

Ensure that Patients requesting MAID have had the opportunity to consider alternative services including Bio-Psycho-Social-Spiritual which may alleviate their suffering and assess if the Patient is eligible for MAID based on the [Criteria for Eligibility](#).

Provide assessment and consultative services consistent with their privileges assigned by the VCH Board.

2.4.5. MAID Prescriber (may be Most Responsible Provider)

Provide MAID in VCH Sites or VCH Affiliated Sites only if granted non-core MAID privileges.

Confirm that patients requesting MAID have had the opportunity to consider alternative services including Bio-Psycho-Social-Spiritual which may alleviate their suffering and assess if the patient is eligible for MAID based on the Criteria for Eligibility, in collaboration with other health professionals as appropriate.

Provide assessment and consultative services consistent with their privileges assigned by the VCH Board.

2.12. Compliance

Staff who are concerned that any element of this policy is not being followed should report the issue to the VCH Assisted Dying Program for follow up.

3. Supporting Documents and References

This section contains additional and supporting information. Once the reader has read the policy ([section 2](#)), they may decide to come here for more details.

3.1. Related Policies

- [Adult Protection: Abuse, Neglect or Self-Neglect of Vulnerable Adults](#)
- [Information Privacy and Confidentiality](#)
- [Organ Donation Following Medically Assisted Death \(MAID\)](#)

3.2. Guidelines, Procedures and Forms

- [Record of Patient Request](#)
- [Assessment Record \(Assessor\)](#)
- [Assessment Record \(Assessor/Prescriber\)](#)
- [Consultant Assessment of Patient's Informed Consent Decision Capability](#)

3.3. Related Guidance

- [Information for Patients](#)
- [Medical Assistance in Dying: VCH Internet Resource Page](#)
- [Professional Standards and Guidelines: Medical Assistance in Dying](#) (College of Physicians and Surgeons of British Columbia)
- [Update on Medical Assistance in Dying](#) (British Columbia College of Nurses and Midwives)
- [Update on Medical Assistance in Dying \(MAID\)](#) (College of Pharmacists of British Columbia)

3.4. References

British Columbia Ministry of Health. (2018). *Ministry of Health Policy: Medical Assistance in Dying: Access and Care Coordination*.

Government of Canada (2021). [An Act to amend the Criminal Code \(Bill C-7\) \(effective March 17, 2021\)](#)

3.5. Keywords

Assisted suicide, death, dying, euthanasia, medical assistance in dying, **MAID**, physician-assisted dying, nurse practitioner, assisted dying, physician-hastened death,

4. Definitions

“Bio-Psych-Social-Spiritual” An approach that considers the biological dimension of human behaviour closely linked with and inseparable from, psychological, social and spiritual systems

“Care directly related to medical assistance in dying” includes assessment consultation, the assisted death, the preparation of the pharmaceutical regimen (pharmacist and pharmacy technician), or of the care directly related to administer medical assistance in dying (e.g. nursing initiation of an IV specifically for assisted death)

“Circle of Care” means all staff that are directly involved in the patient’s care, including all nursing, allied, and medical staff

“Conscientious Objection” is objection on grounds of freedom of thought, conscience, and/or religion

“Conscientious Objector” is a person who, on the basis of their thoughts, conscience, or religion, elects not to participate directly in the assessment or assisted death of medical assistance in dying

“Criteria for Eligibility” as defined in the *Criminal Code of Canada*

“Effective Connection” is the process of enabling the patient to make contact with a resource or health care provider to assist in advancing their request and/or support their care needs²

“Faith-based Organization” means an organization that is a party to the Denominational Health Care Association Master Agreement or otherwise in its constitution declares itself as being an organization based on religion, spirituality, or culture

“Medical assistance in dying (MAID)” means the situation in which a physician or nurse practitioner, in compliance with legislative, judicial, regulatory and organizational requirements, provides to or administers into a competent adult patient a lethal dose of drug(s) that intentionally brings about the patient’s death, at the request and consent of the patient. Medical assistance in dying may occur by medication administered intravenously, or orally by self-administration

“MAID Assessor” means the medical or nurse practitioner conducting a formal assessment of the patient to determine whether the criteria for eligibility for medical assistance in dying have been met

“MAID Prescriber” is the medical or nurse practitioner:

- Conduct a formal assessment of the patient to determine whether the criteria for eligibility are met, AND if authorized to prescribe:

² Adapted from the phrase ‘effective transfer’, College of Physicians and Surgeons of BC. (2016). Interim Guidance: Physician Assisted Dying, recognizing that it may be appropriate for the current ‘non-participating’ physician to remain involved for care unrelated to medical assistance in dying, while the patient pursues medical assistance in dying with another physician.

- a. Provide the means for an eligible patient/client/resident to self-administer a lethal dose of medications OR
 - b. Administer a lethal dose of medications to an eligible patient/client/resident.
- The term Prescriber is used for those steps after the assessments are completed

“MAID Related Information” pertains to all of the patient’s request for information about MAID, their MAID assessments and planning of their assisted death, if applicable

“Most Responsible Provider (MRP)” means the physician or nurse practitioner on record as responsible for the patient’s care

“Non-participating” means refusal to participate on the basis of conscientious objection (i.e. staff or agency)

“Patient” means patients, clients, residents and tenants

“Staff” means all employees (including management and leadership), medical staff (including physicians, nurse practitioners, midwives, dentists and nurses), residents, fellows and trainees, health care professionals, students, volunteers, contractors, researchers and other service providers engaged by VCH

“Transfer of care” continue to provide care until there is staff available and willing to take over full care of the patient

“VCH affiliated sites” means contracted service provider sites

“VCH sites” means sites that are owned and operated by VCH

5. Questions

Contact: assisteddying@vch.ca