

A photograph of dandelion seed heads and seeds against a black background. On the left, a large, full dandelion seed head stands on a green stem. Below it, another seed head is shown in a more open, disintegrating state. Several individual dandelion seeds with their feathery parachutes are captured in mid-air, floating across the frame from left to right.

# Medical Assistance in Dying

walking pastorally with those impacted by it

march 3, 2017

[www.ministrylift.ca](http://www.ministrylift.ca)

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- B.Sc. (SFU), M.D. (UBC), CCFPC
- Family Physician at Fort Family Practice for 6.5 years
- Hospital privileges at LMH providing inpatient and maternity care
- Clinical Instructor (UBC medical students and Residents)
- I am not a public speaker, theologian or pastor



# Disclosures

- I have no first-hand experience in Medical Assistance in Dying
  - palliative care for many patients with terminal illnesses
  - Family physician
- I have been connected to and supported groups opposed to MAiD:
  - Physicians Alliance Against Euthanasia
  - Christian Medical and Dental Association
  - A Network of BC physicians in response to External Panel on Options for a Legislative Response to Carter v. Canada (Supreme Court ruling striking down the assisted suicide ban in Feb 2015)
  - The Salvation Army
  - Coalition for HealthCARE and Conscience

# So why am I here?

- Privilege of learning from friends, colleagues and mentors who care about this issue
- Awareness of Law, Procedure and Protocol still important
- We can make this better for those affected: decision making, family, survivors
- I need your help: pastors, chaplains, counselors

# The Balance

## Suffering

- Job 30:16 “ And now my life ebbs away; days of suffering grip me”
- Job 30:27 “The churning inside me never stops; days of suffering confront me. “

## Grace

- Job 36:15 “But those who suffer he delivers in their suffering; he speaks to them in their affliction”
- Psalm 119:153 “My comfort in my suffering is this: Your promise preserves my life.”
- Mark 5:29 “Immediately her bleeding stopped and she felt in her body that she was freed from her suffering”

# The Cross

- Isaiah 53: 4-6

Surely he took up our pain and bore our suffering, yet we considered him punished by God, stricken by him, and afflicted. But he was pierced for our transgressions, he was crushed for our iniquities; the punishment that brought us peace was on him, and by his wounds we are healed. We all, like sheep, have gone astray, each of use has turned to our own way; and the LORD has laid on him the iniquity of us all

# Hippocratic Oath (~ 400 B.C.)

- A revolution to modern medicine from the Greeks
- A time where physicians were known for ending life

*I will apply dietetic measures for the benefit of the sick according to my ability and judgement; I will **keep them from harm and injustice. I will neither give a deadly drug to anybody if asked for it, nor will I make a suggestion to this effect.** Similarly, I will not give a woman an abortive remedy. **In purity and holiness I will guard my life and my art.***

# Ethics: 4 Principals

- **Autonomy:** Latin for "self-rule" , the principle of human dignity
  - respect the decisions made by others concerning their lives
  - duty not to interfere with the decisions of competent adults
- **Beneficence:** "Do Good"
- **Non-maleficence:** "Do no harm"
- **Justice:** provide what is owed or deserved, treating all impartially  
<What is right?>

# Founder of Modern Palliative Care

- Dame Cicely Saunders, MD

“You matter because you are you, and you matter to the end of your life. We will do all we can not only to help you die peacefully, but also to live until you die.”

# Wisdom

- Mentor, a palliative care physician, says:
  - *know their vulnerability and that complete autonomy is a myth – we're all connected ... and that's a good thing*
  - *Independence is not a Christian virtue – interdependence is*
- Gal 6:2 Bear one another's burdens, and so fulfill the law of Christ

# Discussions

- Male adult seeking aggressive treatment for his cancer not available in Canada
- Elderly female with chronic depression, moderate OA pain who avoids medications

# MAiD: PAS/MAS/Euthanasia

- In Canada a physician or nurse practitioner may:
  1. directly administer medication that causes death – voluntary euthanasia
  2. give or prescribe a drug that is self-administered to cause death - medically-assisted suicide

# Bill C-14

## Eligibility for medical assistance in dying

241.2

(1) A person may receive medical assistance in dying only if they meet all of the following criteria:

(a) they are eligible — or, but for any applicable minimum period of residence or waiting period, would be eligible — for health services funded by a government in Canada;

(b) they are at least 18 years of age and capable of making decisions with respect to their health;

(c) they have a grievous and irremediable medical condition;

(d) they have made a voluntary request for medical assistance in dying that, in particular, was not made as a result of external pressure; and

(e) they give informed consent to receive medical assistance in dying.

# Grievous and irremediable medical condition

**(2) A person has a grievous and irremediable medical condition only if they meet all of the following criteria:**

**(a) they have a serious and incurable illness, disease or disability;**

**(b) they are in an advanced state of irreversible decline in capability;**

**(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; and**

**(d) their natural death has become reasonably foreseeable, taking into account all of their medical circumstances, without a prognosis necessarily having been made as to the specific length of time that they have remaining.**

# Safeguards

**(3) Before a medical practitioner or nurse practitioner provides a person with medical assistance in dying, the medical practitioner or nurse practitioner must**

**(a) be of the opinion that the person meets all of the criteria set out in subsection (1);**

**(b) ensure that the person's request for medical assistance in dying was**

**(i) made in writing and signed and dated by the person or by another person under subsection (4), and**

**(ii) signed and dated after the person was informed by a medical practitioner or nurse practitioner that the person has a grievous and irremediable medical condition;**

# Safeguards - MD or NP must...

(c) be satisfied that the request was signed and dated by the person — or by another person under subsection (4) — before two independent witnesses who then also signed and dated the request;

(d) ensure that the person has been informed that they may, at any time and in any manner, withdraw their request;

(e) ensure that another medical practitioner or nurse practitioner has provided a written opinion confirming that the person meets all of the criteria set out in subsection (1);

(f) be satisfied that they and the other medical practitioner or nurse practitioner referred to in paragraph (e) are independent; their decision.

# Safeguards - MD or NP must...

(g) ensure that there are at least 10 clear days between the day on which the request was signed by or on behalf of the person and the day on which the medical assistance in dying is provided or — if they and the other medical practitioner or nurse practitioner referred to in paragraph (e) are both of the opinion that the person's death, or the loss of their capacity to provide informed consent, is imminent — any shorter period that the first medical practitioner or nurse practitioner considers appropriate in the circumstances;

# Safeguards - MD or NP must...

(h) immediately before providing the medical assistance in dying, give the person an opportunity to withdraw their request and ensure that the person gives express consent to receive medical assistance in dying; and

(i) if the person has difficulty communicating, take all necessary measures to provide a reliable means by which the person may understand the information that is provided to them and communicate their decision.

# Further points of C-14

**Unable to sign**

**Independent witness**

**Reasonable knowledge, care and skill**

**Informing pharmacist**

# Conscience Protection

## Clarification

**(9) For greater certainty, nothing in this section compels an individual to provide or assist in providing medical assistance in dying.**

# Punishment

Failure to comply with safeguards

Destruction of documents

Forgery

(a) on conviction on indictment, to a term of imprisonment of not more than five years; or

(b) on summary conviction, to a term of imprisonment of not more than 18 months.

# Information on death certificates

(3.1) The Minister of Health, in cooperation with representatives of the provincial governments responsible for health, may establish guidelines on the information to be included on death certificates in cases where medical assistance in dying has been provided, which may include the way in which to clearly identify medical assistance in dying as the manner of death, as well as the illness, disease or disability that prompted the request for medical assistance in dying.

# Medical Process

- Standards and Protocols
- Extensive collaboration: BC Ministry of Health, the College of Physicians and Surgeons of BC, the College of Registered Nurses of BC, the College of Pharmacists of BC, Vital Statistics
- The Canadian Medical Association is developing learning modules to support medical assistance in dying.



College of Physicians and Surgeons of British Columbia

# Professional Standards and Guidelines

## Medical Assistance in Dying

### Preamble

This document is a standard of the Board of the College of Physicians and Surgeons of British Columbia.

## **Rights and Autonomy**

Patients have the right to make decisions about their bodily integrity (autonomy) and to have access to unbiased and accurate information about relevant medical issues and treatments. Physicians have an obligation to provide their patients with health information and health services in a non-discriminatory fashion and an obligation not to abandon their patients. Culturally and spiritually appropriate end-of-life care services should be available to all patients.

Physicians have the right to decide whether or not to perform medical assistance in dying. Nothing in the Criminal Code compels a person to provide MAiD.

# CPSBC Standards and Guidelines

**Medical Assessors (2):** 1 Physician is also be the prescriber/administrator

1. Appropriate competencies...to render a diagnosis and prognosis... appropriate technical knowledge and competency to provide MAiD in a manner that is respectful
2. Agree in Writing
3. Licensed for independent practice & one must be licensed in BC
4. Independent of each other
5. One MA may provide telemedicine assessment provided that, during the telemedicine assessment, another regulated health professional is in physical attendance with the patient to act as a witness

# CPSBC Standards and Guidelines

## 6. The patient must be competent for free and informed consent

- a. Both MAs must be satisfied
- b. If either MA is unsure, the patient must be referred to another practitioner (psychologist, psychiatrist, neurologist, geriatrician, or FP/GP with additional training) with expertise in **capacity assessment** for a further in-person capacity assessment.
- c. The patient **must maintain mental capacity** for MAiD to proceed. If at any time during the progression of the patient's condition, the patient loses the mental capacity to rescind his or her decision, MAiD ceases to be an option.
- d. MAiD cannot be provided to patients who are not able to **give consent** including when consent is given through an alternate or substitute decision-maker, or through a personal advance directive.

## Conscientious Objection

- **personal choice** not to assess patients for and/or perform MAiD-
- expects the physician to **provide patients with enough information and assistance** to allow them to make informed choices
- when needed, **competency assessments**
  
- provide **effective transfer of care**: advising, suggesting, transferring records
- where needed, offer assistance and must **not abandon** the patient
- not required to make a formal referral, **duty of care: continuous and non-discriminatory.**
- **not discuss in detail** [physician's] personal beliefs and should **not pressure patients** to disclose or justify their own beliefs.
- In all cases, physicians must practise within the confines of the legal system, and provide **compassionate, non-judgmental care** according to the *CMA Code of Ethics*.

# Health Authorities

- BC Health Authorities (ex. Fraser Health) regionalized process
- Privileging Physicians
  - Provider: prescribe or administer
  - Assessor: determine eligibility to receive
- Application to Credentials Office

# Fraser Health

- **Who is eligible?**
- You could be eligible for assisted dying if you check off all of these bullets below.
- I have a valid BC CareCard or BC Services Card.
- I am an adult (18 years or older).
- I am able to make my own decisions about my health.
- I have a serious and incurable illness, disease, or disability ('a grievous and irremediable medical condition').
- I suffer unbearably from my medical condition.
- My medical condition has advanced or declined to the point where it cannot be reversed.
- My doctors have told me I can expect to die in the near future.
- No one at any time is pressuring me or influencing me to choose to die.
- I understand what assisted dying means to me and my family.
- I can tell everyone what I want right up until the time I am assisted to die.

# What are the steps to receive medical assistance in dying'?

## 1. Talk with others.

- Talk with your doctor or nurse practitioner about your medical condition and interest in assisted dying. They will make sure you *consider all the options for services and treatments instead of* assisted death. You do *not have to accept any of these, but you do need to consider* them before you choose assisted dying.
- Talk to your family, loved ones, and other people in your life who can support you.

## 2. Fill in a form.

- Call Fraser Health at 604-587-7878 or email [mccc@fraserhealth.ca](mailto:mccc@fraserhealth.ca) for a 'Record of Patient Request' form to complete.
- Two people must witness you signing the form. These people cannot benefit from your death or be anyone in Fraser Health.

## 3. Be assessed.

- Two different doctors or nurse practitioners assess you separately to make sure you are eligible for an assisted death and are capable of deciding. They must agree you meet all the criteria.

## 4. Take time to reflect.

- By law, you must wait *at least 10 days* from the time of signing your request to when the assisted death happens. This gives you time to reflect on what you decided and make sure this is what you want.
- The time could be shorter if your death is fast approaching or if you could soon lose your ability to tell others what you want.



# MEDICAL ASSISTANCE IN DYING PATIENT REQUEST RECORD



CWXX106758B

Rev: Dec. 15/16

Page: 1 of 3

For cases involving a health authority (HA), when this Patient Request is first documented fax or mail a copy to applicable HA (pg 2). Retain original in patient's health record. If MAiD is administered, Prescriber to fax all forms to the BC Coroners Service at 250-356-0445

## PATIENT INFORMATION

Last Name		First Name		Second Name(s)	
Personal Health Number (PHN)	Birthdate (YYYY / MM / DD)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other - specify:		
Patient's Home / Residence Address					
Medical Diagnosis Relevant to Request for Assisted Death					
Location at Time of Request <input type="checkbox"/> Home <input type="checkbox"/> Facility - Site:                      Unit: <input type="checkbox"/> Other - specify					

PATIENT REQUEST		
<b>By initialing and signing below, I confirm that:</b>		
Initials	I am at least 18 years of age and I request medical assistance in dying. I make this request voluntarily and without pressure from others.	
Initials	I believe that my medical condition is grievous and irremediable, my suffering is intolerable, there are no treatments that I consider acceptable, I am in an advanced state of irreversible decline, and my death is reasonably foreseeable.	
Initials	I have been fully informed of my diagnosis and prognosis and of options for treatments towards cure or control of my condition/disease, that may be applicable to my circumstances.	
Initials	Treatments for symptom control, including the potential benefits of palliative care or other treatment, have been described to me in a manner that I understand.	
Initials	I consent to be assessed for eligibility and capability by one or more colleagues of my medical or nurse practitioner (practitioner) and, if I am eligible, that a pharmacist and other staff will be contacted to aid in addressing my request.	
Initials	I understand that my practitioner will confirm with me whether my request is to take prescribed medication(s) that I may self-administer orally or that a practitioner will administer medications to me by intravenous injection.	
Initials	I understand that if I choose self-administration and the regimen is not effective within a reasonable period of time, as determined by me and my practitioner, my practitioner will administer intravenous medication to fulfil my request.	
Initials	I have had an opportunity to ask questions and to request additional information, and have received answers to any questions and responses to any requests.	
Initials	I understand that I have the right to change my mind at any time.	
Initials	I expect to die when the medication to be prescribed is administered.	
PATIENT SIGNATURE FOR INITIAL REQUEST (must be signed in front of the two independent witnesses listed on page 2)		
Signature of Patient	Print Name	Date Signed
PROXY SIGNATURE (IF APPLICABLE) (must be signed in front of the patient and the two independent witnesses listed on page 2)		
<b>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.</b> The proxy cannot be either of the witnesses listed on page 2 of this request form. 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 and witnesses.		
Signature of Proxy	Print Name	Relationship

**CONFIRMATION OF INDEPENDENT WITNESSES**

By initialing and signing below, I confirm that.

Witness 1	Witness 2	
		I am at least 18 years of age and understand the nature of the request for medical assistance in dying.
		The patient is personally known to me or has provided proof of identity.
		The patient (or the proxy in the presence and at the express direction of the patient) signed this request in my presence and in the presence of the other witness.
		I do not know or believe that I am a beneficiary under the will of the patient, or a recipient, in any other way, of a financial or material benefit resulting from the patient's death.
		I am not an owner or operator of a health care facility where the patient is receiving treatment or of a facility in which the patient resides.
		I am not directly involved in providing health care services to the patient.
		I do not directly provide personal care to the patient.

**SIGNATURE OF INDEPENDENT WITNESSES (must be signed in the presence of the patient and the other witness)****WITNESS 1**

Signature of Witness 1	Print Name	Date Signed	Phone Number	
	Street Address and City		Province	Postal Code

**WITNESS 2**

Signature of Witness 2	Print Name	Date Signed	Phone Number	
	Street Address and City		Province	Postal Code

**NEAREST RELATIVE (OPTIONAL)**

Name of Nearest Relative	Relationship	Contact Number
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**DO NOT COMPLETE** the section below until 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	Print Name	Date Signed
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**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 cannot be either of the witnesses listed on page 2 of this request form. 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
	Date Signed	Phone Number

Address	City	Province	Postal Code
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# FAQ

## **Can I change my mind?**

- Of course! You can change your mind at any time. That is why we ask you a number of times if this is what you want. If you change your mind, no one will think less of you.

## **Where can assisted death take place?**

- Assisted dying can take place in your own home, in the hospital, or in a care home.

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

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

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

- Medical assistance in dying *cannot be provided based on an advance request* and can only be provided after two medical practitioners have determined that all of the eligibility criteria set out in the Criminal Code have been met.
- 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.
- Upon completion of the assessment process and provision of MAiD, a physician is to submit documentation to BC Coroner's Service.
  - If the requested and or provision was performed within a program or facility of the health authority, also to The Health Authority contacts for MAiD



BRITISH COLUMBIA | Ministry of Health

# MEDICAL ASSISTANCE IN DYING ASSESSMENT RECORD (ASSESSOR)



DRDR106757B

Rev: Dec. 15/16

Page: 1 of 2

For cases involving a health authority (HA), fax or mail a copy of this Assessment to applicable HA (pg 2). Retain original in patient's health record. If MAiD is administered, Prescriber to fax all forms to the BC Coroners Service at 250-356-0445.

## PATIENT INFORMATION

Last Name		First Name	Second Name(s)
Personal Health Number (PHN)	Birthdate (YYYY / MM / DD)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other - specify:	

Medical Diagnosis Relevant to Request for Assisted Death

## PRACTITIONER CONDUCTING ASSESSMENT

**PRACTITIONER CONDUCTING ASSESSMENT**

Last Name		First Name		Second Name	
CPSID #	<b>OR</b>	CRNBC Prescriber #	Phone Number		
Mailing Address				City	Postal Code
Location of Assessment					
<input type="checkbox"/> Home		<input type="checkbox"/> Facility - Site:		Unit: <input type="checkbox"/> Other - specify:	
Initials	I have been contacted by the patient or another colleague and I agree to be an assessor concerning this patient's request for medical assistance in dying. If the patient is eligible, the practitioner listed here will be the prescriber.				Prescribing Practitioner

**CONFIRMATION OF ELIGIBILITY AND INFORMED CONSENT**

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

If the patient is determined to not meet the criteria, the practitioner assessor is to advise attending practitioner and patient of determination and of his or her option to seek another opinion.

Patient Diagnosis

Patient Prognosis

**Assessment Was Conducted**

<input type="checkbox"/> In Person	Date of Assessment				
<input type="checkbox"/> By Telemedicine	Date of Assessment	Name of Witness - Regulated Health Professional	Profession	College ID	

**By initialing and signing, I confirm that:**

<b>Initials</b>	The patient is personally known to me or has provided proof of identity, and has consented to this assessment.
<b>Initials</b>	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.
<b>Initials</b>	The patient's request for medical assistance in dying was made in writing and signed and dated by the patient or by another person on their behalf and under their express direction.
<b>Initials</b>	I am 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.
<b>Initials</b>	The patient's request for medical assistance in dying was signed and dated after the patient was informed by a practitioner that they have a grievous and irremediable medical condition.
<b>Initials</b>	The other assessor and I are not each other's mentor or supervisor, and I do not know or believe that I am connected to the other assessor or to the patient in any other way that would affect my objectivity.

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

- His or her medical diagnosis and prognosis.
- The feasible alternatives including, but not limited to, comfort care, hospice care, and pain control.
- His or her right to withdraw their request at any time and in any manner.
- The potential risks associated with taking the medication to be prescribed.
- The probable outcome/result of taking the medication to be prescribed.
- The recommendation to seek advice on life insurance implications.

**I have determined that the patient meets all of the criteria to be eligible for medical assistance in dying:**

Initials	The patient is eligible for health services funded by a government in Canada.
Initials	The patient is at least 18 years of age.
Initials	The patient is capable of making this health care decision.
Initials	The patient has a grievous and irremediable medical condition (serious and incurable illness, disease, or disability) that causes the patient enduring physical or psychological suffering that is intolerable to them and that cannot be relieved in a manner that the patient considers acceptable. The patient is in an advanced state of irreversible decline and natural death is reasonably foreseeable.
Initials	The patient has made a voluntary request for medical assistance in dying that was not made as a result of external pressure.
Initials	After having been informed of the means that are available to relieve their suffering, including palliative care, the patient has given informed consent to receive medical assistance in dying.

**Initials** | the patient has given informed consent to receive medical assistance in dying.

**Consideration of capability to provide informed consent. Initial one of the following:**  
*(Capable means that person is able to understand the relevant information and the consequences of their choices)*

**Initials** | 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 and I have referred the patient to another practitioner for a determination of capability to provide informed consent to medical assistance in dying.

Name of Practitioner Performing Determination of Capability

**Initials** | On receipt of the requested opinion, I determine that the patient:  
 is capable of providing informed consent       is **not** capable of providing informed consent

**CONCLUSION REGARDING ELIGIBILITY and PRACTITIONER SIGNATURE**

I determine that the patient:  
 Does meet the criteria for medical assistance in dying       Does **not** meet the criteria for medical assistance in dying  
*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.*

Practitioner Signature	CPSID #	<b>OR</b>	CRNBC Prescriber #
	Date		Time

**If planning was discontinued prior to administration, indicate reason and submit this form to the appropriate Health Authority.**

- Patient withdrew request
- Patient's capability deteriorated (no longer capable of providing informed consent)
- Death occurred prior to administration

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

# Prescriber's form

PLANNING FOR MEDICAL ASSISTANCE IN DYING	
Initials	I have received and reviewed the assessment by at least one other colleague indicating the patient is eligible for medical assistance in dying.
Initials	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)
Initials	I have planned for potential issues (failure of oral route to achieve effect, issues with initiation of intravenous access, etc.)
	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
Initials	If intended date is less than 10 days from initial request, the assessor, the patient and I are in agreement that: <input type="checkbox"/> Death is imminent, or <input type="checkbox"/> The patient's loss of capacity to provide informed consent is imminent.
Initials	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 48 hours after confirmation of death.
Initials	I have indicated on the prescription or order that the medication is for medical assistance in dying.

If planning was discontinued prior to administration, indicate reason and submit this form to the appropriate Health Authority.

- Patient withdrew request  
 Patient's capability deteriorated (no longer capable of providing informed consent)  
 Death occurred prior to administration

**ADMINISTRATION OF MEDICAL ASSISTANCE IN DYING**

Date (YYYY / MM / DD)	Location <input type="checkbox"/> Home <input type="checkbox"/> Facility - Site:                      Unit: <input type="checkbox"/> Other - specify
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Location Address

<i>Initials</i>	Immediately prior to administering the prescription, the patient was given an opportunity to withdraw their request and gave express informed and voluntary consent to receive medical assistance in dying (pg 3, Patient Request Record).
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<i>Initials</i>	The medication was administered via the method chosen by patient: <input type="checkbox"/> Practitioner-administered Intravenous (IV) Regimen <input type="checkbox"/> Patient self-administered Oral Regimen (supervised by practitioner) <input type="checkbox"/> Practitioner administered IV backup kit _____ hours after ineffective self-administration	
	Medication Administered	Interval Between Administration and Confirmation of Death

**PRACTITIONER SIGNATURE**

Practitioner Signature	CPSID #	<b>OR</b>	CRNBC Prescriber #
	Date		Time

**VSA 406A Medical Certification of Death**

A medical or nurse practitioner must complete the Medical Certification of Death within 48 hours of death in compliance with Section 18 of the *Vital Statistics Act* and provide the completed form to the Funeral Director so that a Disposition Permit may be issued.



fraserhealth

## MEDICAL ASSISTANCE IN DYING (MAiD) SPIRITUAL HEALTH INQUIRY FORM

*(please note: Use of this form is optional)*



MSXX106818A

New: Dec. 09/16

Page: 1 of 1

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### A GUIDE FOR HEALTHCARE PROVIDERS' CONVERSATIONS WITH PEOPLE ASKING FOR MAiD

Spirituality is the beliefs, values, behaviors, experiences, and relationships related to life's meaning and purpose. It can include religion, beliefs about existence, and cultural factors.

Spiritual distress or existential suffering can happen when patients experience a lack of meaning or purpose in life and struggle to find a sense of self. It's important to address existential suffering as it is often associated with hopelessness, increased anxiety and depression, reduced quality of life, and a desire to hasten death.

*(Bates, Alan, Addressing existential suffering, BC Medical Journal, vol. 58, no. 5, June 2016)*

As members of the healthcare team, Spiritual Health Professionals "provide comprehensive spiritual care and emotional support to patients, families and health care staff in a manner that is appropriate to belief system and cultural diversity."

*(BC Ministry of Health, Spiritual Health Framework, 2012)*

The following information and questions are meant to help patients and healthcare providers understand what spiritual or emotional needs patients might have related to medical assistance in dying (MAiD).

Completion of this questionnaire is voluntary and will not interfere with a patient receiving MAiD.

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## Questions for people considering Medical Assistance in Dying (MAiD)

Serious medical conditions, terminal illness, and anticipated death can raise many questions and concerns of a spiritual nature. People in such circumstances sometimes struggle with:

### Questions about

- Life's meaning
- Connection to self/others/the sacred
- Peace and forgiveness
- The afterlife
- Community
- Emotional self-control

### Concerns about

- Losing autonomy
- Losing function
- Changed identity
- Losing faith
- Changed purpose
- Losing dignity

### Feelings of

- Fear of death, death process, dying
- Fear of pain
- Acute anxiety
- Grief / mourning
- Guilt / shame
- Isolation

	<i>None</i>	<i>Low</i>	<i>Med</i>	<i>High</i>
To what degree have you had questions, concerns, or feelings like those above? ( <input checked="" type="checkbox"/> Check off which, if any, you have had)	1	2	3	4
To what degree do you feel you have adequate spiritual and emotional support available for you at this time?	1	2	3	4
If there are any issues you would like to resolve before your death, would you like some help and support to work through them? <i>In answering this question, please consider the following:</i>	Yes	No		
<ul style="list-style-type: none"> <li>• <i>Is anything unresolved in your relationships?</i></li> <li>• <i>Is there anything which requires "closure"?</i></li> <li>• <i>Is there a need for reconciliation or forgiveness?</i></li> </ul>	<i>Comments:</i>			
Would you like to speak with a healthcare professional about how we can help support your spiritual and emotional needs?	Yes	No		

Notes/Comments:

# Process - Oral

**3 Medications** dispensed by the pharmacist in a sealed tamperproof container

**\* Gastric motility agent:**

- due to the high rate of nausea and vomiting with the coma inducing preparation
- The agent must be taken one hour prior to the coma inducing preparation

**\* Anxiolytic:**

- sublingually 5 to 10 minutes prior to the coma inducing preparation
- an additional dose may be given if necessary

**\* Coma Inducing preparation:**

- Stable for 72 hours after preparation by pharmacist
- ~120ml, ingest within 4 minutes
- Should be followed by a small amount of non-fat, non-carbonated drink
- May take over 4 hours to be effective

# alternatives

- IV in place in case patient cannot tolerate oral route

# Process - IV

Four agents:

- \* Anxiolytic
  - \* Local Anesthetic
  - \* Coma Inducing Agent
  - \* Neuromuscular Blocker
- 
- 2 identical kits of all drugs in a sealed tamperproof container
    - adequate medication if the IV becomes interstitial or other issues
    - only provider can sign for release of Rx
    - dispensed directly to the identified provider
    - pharmacist reviews return of unused medication within 48 hrs of death

# Grief

- Give the family time to grieve
- Offer access to counseling
- De-brief with a colleague.
- Consider accessing Wellness or Physician Health Program.



## BC Coroners Service Report of MAiD Death

**\*Please ensure death is reported immediately as per Coroners Act (s. 2)\***

**Please FAX this form, and all accompanying Provincial Health MAiD forms, to Vince Stancato (Deputy Chief Coroner) @ 604-660-7766**

### General Information

Name of Reporting Physician/Nurse Practitioner::		Physician/Nurse Practitioner ID#:	Physician/Nurse Practitioner Contact (Phone/email):	
Date Reported:	Time Reported:		Location reported from:	

### Decedent Information

Decedent Surname	Decedent Given Name (1st)		Decedent Given Name (2nd)	Decedent Given Name (3rd)	
Birth Date (dd/mm/yyyy)	Age	Sex <input type="radio"/> F <input type="radio"/> M	Date of Death (dd/mm/yyyy)		
Home/Residence Address	City	Postal Code	Province	<input type="radio"/> Place of death same as home address	
Place of Death (if different from home address)		Type of Premise (i.e. hospital, care home, office)			

# My concerns - What's next?

- Children
- Mental health concerns
- Mental capacity limits
- health professionals' Charter right to freedom of conscience
- Discrimination for not participating (ex. hiring physicians)

# Letters of Concern

- To health authorities re: location of MAiD
- To MPs re: amendments to C-14

# Our Limits?

- Deut 6:6 **These commandments** that I give you today are to be on your hearts. **Impress them** on your children. **Talk about them** when you sit at home and when you walk along the road, when you lie down and when you get up. ....v. 18 Do what is right and good in the Lord's sight, so that it may go well with you...v. 25 and if we are careful to obey all this law before the Lord our God, as he has commanded us, that will be our righteousness. <Deut 5:17, Ex 20:13>
- **Sanctity of Life**
  - Gen 1:26-27 So God created mankind in his own image...
  - Gen 9:5 And for your lifeblood I will surely demand an accounting. I will demand an accounting from every animal. And from each human being, too, I will demand an accounting for the life of another human being. Whoever sheds human blood, by humans shall their blood be shed; for in the image of God has God made mankind.
  - 1 Cor 3:16-17 ...you are God's temple and that God's Spirit dwells in you! If anyone destroys God's temple, God will destroy him. For God's temple is holy, and you are that you are that temple...

# An Answer

- 1 Peter 3:15

But in your hearts revere Christ as Lord. Always be prepared to give an answer to everyone who asks you to give the reason for the hope that you have.

# Praise to the God of All Comfort

- 2 Corinthians 1:3-5

Praise be to the God and Father of our Lord Jesus Christ, the Father of compassion and the God of all comfort, who comforts us in all our troubles, so that we can comfort those in any trouble with the comfort we ourselves receive from God.