

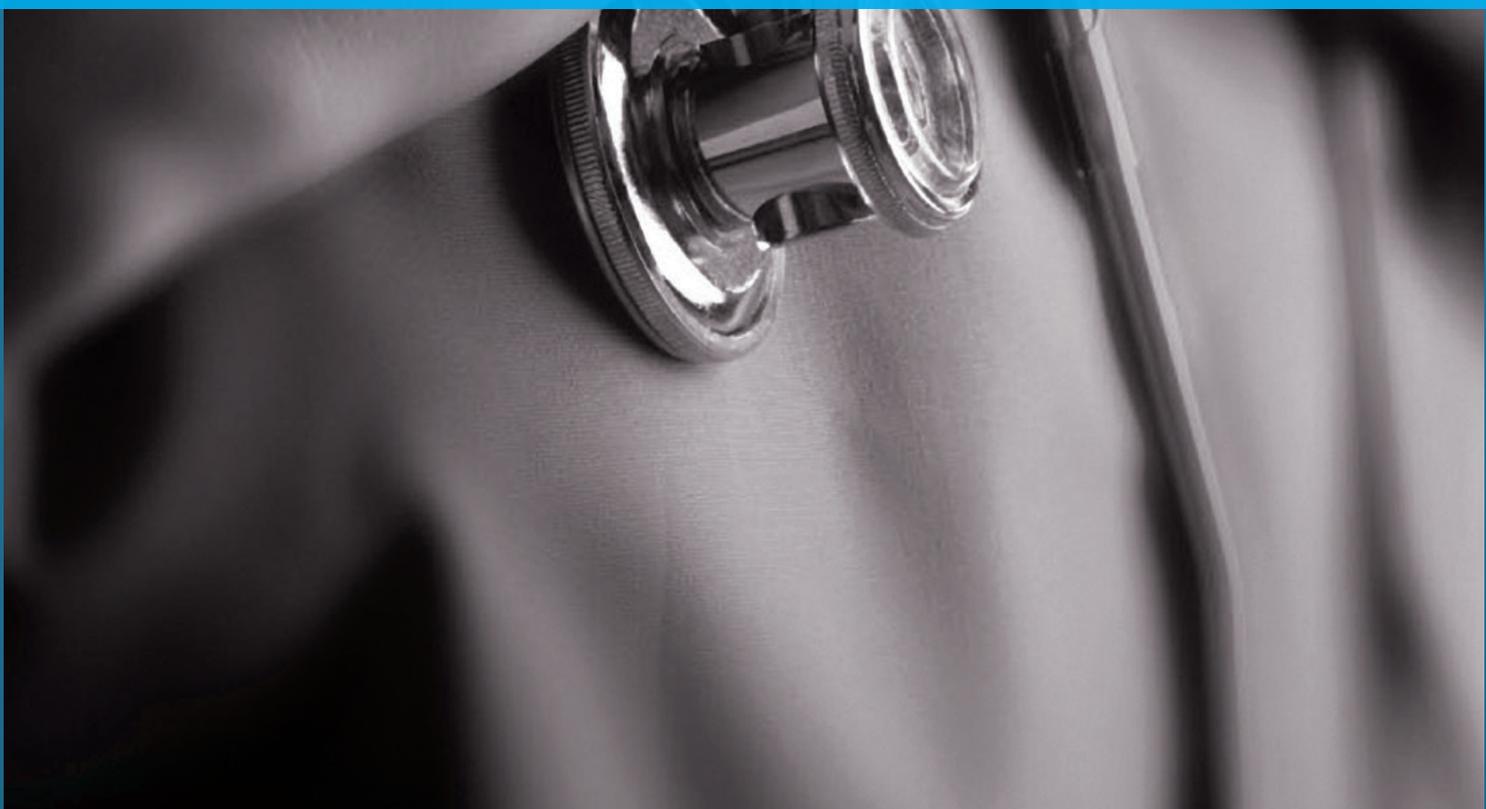


# PHYSICIANS, THE LAW & MAID

## Bennett Jones



ALBERTA  
MEDICAL  
ASSOCIATION





# Physicians, the Law & MAID

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## Introduction

In 2015 after years of litigation and legal developments,<sup>1</sup> the Supreme Court of Canada (SCC) unanimously struck down laws criminalizing assisted dying.<sup>2</sup> The SCC suspended its declaration of invalidity for one year during which the federal and provincial governments could respond by enacting legislation consistent with that decision. The federal government responded in 2016 by legalizing medical assistance in dying (MAID).<sup>3</sup>

The focus of this publication is to assist practitioners in understanding the law in relation to MAID and their responsibilities in order to comply with the law when a request for MAID arises. Physicians are encouraged to contact the Canadian Medical Protective Association (CMPA) for assistance. This publication focuses on MAID in Alberta, but also highlights how policy is being shaped across Canada.

## Eligibility

In enacting the law, the federal government sought to balance respect for patient autonomy and protection of the vulnerable. The federal government amended the criminal law to permit medical and nurse practitioners to provide MAID when certain requirements are met, in that the patient must:

- be “eligible ... for health services funded by a government in Canada”;
- “have a grievous and irremediable medical condition”, meaning
  - “they have a serious and incurable illness”,
  - “are in an advanced state of irreversible decline in capability”,
  - are in “physical or psychological suffering intolerable to them and cannot be relieved under conditions they consider acceptable”, and
  - their “death has become reasonably foreseeable, taking into account all their medical circumstances without a prognosis necessarily having been made as to a specific length of time they have remaining”;
- are “at least 18 years of age and capable of making decisions with respect to their health”;
- “have made a voluntary request for [MAID] that ... was not made as a result of external pressure”; and
- “give informed consent to receive [MAID]”.

## Grievous and Irremediable Condition

### Serious and Incurable Illness

Practitioners should know patients need not be terminally ill or suffering from a fatal illness.<sup>4</sup>

## Intolerable Suffering

MAID legislation explicitly defines “intolerable suffering” in *subjective* terms. The practitioner must “be of the opinion” these conditions are met, so if the patient believes their suffering is intolerable, and believes existing means to relieve that suffering are not acceptable to them, they then meet this criterion.

## Reasonable Foreseeability

Practitioners may consider all patient circumstances in coming to their conclusion on this requirement, based on their own training and expertise.<sup>5</sup> This could include “considerations of age or frailty, and the interaction of several different medical conditions which may cause the person to be in a life-threatening condition.”<sup>6</sup>

The Canadian Association of MAID Assessors and Providers (CAMAP) have released clinical guidelines on how medical providers should apply the legislation:<sup>7</sup>

*If the question “is the patient’s natural death reasonably foreseeable?” is framed in a way that would be asked in other clinical situations, the meaning becomes clearer. Thus, if asked whether a patient’s death is “reasonably predictable” from the patient’s combination of co-morbidities and age, then clinicians would answer more readily. Once the patient’s death and its manner has become reasonably predictable (as far as the factors leading to it are concerned), then it can be said to be reasonably foreseeable. Reasonably predictable does not mean that the clinician is confident that death will definitely ensue in this way, only that predicting that it will do so is reasonable. ...*

*A clinician should decide:*

1. *Is it reasonable to predict that death will result from the patient’s medical conditions and sequelae, taking into account age and other factors?*
2. *Is it likely that death will be “remote” or in the “too distant future” in the ordinary sense of these words?*

*If the answer to the first question is Yes, and the second question is No, then it is CAMAP’s view that the criterion of a reasonably foreseeable natural death is satisfied.*

## Mental Illness

An aspect of this legislation currently being reviewed (discussed below) is considering whether “grievous and irremediable condition” should include situations where the sole underlying disease is mental illness.<sup>8</sup> Under the current law, those with mental illness as their sole underlying medical condition are not necessarily excluded from MAID, provided they meet all eligibility criteria.

However, most applicants are unlikely to satisfy the eligibility criteria.<sup>9</sup> For instance, some mental illness may impair a person’s decision-making and capacity; some practitioners may be apprehensive in distinguishing between a capable person making an autonomous decision for MAID and a person whose pathological desire to die is actually a symptom of their underlying disease; there may be disagreement over when and which mental illnesses can be considered “incurable”; and it may be difficult to establish

whether the person's death is "reasonably foreseeable" unless they are of an advanced age.<sup>10</sup> While underlying mental illnesses may be "grievous and irremediable", thus satisfying the legislative requirements, it may be difficult for practitioners (and their lawyers) to satisfy themselves this is the case, thus precluding MAID from being engaged.

## Constitutional Challenge

A constitutional challenge over MAID requirements was recently successful in Québec. The Court had "no hesitation" that the requirement that death be "reasonably foreseeable" was too restrictive and violated the plaintiffs' liberty and security interests. The Court also concluded that the requirement perpetuated the stereotype that persons with disabilities are incapable of making decisions over their bodies and lives, and it therefore violated the plaintiffs' equality rights. Accordingly, the Court struck down the requirement that death be "reasonably foreseeable". The federal government has six months to either amend the law, or appeal the decision.<sup>11</sup>

Another constitutional challenge over the definition of "grievous and irremediable" was launched in British Columbia. Specifically, the claimants objected to the phrases "incurable", "advanced state", and "reasonably foreseeable" death.<sup>12</sup> The claimants argued that Canadians suffering from diseases such as spinal muscular atrophy, multiple sclerosis, spinal stenosis, locked-in syndrome, traumatic spinal injury, Parkinson's disease, and Huntington's disease, among others, will not be eligible for MAID.<sup>13</sup> This challenge was recently dropped after the government filed an expert report noting the growing consensus among medical practitioners that "reasonably foreseeable" death should be interpreted broadly, and that the claimant would qualify for MAID.<sup>14</sup>

Evidently, the eligibility criterion for MAID is likely to evolve in the coming months or years.

## Age and Capacity

Save in exceptional circumstances, medical treatment must not be administered without patient consent. MAID is no different: consent is an absolutely necessary element. Yet, the rules surrounding consent are somewhat more strict in the MAID context.

### Mature Minors

First, MAID is not available to "mature minors", who may otherwise consent to treatment (or refuse, sometimes life-sustaining, treatment) and make their own healthcare decisions. Rather, the federal government imposed a bright line "18 years old" requirement.<sup>15</sup>

### Advance Directives

Second, MAID is only available to mentally competent adults. Advance directives – often used to withhold consent to life-sustaining treatment if the individual loses capacity – have no application to MAID. Moreover, an alternate decision-maker cannot request or consent to MAID on the patient's behalf.<sup>16</sup>

## Informed Consent

Third, immediately prior to MAID being performed, the practitioner must give the individual an opportunity to withdraw their request for MAID, and must ensure that *express* consent is present.<sup>17</sup> This express consent must be "informed".<sup>18</sup>

The doctrine of informed consent was developed in the law primarily to protect the patient's right to control their own medical decisions. This doctrine recognizes a practitioner's obligation to ensure patients better understand their illness, alternative treatment available, and the risk and benefit of those options.<sup>19</sup> This means the patient must be informed of their diagnosis and prognosis, reasonable alternative treatments available (including palliative care), and associated common risks, that they can rescind their request at any time, and the exact nature of MAID and the consequences of receiving or not receiving MAID.

## Legislative Review

As per original legislation, the Federal Ministers of Justice and Health were to initiate one or more independent reviews of issues relating to requests by mature minors for MAID, to advance directives, and to mental illness.<sup>20</sup> In December 2016, the federal government announced these reviews would be conducted by an Expert Panel appointed by the Council of Canadian Academies (CCA), an independent organization that undertakes evidence-based, expert assessments to support and inform public policy development in Canada.<sup>21</sup>

This Expert Panel recently released their report and stated:

- Regarding mature minors, "[w]hile chronological age can provide some developmental generalizations about decision-making abilities, it is not the most important variable in determining capacity for informed consent. The capacity of a minor to consent to a healthcare intervention must be determined on a case-by-case basis by considering their experiences, maturity, circumstances, and the gravity of the decision at hand. The view that minors are in need of heightened protection is a widely shared concern. Despite research demonstrating that some minors are capable of making critical healthcare decisions, including end-of-life choices, some argue that minors as a group are too vulnerable to be given the ability to request MAID. However, part of protecting potentially vulnerable patients is to ensure that they are listened to. Thus, it has been argued that, rather than denying healthcare choices to groups frequently labelled as vulnerable, society must provide the accommodations to ensure that everyone is protected not only from exploitation, but also from being ignored and excluded."<sup>22</sup>
- Regarding advance directives, "[a]llowing [Advance Requests] for MAID could provide comfort and relieve anxiety and distress at end of life for people who want to receive MAID, but are concerned about losing decision-making capacity prior to the procedure. However, removing a requirement for express consent immediately prior to the MAID procedure raises the possibility that a person might receive MAID against their wishes. ... If some form of [Advance Requests] for MAID were permitted in Canada, a number of potential safeguards

could respond to those risks and vulnerabilities inherent in the pursuit of patient autonomy. Safeguards might operate at different levels, from ensuring a healthcare system is able to support decision-making related to [Advance Requests] for MAID, to ensuring individual cases represent the voluntary and informed decisions of patients. ... This highlights the importance of further research on end-of-life practices in Canada and worldwide, including advance care planning, healthcare approaches, healthcare decision-making, and assisted dying."<sup>23</sup>

- Regarding situations where mental illness is the sole underlying medical condition, “[p]eople requesting MAID MD-SUMC [i.e., MAID where a Mental Disorder is the Sole Underlying Medical Condition] may not satisfy several of the four criteria of having a ‘grievous and irremediable medical condition’ (as defined in Bill C-14). Clinicians disagree about when and which mental disorders can be considered incurable (in medicine, there is no single, universally agreed-upon definition of the term incurable); people with mental disorders can experience an advanced state of decline in capabilities (especially in neurocognitive disorders such as some dementias), but for some conditions it is not clear how often such declines are irreversible. However, it is generally accepted that some mental disorders can produce enduring and intolerable suffering. In the vast majority of cases where a mental disorder is the sole underlying medical condition, natural death has not become reasonably foreseeable (at least not until the person is at an advanced age). ... Some Working Group members believe that permitting more MAID MD-SUMC may reduce mental health stigma by demonstrating that people with mental disorders have capacity, that their suffering is serious, that mental disorders are not due to character flaws or circumstances within their control, and that their right to self-determination should be respected. Other Working Group members think that permitting more MAID MD-SUMC may increase mental health stigma because it might bolster the belief that the lives of people with mental disorders are intolerable, not worth living, and (at least sometimes) hopeless. ... Whether to expand, prohibit, or make no changes to the law that governs MAID with respect to the eligibility of those whose sole underlying medical condition is a mental disorder is a contentious subject on which there are differing opinions.”<sup>24</sup>

It is yet to be seen what the federal government will do with these three reports; however, as demonstrated these are contentious issues that will undoubtedly continue in the public conversation as data and research continues.

## Process of Engaging MAID

### Formal Request

MAID is a patient initiated process rooted in basic respect for patient autonomy in medical decision-making. As the SCC has stated: “[The] right to ‘decide one’s own fate’ entitles adults to direct the course of their own medical care”.<sup>25</sup> As

patients may refuse to consent to medical intervention or may consent to treatment to be withdrawn/discontinued despite harmful consequences that may follow,<sup>26</sup> patients similarly may choose an appropriate end-of-life medical option.

The patient must request MAID with practitioners acting as facilitators to provide this end-of-life care option. Practitioners cannot present MAID as a treatment option unless the patient inquires. If patients do initiate, there must be no blockage of the assessment process to determine whether the patient qualifies. Once requested, practitioners must notify the Alberta Health Service (AHS) Coordination Service. They can be reached by telephone via Health Link (811) or email at [MAID.CareTeam@ahs.ca](mailto:MAID.CareTeam@ahs.ca). This includes practitioners who conscientiously object to MAID.

### Independent Witnesses

Upon a patient requesting MAID, the person to whom the patient is making the request – family physician, other medical practitioner or health care provider – the patient must be given a formal request document to be signed in the presence of two independent witnesses.<sup>27</sup> A witness to the patient’s signature must state, in writing: they understand the nature of the request for MAID; are at least 18 years old; do not know or believe they are a beneficiary under the patient’s Will or may benefit financially or materially from the patient death; do not own or operate a health care facility at which the patient is being cared for; and are not directly involved in providing health care services or personal care to the patient.<sup>28</sup>

If a patient cannot find two independent witnesses, the AHS Coordination Service may assist. They can be reached by telephone via Health Link (811) or email at [MAID.CareTeam@ahs.ca](mailto:MAID.CareTeam@ahs.ca).

### Sign by Proxy

If the patient is physically unable to sign and date the formal request for MAID, a proxy may sign on their behalf in the presence of the patient making the request and under the patient’s express direction.<sup>29</sup> The proxy must be at least 18 years old, understand the nature of request for MAID, and declare they do not know or believe they are a beneficiary under the patient’s Will or may benefit financially or materially from the patient’s death.<sup>30</sup>

### Accommodating Patients

If a patient has difficulty communicating, practitioners must take all necessary measures to provide a reliable means by which the patient can understand the information provided, and to communicate their decision regarding MAID.<sup>31</sup>

Willing clinicians may use telemedicine to assess a patient’s request for MAID, so long as care provided through telemedicine meets applicable legislative requirements. This is important for rural or remote areas with limited access to health care resources.<sup>32</sup>

## Goals of Care Designation Order

A practitioner who receives a formal request for MAID is responsible for ensuring an AHS Goals for Care Designation Order (Appendix A) is completed and this Order aligns with the patient request for MAID. This Order will alert any emergency personnel responding to a patient distress call of the patient's wishes not to be resuscitated (for patients engaging MAID in the community).<sup>33</sup>

## Reflection Period

Once the formal request is signed and dated, the "reflection period" begins. This is a standard 10-day period following the day on which the patient signed a request for MAID, during which MAID cannot be provided to the patient; however, an abridgment of time may be permitted if both assessors agree the patient's death or loss of capacity is imminent.<sup>34</sup> This period allows the patient an opportunity to reflect on their decision, thus safeguarding against a non-informed or non-independent decision.

## Timely Independent Assessments

### Independence

Following the formal request for MAID, assessments for eligibility are conducted by two independent practitioners.<sup>35</sup> The patient makes themselves available for an "eligibility assessment", and should be aware assessment may not be in the institution where they are a patient or are living due to the allowance of conscientious objection in the legislation, i.e. the ability to refuse to provide MAID elements of care on moral or religious grounds (discussed below).<sup>36</sup>

An "independent practitioner" assessing a patient requesting MAID must: not be a mentor to the other practitioner or responsible for supervising the other independent practitioner's work; declare they do not know or believe they are a beneficiary under the Will of the patient or a recipient of financial or other material benefits resulting from the patient's death; and do not know or believe they are connected to the other independent practitioner or patient making the request that would affect their objectivity.<sup>37</sup> One of the two assessors can be the patient's treating physician or providing practitioner.

The goal of two "eligibility assessments" is for two independent practitioners to satisfy themselves that legal requirements have been met. Each assessor must examine the patient and review MAID requirements to determine whether the patient meets statutory requirements.<sup>38</sup> Once satisfied, the practitioners must provide written confirmation the patient meets all requirements, indicating in their own words how the patient meets the prescribed requirements.<sup>39</sup> For example, when confirming statutory requirements the practitioner could write:

*Patient has a known advanced aggressive colon cancer with increased abdominal mass in the left lower quadrant, anorexia, weight loss, abdominal pain. The patient has no interest in palliative care and wishes to engage MAID.*

Once an assessor has completed their portion of MAID documents these must be passed to the providing practitioner. In Alberta, practitioners should use the current AHS Practitioner Assessment Form (Appendix B).

## Disagreement Among Practitioners

In the event one of the two assessors is of the opinion the patient meets all requirements but a second practitioner does not agree, then a third practitioner may conduct an eligibility assessment. If the third practitioner is satisfied legislative requirements have been met, the patient may engage MAID.<sup>40</sup>

If, however, the third practitioner is not satisfied legislative requirements have been met, the patient may not engage MAID and must submit a new formal request should the patient wish to be reassessed. In such circumstances the process begins again.

## Timely Assessments

Given the unpredictability of capacity, practitioners should perform assessments or effectively refer a patient promptly to give effect to patient wishes. Some patients when first assessed have been deemed to lack capacity, but when reassessed later in the day or early in the morning have been found to have capacity. Others lose capacity because of taking prescribed opioids, so patients may wish to have pain medications reduced or eliminated so they can engage MAID. This may cause the patient to be in severe pain but if the patient's wish is to continue the process rather than be denied MAID, this is a decision for the patient to make.

Availability of MAID has been problematic as geographical access has been limited since practitioners and facilities cannot be legally compelled to participate. Meaningful access may also be limited due to delays in assessments as up to 20% of persons requesting MAID in reporting jurisdictions have died before completion of the assessment process, highlighting the severity of illnesses experienced by patients requesting MAID and the need for timely assessments.<sup>41</sup>

## Consent Form

If the patient is deemed eligible for MAID, and following an "informed consent" discussion, the patient must sign an Alberta Health Services consent to treatment form (Appendix C). This form must be witnessed by any person other than a relative of the patient; the most responsible health practitioner; or the patient's interpreter.

## Informing the Pharmacist

Following two successful assessments, medication will be ordered from a participating pharmacist. Jurisdictions have a set list of medications to be used in assisting the patient to die. Alberta's is posted in the secure College of Physician & Surgeons of Alberta (CPSA) Physician Portal under Additional Resources.<sup>42</sup> When ordering medication, practitioners *must* inform the pharmacist the prescribed substance is intended for MAID use.<sup>43</sup>

Practitioners assisting patients should follow an established protocol for medications to be used whether through IV or

prescription. Practitioners face a potential liability risk if, due to inadequate medication, the patient does not die and is left in a worse state than when requesting MAID. While patients can decide whether drugs are administered orally or intravenously, where a patient chooses self-administration there should be a discussion as to whether the patient consents to convert to the practitioner-administered IV protocol in case of complications and how to deal with potential complications. As with all consent discussions, it is important to carefully and fully document this discussion.

Both the practitioner and pharmacist must complete the Medication Inventory Tracking Sheet (also available in the CPSA Physician Portal) and sign off on any unused or wasted medications.<sup>44</sup> Unused medications must be returned to the pharmacist for proper disposal.<sup>45</sup>

## Discussing a Plan with the Patient

Before the date of planned death, the providing practitioner should agree on a plan with the patient regarding when, where, and how MAID will be provided.

Location is adaptable; it could be at a long-term care facility, hospital, or home. Experience shows the greatest concern with choosing the location is when the patient is being cared for at a non-participating or faith-based institution. In those instances the patient will likely be required to be transferred to a participating site.

Whether the patient wishes family and friends present during death is a personal choice and should be respected. Whether the administering practitioner and additional support (such as assisting nurses) be present should also be discussed with the patient.

Finally, as previously stressed the practitioner assisting the patient must be confident the patient has capacity immediately prior to the fatal medication being administered.

It is also encouraged for practitioners to remind patients – as much as can be reasonably expected of them – to consider other end of life concerns, including:

- Financial and estate matters, including verification of insurance and post death benefits to others;
- Funeral arrangements; and
- Other personal considerations.

## Conscientious Objection

As the SCC outlined in *Carter* – and as enshrined in the legislation – a practitioner who has ethical, moral, or religious objections to providing MAID is not compelled to provide or assist in doing so. This is known as “conscientious objection”. Furthermore, if an applicant is being cared for at a non-participating or faith-based institution, they may have to be transferred to a participating site before proceeding further.

While this is explicitly permitted under the legislation, litigation over the issue has arisen. The College of Physicians

and Surgeons of Ontario (CPSO) implemented a procedure requiring practitioners unwilling to provide certain elements of care for reasons of conscience or religion to “effectively refer” the patient to another healthcare provider. An effective referral means “a referral made in good faith, to a non-objecting, available, and accessible practitioner, other health care professional, or agency.”<sup>46</sup> Further, referrals must be made promptly.<sup>47</sup>

The applicants – the Christian Medical and Dental Society of Canada, the Canadian Federation of Catholic Physicians’ Societies, and five individual practitioners licensed to practice medicine in Ontario – challenged the constitutional validity of that policy. They argued that by requiring practitioners to “effectively refer” patients, the CPSO is forcing practitioners to provide MAID despite their moral or religious objections, thus forcing practitioners to be complicit in sinful or immoral behaviour.<sup>48</sup> The applicants argued this breached their right to religious freedom. The Ontario Superior Court held that while the provisions infringed their right to religious freedom, the infringement was justified. The goal of ensuring access to healthcare is pressing and substantial and the policies were rationally connected to that goal.<sup>49</sup>

On appeal, the applicants said that a “generalized information” model, in which objecting physicians give patients information concerning publicly-available resources and services, would provide a practical and less impairing alternative to effective referrals.<sup>50</sup> The Ontario Court of Appeal rejected this position, concluding that a “‘generalized information’ model, like other ‘self-referral’ models, will impair equitable access to health care rather than promote it. It will impair equitable access to health care because it will enable objecting physicians to abandon their role as patient navigators without an appropriate transfer of the patient to another physician or service.”<sup>51</sup> The Court also concluded that “harm will, in fact, occur to vulnerable groups in the absence of the effective referral requirements.”<sup>52</sup> Consequently, the policy was upheld.

In Alberta, practitioners must continue to provide the patient with other medically required care until their services are no longer required. They must also provide patient information to the AHS Coordination Service which can be reached by telephone via Health Link (811) or email at [MAID.CareTeam@ahs.ca](mailto:MAID.CareTeam@ahs.ca), and ensure the patient has the contact information required to access timely information and assessment for MAID and the patient has been informed of their treatment options and support available to relieve suffering.<sup>53</sup>

## Billing

These billing codes apply in the MAID context:<sup>54</sup>

- 03.7 BA – “Determination Phase” which includes:
  - Patent assessment for MAID;
  - Obtaining and reviewing medical records;
  - Reviewing but not waiting for lab and other diagnostic information; and
  - Completion of documents and forms.

- 03.7 BB – “Action Phase” which includes:
  - Patient visit and assessment;
  - Pharmacy visit;
  - Communication with other health care providers;
  - Review and administration of medication;
  - Coordination of procedure; and
  - Completion of documents and forms.
- 03.7 BC – “Care After Death Phase” which includes:
  - Reporting;
  - Post event arrangements; and
  - Completion of documents and forms.

These billing codes are for 15 minutes or major portion thereof, the total time of which may be calculated on a cumulative basis over the course of several hours or days. Travel time is not to be included.<sup>55</sup>

The patient’s record must also include a detailed summary of services provided, including a summary of time spent per day per activity.<sup>56</sup>

## Post-Death Obligations

### Reporting Guidelines

As of November 1, 2018, new *Regulations for the Monitoring of Medical Assistance in Dying* took effect.<sup>57</sup> The goal of these Regulations is to ensure consistent, comprehensive collection of data essential for this treatment regime to function properly, achieve legislative objectives, and better serve the Canadian population.<sup>58</sup>

### When to Report

In most cases when a patient submits a formal request for MAID the practitioner must report this request (even if MAID is not ultimately engaged). Reportable instances include:<sup>59</sup>

- Providing MAID by administering a substance to the patient;
- Providing MAID by prescribing or providing a substance for self-administration by the patient;
- Referring a patient to another practitioner or transferring their care;
- Finding a patient to be ineligible for MAID;
- Learning the patient has withdrawn the request for MAID; and
- Learning of the death of the patient from a cause other than MAID.

The timeline to report will vary. See Appendix D for more information on timelines. Some provincial/territorial reporting deadlines may be shorter than the federal Regulations, so it is important for practitioners to contact their provincial Regulators to know their obligations.

Reporting will not always be required. For instance, reporting will not be required when a patient is merely asking about eligibility requirements or wants to know more about MAID; when a written request is received but none of the above “triggers” happen within 90 days of receiving the request; or when the practitioner’s involvement is limited to providing a second assessment of patient eligibility.<sup>60</sup>

Federal Regulations do not allow for delegation of reporting on MAID to other individuals or administrative staff.<sup>61</sup>

### Where to Report

Where the report is submitted will vary based on jurisdiction. For instance, in some jurisdictions – Yukon, Manitoba, New Brunswick, Nova Scotia, Prince Edward Island, and Newfoundland and Labrador – reports will be sent directly to Health Canada through an online portal, fax, or mail. In others (such as Alberta), reports are sent to the established recipient. A third approach is the hybrid approach in Ontario, whereby practitioners report to the Chief Coroner of Ontario where the practitioner provides MAID (either by intravenous administration or providing medication for self-administration) and report other cases directly to the Federal Minister of Health (i.e., Health Canada).<sup>62</sup>

In interjurisdictional cases practitioners must report to the province in which the request was received.<sup>63</sup> For example, there may be a practitioner who practices predominantly in Edmonton but does occasional rotations in the Northwest Territories. If that practitioner receives a request for MAID while in the Northwest Territories, they must follow reporting guidelines in the Northwest Territories as opposed to Alberta guidelines.

### Alberta Forms

Some jurisdictions such as Alberta have provided standardized forms (Appendix E) to assist practitioners with this new medical procedure and to assist with reporting obligations. Practitioners should utilize these forms to ensure records are complete.

If forms are not available from the province, the checklist found at Appendix F is valuable in assisting a practitioner with reporting guidelines.

Once the forms are completed practitioners must forward the form to the appropriate government agency. In Alberta the applicable form (Appendix E) should be faxed to the Alberta Health Services Care Coordination Service on behalf of the Minister of Health at **403-592-4266** or **maidreporting@AHS.ca**.

Data collected from these forms are forwarded to provincial vital statistics and ultimately will form an annual report released by the federal government highlighting the number of requests, results of requests, general characteristics of patients requesting and receiving assistance, criteria not being met, and time periods relating to handling requests. Patients and practitioners should be assured that strict confidentiality rules apply to this data and personal information will not be released to the public.

Available data in Alberta regarding MAID can be found on the AHS website.

## Notify the Medical Examiner/Coroner

In some jurisdictions, the practitioner may have to notify the coroner or medical examiners. For instance, in Alberta the practitioner must report the death to the Office of the Medical Examiner. Paperwork required by the Medical Examiner's Office includes the Record of Request (Appendix G), Providing Practitioner Record (Appendix E), Consent to Treatment (Appendix C), and the Record of Medication Administration, all to be submitted as soon as practicable so the Office can complete the death certificate and funeral arrangements can advance. The fax sheet cover can be found at Appendix H.

In Ontario, the providing practitioner must notify the coroner of the death and provide the coroner with facts and circumstance surrounding the death. If the coroner does not believe the death requires an investigation then the practitioner will complete and sign the medical certificate of death. If the coroner does believe the death requires an investigation then the coroner completes and signs the medical certificate of death.<sup>64</sup>

In British Columbia, the providing practitioner must notify the Minister of Health, complete the Medical Certification of Death and submit to the funeral director. If the patient's underlying condition relates to an accident, violence, or self-inflicted injury the death must be reported to the coroner.<sup>65</sup>

## Retention of Medical Records

The CPSA *Standards of Practice* state that practitioners must keep records, in general, for at least 10 years following the date of last service. Practitioners are encouraged to use their judgment and keep medical records longer than required under the *Standards of Practice* if deemed appropriate.

## Potential Legal Consequences

These commentaries are a brief overview of potential legal consequences if the eligibility requirements and safeguards for MAID are not followed. It aims to highlight the different roles practitioners may find themselves in within the litigation process. If any of these situations arise, practitioners are strongly encouraged to contact the CMPA.

## Criminal Charges

The process of MAID has been ongoing for three years and there have been no lawsuits or criminal charges arising from MAID. If practitioners have a reasonable but mistaken belief about any of the above requirements, they may have a "good faith" defence available. If the practitioner is found to not have complied with the strict safeguards outlined, they may be charged under the *Criminal Code* and face up to five years in prison.<sup>67</sup>

Furthermore, a practitioner that knowingly violates reporting requirements can face up to two years in prison.<sup>68</sup>

## Production of Medical Records at Request of Police

Leading up to the decision whether to charge a practitioner under the *Criminal Code*, the police would likely seek further information through an investigation. As part of this investigation, the police may request medical records or other documents pertaining to the health of the patient. As part of practitioner obligations under the *Alberta Health Information Act (HIA)*, practitioners must be cautious about disclosing information to police not permitted under the *HIA*.

The *HIA* permits disclosure of individual identifying health information without consent of the patient to police or the Minister of Justice and Solicitor General where the custodian reasonably believes the information relates to the possible commission of an offence, and the disclosure will protect health and safety of Albertans.<sup>69</sup> In such circumstances only specific information may be disclosed, such as names, date of birth, location and date of health services being sought or received, and so on.<sup>70</sup> It does not grant the police or the Minister *carte blanche* access to health information the practitioner may have.

However, sometimes the police or the Minister seek a subpoena, warrant, or order from the Court, compelling production of information. In such circumstances, the subpoena or court order would have to be produced and the information as set out in the subpoena or court order would be producible.<sup>71</sup> If this occurs:

- Ensure the court order is signed, read carefully, and provide only the requested information at the appropriate time.
- Retain a copy of the order.
- If the order requires information to be produced immediately, provide only a photocopy of patient information unless specifically told to provide original documentation (retain a photocopy).

It is important that practitioners contact the CMPA if the police or Minister are requesting information.

## Practitioners as Witnesses

Should a criminal trial proceed on allegations relating to MAID, practitioners could find themselves involved in two ways. First, a practitioner may be charged under the relevant *Criminal Code* provisions for failing to abide by legislative requirements or safeguards. In that instance, the Crown Prosecutor must prove allegations beyond a reasonable doubt, a higher burden than in a civil proceeding. The practitioner might be called to testify; that is a decision made with the help of the practitioner's criminal defence lawyer.

Second, if a criminal charge occurs, if evidence is to be offered regarding the incident the Crown Prosecutor may be calling other practitioners involved with the incident. This can be done through a "subpoena", whereby the Crown calls a practitioner to testify. Given the nature of this process, in that a practitioner involved with the incident would likely

be called to attend Court as an ordinary witness (as opposed to an expert witness), once a subpoena is issued, that practitioner must attend Court to give evidence. Practitioners so served should note on reviewing the subpoena the instruction to bring to Court documentation, such as medical records or other MAID-related documents. If documents are requested:

- Read the subpoena and take only information requested to Court.
- Take the original and copy of the information to Court and request that only the photocopy be retained by the Court as ordered by the judge.

## Civil Lawsuit

A practitioner may also be sued civilly for negligence or battery. Since such a lawsuit has not yet risen in Canada (in relation to MAID) it is difficult to know the likelihood of success of such a claim.

### Negligence

In every medical negligence lawsuit, the plaintiff – i.e., the person suing – must prove the practitioner owed them a duty of care, that the practitioner breached the applicable standard of care established by law, and this breach caused the plaintiff’s injury.<sup>72</sup> Such a claim would likely arise if MAID was unsuccessfully attempted and the patient was left in a worse position than before.

A practitioner’s duty to exercise due care arises upon formation of the practitioner-patient relationship, requiring the practitioner to administer treatment under the standard of skill expected of the average prudent practitioner in the same field.<sup>73</sup> The “standard of care” is usually established at trial through expert opinion evidence. The standard of care does not require perfection and will not be judged in hindsight.<sup>74</sup>

If there is a breach of the standard of care, the plaintiff must prove the practitioner caused their injury. This has two aspects. First, the plaintiff must establish that the injury complained of would not have occurred without the practitioner’s alleged negligence. Second, the Plaintiff must prove the injury was foreseeable.<sup>75</sup>

### Battery

Where no consent was obtained, where the treatment went beyond the scope of the consent or where the consent was obtained by misrepresentation, a patient (or their Estate) can sue for battery. Battery is essentially the intentional infliction of harmful or offensive contact with another person.<sup>76</sup> In these circumstances, the plaintiff need not find medical experts to testify, since the issue is not whether the practitioner exercised reasonable care but rather whether treatment was given without consent.<sup>77</sup> The onus would rest with the practitioner to prove that valid consent was obtained, and if found liable the practitioner would be liable for all direct consequences of the battery, whether foreseeable or not.<sup>78</sup>

## Production of Medical Records

In a civil lawsuit, a patient (or their lawyer) will request medical records. The *HIA* recognizes the right of patients to access their medical information. Practitioners are the owners of the records, but the information in those records is to be used for the patient’s benefit. Upon request patients may inspect and copy all information in their medical records. This includes consultation reports, referral letters, correspondence, and other relevant information. The *HIA* regulations list fees to be charged for patient access to their records.<sup>79</sup>

Release of medical information is ultimately the decision of patients, as they must provide consent to their lawyers for presentation to practitioners when requesting records. If the request comes from a lawyer, the lawyer is responsible for obtaining a valid and current authorization from the patient and providing it to the practitioners.

### Practitioners as Witnesses

Practitioners’ “participation” in the civil proceedings may arise in several ways. First, they may find themselves as a named defendant being sued by the plaintiff. Second, even if they are not a named defendant they may be called to testify at trial as an ordinary witness to give evidence about their experience with the case (e.g., as a treating practitioner). Third, they may be asked to serve as an expert witness to assist the Court (and lawyers) with the case.

If asked to testify as an ordinary witness via a Notice to Attend as Witness (i.e., a subpoena), the practitioner may not decline. If the practitioner is served a Notice to Attend as Witness it must be served at least 10 days before trial and must be accompanied with an allowance fee of \$50 plus meals, travel, and accommodation (as set out in the *Alberta Rules of Court*).<sup>80</sup> Practitioners so served should note any instructions to bring to Court documentation in their possession pertaining to the lawsuit. This will often mean the medical records in the practitioner’s possession pertaining to that patient.

The role of expert witnesses throughout this process is to assist counsel (and eventually the Court) in identifying issues and becoming familiar with medical aspects of the case. If asked to be an expert the practitioner may decline. If they agree to serve as an expert, individuals will usually base their opinions on documentation provided by the lawyers. The opinion is then put into a “Form 25” (as it appears in Appendix I). Before agreeing to be an expert, practitioners should obtain an explanation of the process; discuss and agree to a retainer; discuss the substance of their opinions and review their *Curriculum Vitae* with those that wish to retain them.

Lawyers should advise practitioners they may be called to give evidence at the trial of the action; that counsel on the other side will be relying on the contents of the Form 25 opinion in settlement discussion; that practitioners can expect to be subjected to vigorous cross-examination by opposing counsel and potentially the trial judge if the matter proceeds to trial. Practitioners should also know they are entitled to be paid as experts, the terms of which should be set out in the retainer with the lawyers.

## College Complaints

Patients or their families could launch a complaint against a practitioner with the CPSA. This could be due to concerns over practitioners who conscientiously object and fail to provide reasonable access to the patient, practitioners who fail to perform timely assessments, or where MAID is attempted but complications arise. These are mere examples as this has yet to be tested in Alberta.

Once a complaint is received by the Complaints Director of the CPSA, the Complaints Director may resolve the complaint; order examination (physical and/or mental) of the practitioner; request an expert report on the subject; dismiss the complaint; or investigate the matter further.<sup>81</sup>

In some instances the complaint may proceed to a hearing. If unprofessional conduct is found by the Hearing Tribunal, the Hearing Tribunal may: caution; reprimand; place conditions on practice; require completion of a course; expect counseling and treatment; suspend the practitioner's practice permit; cancel the practitioner's practice permit; issue a fine for unprofessional conduct; and/or order the practitioner to pay costs of the investigation and hearing.<sup>82</sup>

## Conclusion

This process is overseen by government and involved agencies and has encountered minimal negative repercussions. The arenas of medicine and law are joint participants and rely on continuing cooperation. The authors urge practitioners to check whether their privileges cover MAID and to connect with their regulatory bodies, review their *Standards of Practice*, and seek legal advice to deal with issues that arise.

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## Endnotes

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- <sup>19</sup> *Criminal Code*, *supra*, s 241.2(3)(h).
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- <sup>23</sup> CCA Summary, *supra* at iii.
- <sup>24</sup> CCA Summary, *supra* at 14-15.
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- <sup>28</sup> *Malette v Shulman* (1990), 72 OR (2d) (CA).
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- <sup>43</sup> Government of Canada, “Fourth Interim Report on Medical Assistance in Dying” (April 2019), online: <<https://www.canada.ca/en/health-canada/services/publications/health-system-services/medical-assistance-dying-interim-report-april-2019.html>>.
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- <sup>50</sup> *Christian Medical and Dental Society of Canada SC*, *supra* at para 86.
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# APPENDIX A

## AHS Goals for Care Designation Order



Affix patient label within this box

## Goals of Care Designation (GCD) Order

Date (yyyy-Mon-dd)	Time (hh:mm)
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### Goals of Care Designation Order

To order a Goals of Care Designation for this patient, check the appropriate Goals of Care Designation below and write your initials on the line below it. *(See reverse side for detailed definitions)*

Check	▶	<input type="checkbox"/> R1	<input type="checkbox"/> R2	<input type="checkbox"/> R3	<input type="checkbox"/> M1	<input type="checkbox"/> M2	<input type="checkbox"/> C1	<input type="checkbox"/> C2
Initials	▶	_____	_____	_____	_____	_____	_____	_____

Check  here  if this GCD Order is an interim Order awaiting the outcome of a Dispute Resolution Process. Document further details on the ACP/GCD Tracking Record.

Specify here if there are specific clarifications to this GCD Order. Document these clarifications on the ACP/GCD Tracking Record as well.

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**Patient's location of care where this GCD Order was ordered** *(Home; or clinic or facility name)*

### Indicate which of the following apply regarding involvement of the Patient or alternate decision-maker (ADM)

- This GCD has been ordered after relevant conversation with the patient.
- This GCD has been ordered after relevant conversation with the alternate decision-maker (ADM), or others. *(Names of formally appointed or informal ADM's should be noted on the ACP/GCD Tracking Record)*
- This is an interim GCD Order prior to conversation with patient or ADM.

### History/Current Status of GCD Order

Indicate one of the following

- This is the first GCD Order I am aware of for this patient.
- This GCD Order is a revision from the most recent prior GCD *(See ACP/GCD Tracking Record for details of previous GCD Order)*.
- This GCD Order is unchanged from the most recent prior GCD.

Name of Physician/Designated Most Responsible Health Practitioner who has ordered this GCD	Discipline
Signature	Date (yyyy-Mon-dd)

**Goals of Care Designations – Guide for Clinicians**

<p><b>R:</b> Medical Care and Interventions, Including Resuscitation if required followed by Intensive Care Unit admission.</p> <p>Focus of Care and interventions are for cure or control of the Patient's condition. The Patient would desire and is expected to benefit from attempted resuscitation and ICU care if required.</p> <p><b>R1:</b> Patient is expected to benefit from and is accepting of any appropriate investigations/interventions that can be offered including attempted resuscitation and ICU care.</p> <ul style="list-style-type: none"> <li>• Resuscitation: is undertaken for acute deterioration, and may include intubation and chest compression</li> <li>• Life Support Interventions: are usually undertaken</li> <li>• Life Sustaining Measures: are used when appropriate</li> <li>• Major Surgery: is considered when appropriate.</li> <li>• Transfer: is considered for diagnosis and treatment, if required</li> </ul> <p><b>R2:</b> Patient is expected to benefit from and is accepting of any appropriate investigations/interventions that can be offered including attempted resuscitation, intubation and ICU care, but excluding chest compression</p> <ul style="list-style-type: none"> <li>• Resuscitation: is undertaken for acute deterioration, but chest compression should not be performed</li> <li>• Life Support Interventions: may be offered without chest compression</li> <li>• Life Sustaining Measures: are used when appropriate</li> <li>• Major Surgery: is considered when appropriate</li> <li>• Transfer: is considered for diagnosis and treatment, if required</li> </ul> <p><b>R3:</b> Patient is expected to benefit from and is accepting of any appropriate investigations/interventions that can be offered including attempted resuscitation and ICU care, but excluding intubation and chest compression</p> <ul style="list-style-type: none"> <li>• Resuscitation: is undertaken for acute deterioration but intubation and chest compression should not be performed</li> <li>• Life Support Interventions: may be offered without intubation and without chest compression</li> <li>• Life Sustaining Measures: are used when appropriate</li> <li>• Major Surgery: is considered when appropriate</li> <li>• Transfer: is considered for diagnosis and treatment, if required</li> </ul>	<p><b>M:</b> Medical Care and Interventions, Excluding Resuscitation.</p> <p>Focus of Care and interventions are for cure or control of the Patient's condition. The Patient either chooses to not receive or would not be expected to benefit from attempted resuscitation followed by life-sustaining care in an ICU. In Pediatrics, ICU can be considered if that location is deemed the best location for delivery of specific short-term symptom-directed care.</p> <p><b>M1:</b> All clinically appropriate medical and surgical interventions directed at cure and control of condition(s) are considered, excluding the option of attempted life-saving resuscitation followed by ICU care. See above, regarding Pediatrics and ICU.</p> <ul style="list-style-type: none"> <li>• Resuscitation: is not undertaken for cardio respiratory arrest.</li> <li>• Life Support Interventions: should not be initiated, or should be discontinued after discussion with the Patient.</li> <li>• Life Sustaining Measures: are used when appropriate.</li> <li>• Transfer: to another location of care is considered if that location provides more appropriate circumstances for diagnosis and treatment</li> <li>• Major Surgery: is considered when appropriate. Resuscitation during surgery or in the recovery room can be considered, including short term physiologic and mechanical support in an ICU, in order to return the Patient to prior level of function. The possibility of intra-operative death or life-threatening deterioration should be discussed with the Patient in advance of the proposed surgery and general decision-making guidance agreed upon and documented.</li> </ul> <p><b>M2:</b> All clinically appropriate interventions that can be offered in the current non-hospital location of care are considered. If a patient does not respond to available treatments in this location of care, discussion should ensue to change the focus to comfort care. Life-saving resuscitation is not undertaken except in unusual circumstances (see below in Major Surgery). See above, regarding Pediatrics and ICU.</p> <ul style="list-style-type: none"> <li>• Resuscitation: is not undertaken for cardio respiratory arrest.</li> <li>• Life Support Interventions: should not be initiated, or should be discontinued after discussion with the Patient.</li> <li>• Life Sustaining Measures: are used when appropriate.</li> <li>• Transfer: is not usually undertaken, but can be contemplated if symptom management or diagnostic efforts aimed at understanding symptoms can be best undertaken at that other location.</li> <li>• Major Surgery: can be considered, in order to prevent suffering from an unexpected trauma or illness. Resuscitation during surgery or in the recovery room can be considered, including short term physiologic and mechanical support in an ICU, in order to return the Patient to prior level of function. The possibility of intra-operative death or life-threatening deterioration should be discussed with the Patient in advance of the proposed surgery and general decision-making guidance agreed upon and noted as special circumstances on the GCD Order Form and Tracking Record.</li> </ul>	<p><b>C:</b> Medical Care and Interventions, Focused on Comfort.</p> <p>Focus of Care and interventions are for the active palliative treatment of the Patient who has a terminal illness, and support for those close to them. This includes medical care for symptom control and psychosocial and spiritual support in advance of death. Care can be provided in any location best suited for these aims, including an ICU, a Hospice or any location that is the most appropriate for symptom-based care for this particular Patient.</p> <p><b>C1:</b> All care is directed at maximal symptom control and maintenance of function without cure or control of an underlying condition that is expected to cause eventual death. Treatment of intercurrent illnesses can be contemplated only after careful discussion with the Patient about specific short-term goals.</p> <ul style="list-style-type: none"> <li>• Resuscitation: is not undertaken.</li> <li>• Life Support Interventions: should not be initiated, or should be discontinued after discussion with the Patient.</li> <li>• Life Sustaining Measures: are used only for goal directed symptom management.</li> <li>• Major Surgery: is not usually undertaken, but can be contemplated for procedures aimed at symptom relief. Resuscitation during surgery or in the recovery room can be considered, including short term physiologic and mechanical support in an ICU, in order to return the Patient to prior level of function, but this would be a rare circumstance. The possibility of intra-operative death or life-threatening deterioration should be discussed with the Patient in advance of the proposed surgery and general decision-making guidance agreed upon and documented.</li> <li>• Transfer: to any appropriate location of care can be considered at any time, to better understand or control symptoms.</li> </ul> <p><b>C2:</b> All care is directed at preparation for imminent death [usually within hours or days] with maximal efforts directed at symptom control.</p> <ul style="list-style-type: none"> <li>• Resuscitation: is not undertaken.</li> <li>• Life Support Interventions: should not be initiated, or should be discontinued after discussion with the Patient.</li> <li>• Life Sustaining Measures: should be discontinued unless required for symptom management.</li> <li>• Major Surgery: is not appropriate.</li> <li>• Transfer: is usually not undertaken but may be considered if required.</li> </ul> <p><b>C3:</b> Note that specific interventions can be acceptable acts within multiple Goals of Care Designations. It is the goal or intention of the intervention that determines consistency with a Designation. Life Support Interventions mean interventions typically undertaken in the Intensive Care Unit but which occasionally are performed in other locations in an attempt to restore normal physiology. These may include chest compressions, mechanical ventilation, defibrillation, other resuscitative measures, and physiological support. Life Sustaining Measures mean therapies that sustain life without supporting unstable physiology. Such therapies can be used in multiple clinical circumstances. When viewed as life sustaining measures, they are offered in either a) the late stages of an illness in order to provide comfort or prolong life, or b) to maintain certain bodily functions during the treatment of intercurrent illnesses. Examples include enteral tube feeding and parenteral hydration. Resuscitation means the initial effort undertaken to reverse and stabilize an acute deterioration in a Patient's vital signs. This may include chest compressions for pulselessness, mechanical ventilation, defibrillation, cardioversion, pacing, and intensive medications. Patients who have opted to not have chest compressions and/or mechanical ventilation may still be considered for other resuscitative measures (see Designation R3).</p>
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In the above descriptions, when indicating "discussions with the Patient", it is to be assumed that this means a capable Patient, a Mature Minor, or a designated Alternate Decision Maker (ADM). If a patient is incapable and there is no designated ADM, appropriate people within the patient's close circle can be consulted.

# APPENDIX B

## AHS Practitioner Assessment Form

This information is collected under the authority of sections 20, 21, 22(2)(d) and (g) of the Health Information Act, the Regulations for the Monitoring of Medical Assistance in Dying (Canada) and O.C. 142/2016 and O.C. 320/2016 for the purpose of confirming that the requirements of standards of practice and legislation applicable to medical assistance in dying are met and for the purposes set out in section 27(1)(g), 27(2)(a), (b), and (d) of the Health Information Act. If you have any questions about the collection of this information, please contact the Health Information Act Help Desk, Alberta Health, PO Box 1360 Station Main, Edmonton, AB, T5J 2N3 or by phone at 780-427-8089 or toll free in Alberta at 310-0000, then 780-427-8089, or by email at [hiahelpdesk@gov.ab.ca](mailto:hiahelpdesk@gov.ab.ca).

**Disclosure Statement:**

I understand that by participating in providing any part of medical assistance in dying, my professional information will be collected, used and disclosed to the provincial and federal Ministers of Health, or their delegates, for the purpose of monitoring medical assistance in dying.

Upon completion, please fax to MAiD Reporting at **403-592-4266** or **1-888-220-2729**

<b>A. Date of referral:</b> <a href="#">Click here to enter a date.</a>
---

<b>B. Client/Patient Identifying Information</b>			
<b>Last Name</b> <a href="#">Click here to enter text.</a>	<b>First Name</b> <a href="#">Click here to enter text.</a>	<b>Middle Name</b> <a href="#">Click here to enter text.</a>	<b>Gender</b> Choose an item.
<b>Date of Birth</b> <a href="#">Click here to enter a date.</a>	<b>Personal Health Number (PHN)</b> <a href="#">Click here to enter text.</a>	<b>Province of PHN</b> <a href="#">Click here to enter text.</a>	<b>Postal Code associated to PHN</b> <a href="#">Click here to enter text.</a>

<b>C. Assessing Practitioner Information:</b> <i>Provide your information as the Assessing Practitioner.</i>			
<b>Last Name</b> <a href="#">Click here to enter text.</a>	<b>First Name</b> <a href="#">Click here to enter text.</a>	<b>Designation</b> Choose an item.	
<b>If you are a physician - what is your specialty</b> Choose an item.	<b>Other Specialization</b> <a href="#">Click here to enter text.</a>	<b>CPSA/ CARNA Registration #</b> <a href="#">Click here to enter text.</a>	
<b>Mailing Address at Primary Place of Work</b> <a href="#">Click here to enter text.</a>	<b>City/Town</b> <a href="#">Click here to enter text.</a>	<b>Province</b> Alberta	<b>Postal Code</b> <a href="#">Click here to enter text.</a>
<b>Telephone Numbers</b> <a href="#">Click here to enter text.</a>	<b>Email Address used for work</b> <a href="#">Click here to enter text.</a>	<b>Have you seen this patient for medical care other than MAiD?</b> Choose an item.	

<b>Declaration of Practitioner Independence:</b> <i>Please initial that you have met the criteria of an Independent Practitioner. (Per Federal Legislation – Section 6)</i>	
Initial	Practitioner Criteria
<a href="#">Click here to enter text.</a>	<p>I am independent of the person and the referring practitioner, in that I do not know or believe that I am:</p> <ul style="list-style-type: none"> <li>not a mentor to the other practitioner or responsible for supervising their work;</li> <li>not a beneficiary under the will of the person making the request, or a recipient, in any other way, of a financial or other material benefit resulting from that person’s death, other than standard compensation for their services relating to the request; or</li> <li>connected to the other practitioner or to the person making the request in any other way that would affect their objectivity.</li> </ul>

<b>D. Practitioner Assessment of Eligibility:</b> <i>Please choose the appropriate response for each of the mandatory eligibility criteria.</i>	
<b>Date of Assessment:</b> <a href="#">Click here to enter a date.</a>	
Choose Response	Mandatory Eligibility Criteria
Choose an item.	Was the patient eligible for health services by a funded government in Canada? <i>Answer "Yes" if the patient would have been eligible but for an applicable minimum period of residence or waiting period.</i>
Choose an item.	Was the patient at least 18 years of age?
Choose an item.	Was the patient capable of making decisions with respect to their health?
Choose an item.	Did the patient make a voluntary request for MAiD that, in particular was not made as a result of external pressure? If yes, indicate why you are of this opinion (select all that apply): <input type="checkbox"/> Consultation with patient <input type="checkbox"/> Knowledge of patient from prior consultations or treatment for reasons other than MAiD <input type="checkbox"/> Consultation with other health or social service professionals <input type="checkbox"/> Consultation with family members or friends <input type="checkbox"/> Reviewed medical records <input type="checkbox"/> Other. Specify <a href="#">Click here to enter text.</a>
Choose an item.	Did the patient give informed consent to receive MAiD after having been informed of the means that were available to relieve their suffering, including palliative care?
Choose an item.	Did the patient have a serious and incurable illness, disease or disability? If yes, indicate the illness, disease or disability – (select all that apply):  <input type="checkbox"/> Cancer – lung and bronchus <input type="checkbox"/> Cancer – breast <input type="checkbox"/> Cancer – colorectal <input type="checkbox"/> Cancer – pancreas <input type="checkbox"/> Cancer – prostate <input type="checkbox"/> Cancer – ovary <input type="checkbox"/> Cancer – hematologic <input type="checkbox"/> Cancer – other. Specify: <a href="#">Click here to enter text.</a>  <input type="checkbox"/> Neurological condition – multiple sclerosis <input type="checkbox"/> Neurological condition – amyotrophic lateral sclerosis <input type="checkbox"/> Neurological condition – other. ( <i>For stroke, select cardiovascular condition, not neurological condition – other</i> ). Specify: <a href="#">Click here to enter text.</a>  <input type="checkbox"/> Chronic respiratory disease ( <i>e.g., chronic obstructive pulmonary disease</i> ) <input type="checkbox"/> Cardio-vascular condition ( <i>e.g., congestive heart failure, stroke</i> ). Specify <a href="#">Click here to enter text.</a>  <input type="checkbox"/> Other organ failure ( <i>e.g., end-stage renal disease</i> ) <input type="checkbox"/> Multiple co-morbidities. Specify: <a href="#">Click here to enter text.</a>  <input type="checkbox"/> Other illness, disease or disability. Specify: <a href="#">Click here to enter text.</a>
Choose an item.	Was the patient in an advanced state of irreversible decline in capability? <i>This refers to the physical abilities of an individual at this time, not their cognitive abilities.</i>

<p>Choose an item.</p>	<p>Did the patient's illness, disease or disability, or their state of decline cause them enduring physical or psychological suffering that was intolerable to them and could not be relieved under conditions that they considered acceptable?</p> <p>If <b>yes</b>, indicate how the patient described their suffering (select all that apply):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Loss of ability to engage in activities making life meaningful</li> <li><input type="checkbox"/> Loss of dignity</li> <li><input type="checkbox"/> Isolation or loneliness</li> <li><input type="checkbox"/> Loss of ability to perform activities of daily living (e.g. <i>bathing, food preparation, finances</i>)</li> <li><input type="checkbox"/> Loss of control of bodily functions</li> <li><input type="checkbox"/> Perceived burden on family, friends or caregivers</li> <li><input type="checkbox"/> Inadequate pain control, or concern about it</li> <li><input type="checkbox"/> Inadequate control of other symptoms, or concerns about it</li> <li><input type="checkbox"/> Other Specify <a href="#">Click here to enter text.</a></li> </ul> <p><i>This list is intended to support practitioners in relaying the patient's description of their suffering. It is not intended to validate or invalidate various forms of suffering in respect of eligibility for MAiD.</i></p>
<p>Choose an item.</p>	<p>Had the patient's natural death has become reasonably foreseeable, taking into account all of their medical circumstances?</p>
<p><b>Other Information</b></p>	
<p>Did you consult with other health care professionals, such as a psychiatrist or the patient's primary care provider, or social workers to inform your assessment (do not include the mandatory written second assessment required by the Criminal Code):</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>If <b>yes</b>, indicate what type of professional you consulted (select all that apply):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Nurse</li> <li><input type="checkbox"/> Oncologist</li> <li><input type="checkbox"/> Palliative care specialist</li> <li><input type="checkbox"/> Primary care provider</li> <li><input type="checkbox"/> Psychiatrist</li> <li><input type="checkbox"/> Psychologist</li> <li><input type="checkbox"/> Social worker</li> <li><input type="checkbox"/> Speech pathologist</li> <li><input type="checkbox"/> Other health care professional. Specify <a href="#">Click here to enter text.</a></li> </ul>
<p>Did the patient <b>receive</b> palliative care?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Do not know</p> <p>If <b>yes</b>, for how long?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Less than 2 weeks</li> <li><input type="checkbox"/> 2 weeks to less than 1 month</li> <li><input type="checkbox"/> 1-6 months</li> <li><input type="checkbox"/> more than 6 months</li> <li><input type="checkbox"/> Do not know</li> </ul> <p>If <b>no</b>, to the best of your knowledge or belief, was palliative care accessible to the Patient?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Do not know</p>	<p>Did the patient <b>require</b> disability support services?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Do not know</p> <p>If <b>yes</b>, did the patient <b>receive</b> disability support services?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Do not know</p> <p>If <b>yes</b>, for how long?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Less than 6 months</li> <li><input type="checkbox"/> 6 months to less than 1 year</li> <li><input type="checkbox"/> 1 to less than 2 years</li> <li><input type="checkbox"/> 2 years or more</li> <li><input type="checkbox"/> Do not know</li> </ul> <p>If <b>no</b>, to the best of your knowledge or belief, were disability support services accessible to the patient?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Do not know</p>

E. Approval Status		
Does the person meet the mandatory eligibility criteria required to access medical assistance in dying?	If Yes, initial below	If No, initial below
	Click here to enter text.	Click here to enter text.
If the person DOES NOT meet the mandatory eligibility criteria required to access medical assistance in dying describe the reason(s) why in the space provided: Click here to enter text.		
Assessing Practitioner Signature:	Date: Click here to enter a date.	CPSA or CARNA Registration #: Click here to enter text.

F. Supplementary Information <i>(Provide additional supplementary information)</i>
Click here to enter text.

G. Additional Assessments Required: <i>Please identify any additional assessments required by a Specialist Practitioner and outline the rationale</i>			
Please choose: <input type="text" value="Choose an item."/>			
Additional Assessment #1			
Describe assessment required: Click here to enter text.			
Specialist Practitioner Information			
Last Name Click here to enter text.		First Name Click here to enter text.	
Mailing Address Click here to enter text.			City/Town Click here to enter text.
Province Alberta	Postal Code Click here to enter text.	Telephone Numbers Click here to enter text.	CPSA or CARNA Registration # Click here to enter text.
Additional Assessment #2			
Describe assessment required: Click here to enter text.			
Specialist Practitioner Information			
Last Name Click here to enter text.		First Name Click here to enter text.	
Mailing Address Click here to enter text.			City/Town Click here to enter text.
Province Alberta	Postal Code Click here to enter text.	Telephone Numbers Click here to enter text.	CPSA or CARNA Registration # Click here to enter text.

# APPENDIX C

## AHS Consent to Treatment Plan or Procedure Form

Name (last, first)	
Birthdate (yyyy-Mon-dd)	Gender <input type="checkbox"/> M <input type="checkbox"/> F
PHN/ULI	

**Consent to Treatment Plan or Procedure**  
 (Policy PRR-01)

**Telephone Fax Consent**

 Consent was given via  Telephone  Fax/Scan

Name of Most Responsible Health Practitioner	Signature	Date (yyyy-Mon-dd)	Time
Witness Name (to telephone call)	Signature	Date (yyyy-Mon-dd)	Time

**Interpreter**
**Obtaining Consent from a Non-English Speaking Patient**

I acknowledge that I have interpreted the information given to me about the treatment plan or procedure and the content of this consent form to the person giving consent and I believe to the best of my ability that the person understands the information.

Interpreter name (print)	Signature or "by telephone"	Date (yyyy-Mon-dd)	Time
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**Withdrawal of Consent**

- I withdraw my consent for the **entire** treatment plan or procedure as detailed on Side A. I am aware of the risks and consequences of this withdrawal.
- I withdraw my consent for the following specific portions of the treatment plan or procedure. I am aware of the risks and consequences of this withdrawal.

Name of person withdrawing consent	Signature	Date (yyyy-Mon-dd)	Time
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**Note:** Health practitioner who has documented the withdrawal of consent should inform the Most Responsible Health Practitioner of the withdrawal of consent to the treatment plan or procedure.

**Definitions**

**Legal Representative:** acting on behalf of a Minor Patient under the age of 18 years who is not determined to be a Mature Minor (Guardian; divorced parent with custody; person appointed by Guardian to act on behalf of Guardian where Guardian is temporarily absent; any other person authorized by law to consent).

**Agent:** an adult appointed in an enacted personal directive in accordance with the *Personal Directives Act*.

**Guardian:** an adult appointed in a Guardianship Order to act on behalf of an adult patient.

**Specific Decision Maker:** an adult relative selected to act on behalf of a patient when a patient lacks capacity and an Alternate Decision Maker is not already identified (Guardian or Agent). There is a specific process and form (AGTA Form 6) to follow for selecting a Specific Decision Maker in accordance with the *Alberta Guardianship and Trusteeship Act*.

**Co-Decision Maker:** appointed by court order to assist an adult whose ability to make decisions is severely impaired, but who can still make decisions with good support. The Adult and Co-Decision Maker are required to make decisions together and both sign the appropriate consent form when written (*signed*) consent is required or the Most Responsible Health Practitioner has determined the need for written (*signed*) consent.

Name <i>(last, first)</i>	
Birthdate <i>(yyyy-Mon-dd)</i>	Gender <input type="checkbox"/> M <input type="checkbox"/> F
PHN/ULI	

**Consent to Treatment Plan or Procedure**  
 (Policy PRR-01)

**Instructions:** If the person providing consent disagrees to an item on this consent form, **strikeout the text and have them initial beside it.**

Patient Name

 Details of Treatment Plan or Procedure *(write in full without abbreviations)*

I confirm that the nature, benefits, risks, consequences, and alternatives of the treatment plan or procedure *(as detailed above)* and related matters have been explained to me. I am satisfied with and understand the information I have been given, and I consent to the treatment plan or procedure.

\_\_\_\_\_ *(name/service)* will perform this treatment plan or procedure with the assistance of any other healthcare practitioners including medical students, residents and others in training.

I understand that I may, at any time, withdraw consent to this treatment plan or procedure *(as detailed above)* or any other related matter.

Name of person(s) providing consent	Specify role of person(s) providing consent <input type="checkbox"/> Patient (adult) <input type="checkbox"/> Parent (with legal authority to consent) <input type="checkbox"/> Patient (mature minor) <input type="checkbox"/> Co-decision Maker <input type="checkbox"/> Agent <input type="checkbox"/> Guardian/Legal Representative <input type="checkbox"/> Specific Decision Maker <i>(relationship to Patient)</i> _____		
Phone #			
Signature of person providing consent	Date <i>(yyyy-Mon-dd)</i>	Time	
Signature of Co-decision Maker <i>(if applicable)</i>	Date <i>(yyyy-Mon-dd)</i>	Time	

**Note:** When an individual other than the patient provides consent, a copy of the court order, personal directive, or other document authorizing them to do so must be kept on the health record.

**Witness Statement**

I observed the person providing consent sign the consent form *(Witness must be at least 18 years of age)*

Witness name <i>(print)</i>	Signature	Date <i>(yyyy-Mon-dd)</i>	Time
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**Most Responsible Health Practitioner Statement**

I have explained the treatment plan or procedure to the person providing consent. In my opinion, this person understands the nature, benefits, risk, consequences, and alternatives.

Name	Signature	Date <i>(yyyy-Mon-dd)</i>
If the person obtaining consent has been delegated to do so by the Most Responsible Health Practitioner, specify role <input type="checkbox"/> Physician <input type="checkbox"/> Resident		Time

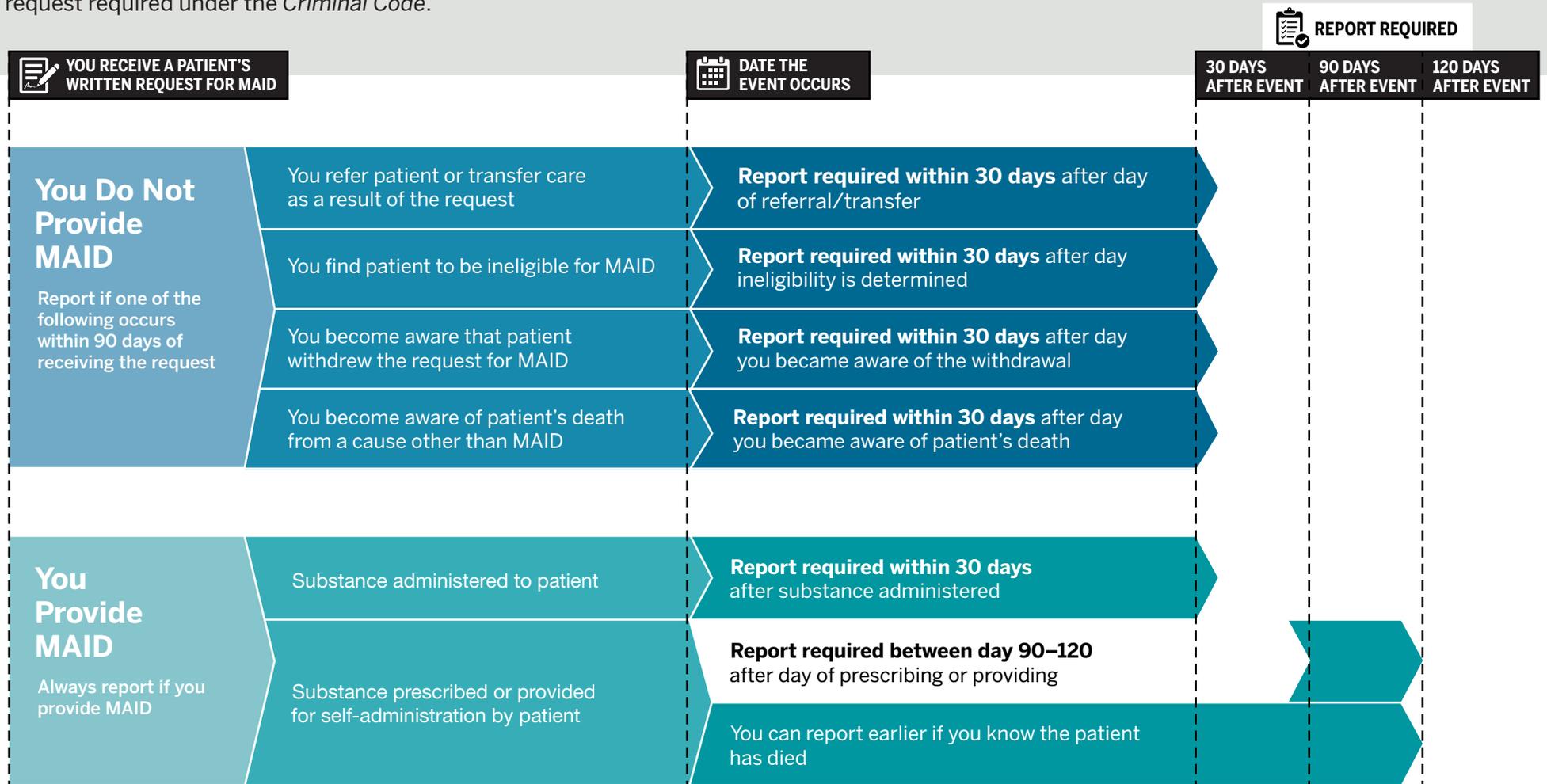
# APPENDIX D

## Timeline to Report

# Medical Assistance in Dying (MAID) Your reporting responsibilities as a physician or nurse practitioner

If you receive a written request for medical assistance in dying, you may be responsible for filing a report. A written request can be made in many formats (e.g. text, email, paper). It does not have to be the formal signed and witnessed request required under the *Criminal Code*.

Federal reporting requirements for medical assistance in dying are in effect as of November 1, 2018. This means any written request received on or after November 1, 2018, may trigger reporting requirements under the new regulations. Some provinces and territories have shorter timelines for filing a report (contact your provincial or territorial health ministry if you have questions).



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**If you have questions about your reporting responsibilities, please visit the Health Canada website**  
<https://www.canada.ca/en/health-canada/services/medical-assistance-dying/guidance-reporting-summary.html>

# APPENDIX E

## Providing Practitioner for MAID Form

This information is collected under the authority of sections 20, 21, 22(2)(d) and (g) of the Health Information Act, the Regulations for the Monitoring of Medical Assistance in Dying (Canada) and O.C. 142/2016 and O.C. 320/2016 for the purpose of confirming that the requirements of standards of practice and legislation applicable to medical assistance in dying are met and for the purposes set out in section 27(1)(g), 27(2)(a), (b), and (d) of the Health Information Act. If you have any questions about the collection of this information, please contact the Health Information Act Help Desk, Alberta Health, PO Box 1360 Station Main, Edmonton, AB, T5J 2N3 or by phone at 780-427-8089 or toll free in Alberta at 310-0000, then 780-427-8089, or by email at [hiahelpdesk@gov.ab.ca](mailto:hiahelpdesk@gov.ab.ca).

**Disclosure Statement:** I understand that by participating in providing any part of medical assistance in dying, my professional information will be collected, used and disclosed to the provincial and federal Ministers of Health, or their delegates, for the purpose of monitoring medical assistance in dying.

### Section 1: Basic Information

1a. Client/Patient Identifying Information		
<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
<b>Date of Birth</b> (YYYY/MM/DD)	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<b>Personal Health Number (PHN)</b>

1b. Providing Practitioner Information: <i>Provide your information as the Providing Practitioner.</i>			
<b>Last Name</b>	<b>First Name</b>	<b>Designation</b> <input type="checkbox"/> MD <input type="checkbox"/> NP	
<b>If you are a physician - what is your specialty</b> <input type="checkbox"/> Anesthesiology <input type="checkbox"/> Cardiology <input type="checkbox"/> Family Medicine <input type="checkbox"/> General Internal Medicine <input type="checkbox"/> Geriatric Medicine <input type="checkbox"/> Nephrology <input type="checkbox"/> Neurology <input type="checkbox"/> Oncology <input type="checkbox"/> Palliative Medicine <input type="checkbox"/> Respiratory Medicine <input type="checkbox"/> Other – specify: _____			<b>CPSA/CARNA Registration #</b>
<b>Mailing Address at Primary Place of Work</b>		<b>City/Town</b>	<b>Province</b> Alberta
<b>Postal Code</b>	<b>Telephone Numbers</b>	<b>Email Address used for work</b>	<b>Have you seen this patient for medical care other than MAiD?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

1c. Receipt of the Written Request	
From whom did you receive the written request for MAiD that triggered the obligation to provide information? <input type="checkbox"/> Patient Directly <input type="checkbox"/> Another practitioner <input type="checkbox"/> Care Coordination Service <input type="checkbox"/> Another third party – specify: _____	<b>Date of receipt of written request for MAiD?</b> (YYYY/MM/DD)

**OR**

**Section 9: Administering a Substance to the Patient**

*Only complete if you administered a substance to the patient*

I declare that:

I administered a drug or drugs to the patient that caused the patient's death.

Date of Administration <i>(if present)</i> (YYYY/MM/DD)	Time of Administration	Where was the substance administered? <input type="checkbox"/> Hospital (exclude palliative care beds or unit) <input type="checkbox"/> Palliative care facility (include hospital-based palliative care beds, unit or hospice) <input type="checkbox"/> Residential care facility (include long-term care facilities) <sup>5</sup> <input type="checkbox"/> Private Residence <input type="checkbox"/> Other-specify: _____
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**To the best of my knowledge, all requirements under federal and provincial legislation and professional standards of practice have been met.**

<b>Date:</b> (YYYY/MM/DD)	<b>Providing Practitioner Signature:</b>
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**Section 10: Change in Eligibility**

*To be completed if, in your opinion, the patient was NOT eligible*

<p>Had you previously determined that the patient was eligible for MAID?  <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p><b>If yes,</b> was the patient's change in eligibility due to the loss of capacity to make decisions with respect to their health?  <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p><b>If yes,</b> did you become aware that the patient's request was not voluntary (e.g. based on new information regarding external pressure)?  <input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
--

5

**Please retain this form for the patient's medical record.**

**Please fax a copy of this form, the Record of Request, Consent to Treatment, and the Record of Medication Administration to the appropriate Medical Examiner's office and to Medical Assistance in Dying Regulatory Review Committee Fax: 403-592-4266 or 1-888-220-2729 after medical assistance in dying has been provided.**

**Medical assistance in dying is provided when:**

- (a) a practitioner administers drugs that cause a patient's death at the patient's request; or**
- (b) a practitioner prescribes or provides drugs to a patient, at the patient's request, so that they can self-administer the drugs which will cause their death.**

<sup>5</sup> Residential care facility means a residential facility that provides health care services, including professional health monitoring and nursing care, on a continuous basis for persons who require assistance with the activities of daily living.220-2729

### Section 8: Prescribing or Providing a Substance to the Patient for the Purpose of Self-Administration

*Only complete if you prescribed or provided a substance for self-administration*

I declare that:

- I prescribed, and provided to the patient, a drug or drugs that the patient may self-administer for the purposes of causing the patient's death.

<p>Date of prescribing or providing the substance (YYYY/MM/DD)</p> <p><i>If you both prescribed and provided the substance, use the date that you prescribed.</i></p>	<p>Where was the patient staying when you prescribed or provided the substance:</p> <p><input type="checkbox"/> Hospital (exclude palliative care beds or unit)</p> <p><input type="checkbox"/> Palliative care facility (include hospital-based palliative care beds, unit or hospice)</p> <p><input type="checkbox"/> Residential care facility (include long-term care facilities)<sup>4</sup></p> <p><input type="checkbox"/> Private Residence</p> <p><input type="checkbox"/> Other-specify: _____</p> <p><input type="checkbox"/> Do not know</p>
<p>Did the patient self-administer the substance (i.e. the substance was ingested)</p> <p style="text-align: center;"> <input type="checkbox"/> Yes              <input type="checkbox"/> No              <input type="checkbox"/> Do not know <i>(do not answer questions 5a or b if you answered "do not know")</i> </p>	

8a: If the patient did self-administer the substance, indicate:	
<p>Were you present when the patient self-administered the substance?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>	<p>Where did the patient self-administer the substance:</p> <p><input type="checkbox"/> Hospital (exclude palliative care beds or unit)</p> <p><input type="checkbox"/> Palliative care facility (include hospital-based palliative care beds, unit or hospice)</p> <p><input type="checkbox"/> Residential care facility (include long-term care facilities)<sup>4</sup></p> <p><input type="checkbox"/> Private Residence</p> <p><input type="checkbox"/> Other-specify: _____</p> <p><input type="checkbox"/> Do not know</p>
<p>On what date did the patient self-administer the substance? (YYYY/MM/DD)</p> <p><input type="checkbox"/> Do not know</p> <p><i>Note that you are not required to actively seek out this information, but must report if known at the time of reporting.</i></p>	<p><i>Note that you are not required to actively seek out this information, but must report if known at the time of reporting.</i></p>

8b: If the patient did not self-administer the substance, to the best of your knowledge or belief, indicate:
<p><i>Note: that you are not required to actively seek out this information, but must report if known at the time of reporting.</i></p> <p>Did the patient die of a cause other than MAID?      <input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> Do not know</p>
<p><b>If yes</b>, provide the date of death (YYYY/MM/DD): _____      <input type="checkbox"/> Do not know</p>

<sup>4</sup> Residential care facility means a residential facility that provides health care services, including professional health monitoring and nursing care, on a continuous basis for persons who require assistance with the activities of daily living.

### Section 7: Provision of Medical Assistance in Dying

A patient must be given an opportunity to withdraw their request at any time.

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

I ensured that there were at least 10 clear days between the day on which the request was signed by or on behalf of the patient and the day on which MAID was provided. Clear days include weekends. In calculating the 10 clear days, the day on which the request was signed and the day on which MAID was provided will not be included. The legislation permits shortening the reflection period in appropriate circumstances. *Relevant subsection of the Criminal Code: 241.2(3)(g).*

Date (YYYY/MM/DD)	Initial

A period of \_\_\_\_\_ clear days\* has elapsed between the day of which the patient's written request for medical assistance in dying was signed and the day on which the medical assistance in dying was provided.

*Note: The day on which the request was signed and the day on which medical assistance in dying is provided are not included when calculating the 10 clear day period. For example, if the request is signed on January 1, the 10 clear days elapse on January 12.*

\*If 10 clear days have not elapsed since the day on which the request for medical assistance in dying was signed:

- I and the independent practitioner who provided a written opinion confirming that the patient meets all of the criteria set out in subsection 241.2(1) of the *Criminal Code* (Canada) are both of the opinion that the patient's death, or the loss of the patient's capacity to provide informed consent, is imminent; and
- I consider the period that has elapsed since the day on which the request for medical assistance in dying was signed to be appropriate in the circumstances.

Initial
Initial

Where you considered a shorter period than 10 clear days appropriate in the circumstances, was it the patient's death or loss of capacity to provide informed consent that was deemed imminent (select all that apply)?

- Patient's death
- Patient's loss of capacity to provide informed consent

<input type="checkbox"/> <b>I informed the pharmacist</b> , before the pharmacist dispensed the substance that I prescribed or obtained, that the substance was intended for the purpose of providing MAID. <i>Relevant subsection of the Criminal Code: 241.2(8).</i>				
Date Prescribed (YYYY/MM/DD)	Date Dispensed or unknown (YYYY/MM/DD)	Pharmacist's First & Last Name		
		<input type="checkbox"/> Unknown		
Pharmacy's Name			Mailing Address	
City/Town	Province AB	Postal Code	Telephone Number	Registration #

<p>Did you consult with other health care professionals, such as a psychiatrist or the patient's primary care provider, or social workers to inform your assessment (do not include the mandatory written second assessment required by the Criminal Code):</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If <b>yes</b>, indicate what type of professional you consulted (select all that apply):</p> <p><input type="checkbox"/> Nurse  <input type="checkbox"/> Oncologist  <input type="checkbox"/> Palliative care specialist  <input type="checkbox"/> Primary care provider  <input type="checkbox"/> Psychiatrist  <input type="checkbox"/> Psychologist  <input type="checkbox"/> Social worker  <input type="checkbox"/> Speech pathologist  <input type="checkbox"/> Other health care professional. Specify _____</p>
---	--

**Section 6: Approval Status**

I, and at least one independent practitioner, agree that the patient meets all criteria for medical assistance in dying and approve the request.

(Providing Practitioner)

Yes  No

Date (YYYY/MM/DD)

Initial

I discussed and agreed on a plan with the patient that includes:

- The patient's wishes regarding when, where and how the medical assistance in dying will be provided, including my presence and any additional support;
- An alternate plan to address the potential complications; and
- Informing the patient, he or she can withdraw the request anytime, including immediately before the provision of medical assistance in dying.

Patient plan and Comments *(Please include whether you or another health care profession, including type I known, plan to attend, and the intended setting if known.)*

### Section 4: Provincial Reporting Requirements

Indicate compliance by checking the boxes.

<b>I have ensured that:</b>	
<b>1</b>	The patient gives informed consent to medical assistance in dying after having been informed of: <ul style="list-style-type: none"> <li>a) the diagnosis reached; <span style="float: right;"><input type="checkbox"/></span></li> <li>b) the advised interventions and treatments for his or her condition, the exact nature and anticipated benefits of the advised interventions and treatments and their associated common risks and significant risks; <span style="float: right;"><input type="checkbox"/></span></li> <li>c) the reasonable alternative treatments available for his or her condition, the exact nature and anticipated benefits of the reasonable alternative treatments and their associated common risks and significant risks; <span style="float: right;"><input type="checkbox"/></span></li> <li>d) the exact nature of medical assistance in dying procedure and its associated common risks and significant risks; and <span style="float: right;"><input type="checkbox"/></span></li> <li>e) the natural history of his or her condition and the consequences both of receiving and of not receiving medical assistance in dying <span style="float: right;"><input type="checkbox"/></span></li> </ul>
<b>2</b>	The patient demonstrates a reasonable understanding of the information provided and the reasonably foreseeable consequences both of receiving and of not receiving medical assistance in dying. <span style="float: right;"><input type="checkbox"/></span>

### Section 5: Declaration of Practitioner Independence

Indicate compliance by checking the boxes.

<b>I have ensured that:</b>	
<input type="checkbox"/> I ensured that another physician or nurse practitioner provided a written opinion (second assessment) confirming that the patient met all of the criteria. <i>Relevant subsections of the Criminal Code: 241.2(1) and 241.2(3)(e).</i>	
Please indicate whether the practitioner who provided a second opinion (second assessment) was a: <input type="checkbox"/> MD <input type="checkbox"/> NP	On what date did the other practitioner sign their written opinion: (YYYY/MM/DD)
<b>I am satisfied that:</b>	
<input type="checkbox"/> I am independent of the person and the referring practitioner, in that I do not know or believe that I am: <ul style="list-style-type: none"> <li>• a mentor to the other practitioner or responsible for supervising their work;</li> <li>• a beneficiary under the will of the person making the request, or a recipient, in any other way, of a financial or other material benefit resulting from that person's death, other than standard compensation for their services relating to the request; or</li> <li>• connected to the other practitioner or to the person making the request in any other way that would affect their objectivity.</li> </ul>	

Date Independent Confirmation Occurred (YYYY/MM/DD)

Providing Practitioner Initial

#### Independent medical opinion provided by:

Last Name		First Name	
Mailing Address			City/Town
Province AB	Postal Code	Telephone Number	Registration #

### Section 3: Procedural Requirements

The following section relates to the safeguards as per the Criminal Code. Please place a check mark (✓) in the middle column where appropriate, and provide relevant details where indicated.

<b>Safeguards as per the Legislation</b>	✓	
<p>I was of the opinion that the patient <b>met all of the eligibility criteria</b>.</p> <p><i>Relevant subsections of the Criminal Code: 241.2(1) and 241.2(3)(a).</i></p>	<input type="checkbox"/>	
<p>I ensured that the patient's request for MAID was made in <b>writing and signed and dated</b> by the patient, or by another person permitted to do so on their behalf.<sup>1</sup></p> <p><i>Relevant subsections of the Criminal Code: 241.2(3)(b)(i) and 241.2(4).</i></p>	<input type="checkbox"/>	<p><b>If checked</b>, indicate the date on which the patient (or other person) signed the request</p> <p><a href="#">Click here to enter a date.</a></p>
<p>I ensured that the request was <b>signed and dated after the patient was informed</b> by a physician or nurse practitioner that the patient had a <b>grievous and irremediable medical condition</b>.</p> <p><i>Relevant subsection of the Criminal Code: 241.2(3)(b)(ii).</i></p>	<input type="checkbox"/>	
<p>I was satisfied that the request was signed and dated by the patient or by another person permitted to do so on their behalf, and <b>before two independent witnesses</b> who then signed and dated the request.</p> <p><i>Relevant subsections of the Criminal Code: 241.2(3)(c), 241.2(4) and 241.2(5).</i></p>	<input type="checkbox"/>	

Other Information	
<p>Did the patient <b>receive</b> palliative care<sup>2</sup>?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Do not know</p> <p>If <b>yes</b>, for how long?</p> <p><input type="checkbox"/> Less than 2 weeks</p> <p><input type="checkbox"/> 2 weeks to less than 1 month</p> <p><input type="checkbox"/> 1-6 months</p> <p><input type="checkbox"/> more than 6 months</p> <p><input type="checkbox"/> Do not know</p> <p>If <b>no</b>, to the best of your knowledge or belief, was palliative care accessible to the Patient?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Do not know</p>	<p>Did the patient <b>require</b> disability support services<sup>3</sup>?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Do not know</p> <p>If <b>yes</b>, did the patient <b>receive</b> disability support services?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Do not know</p> <p>If <b>yes</b>, for how long?</p> <p><input type="checkbox"/> Less than 6 months</p> <p><input type="checkbox"/> 6 months to less than 1 year</p> <p><input type="checkbox"/> 1 to less than 2 years</p> <p><input type="checkbox"/> 2 years or more</p> <p><input type="checkbox"/> Do not know</p> <p>If <b>no</b>, to the best of your knowledge or belief, were disability support services accessible to the patient?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Do not know</p>

<sup>1</sup> This requirement refers to the more formal written request which is a legislative safeguard and must be signed, dated and witnessed. To trigger an obligation to report, a written request need not be signed, dated and witnessed.

<sup>2</sup> Palliative care is an approach that improves the quality of life of patients and their families facing life-threatening illness, through the prevention and relief of pain and other physical symptoms, and psychosocial and spiritual suffering. It may be provided in any setting, by specialists or by others who have been trained in the palliative approach to care.

<sup>3</sup> Disability support services could include but are not limited to assistive technologies, adaptive equipment, rehabilitation services, personal care services and disability-based income supplements.

# APPENDIX F

## Government of Canada Checklist

Scenario 2: If you provided MAID by prescribing or providing a substance to the patient for self-administration:	CHECK
Information reported "in all cases" and eligibility assessment information as listed above	
Which of the procedural requirements outlined in the <i>Criminal Code</i> that you applied (select from a list of requirements)	
The date the patient signed the formal request required by the <i>Criminal Code</i>	
The date the other practitioner signed the second assessment and whether the practitioner was a physician or nurse practitioner	
When you considered a shorter period than 10 clear days appropriate, the basis for that determination (imminence of death or loss of capacity)	
The date you prescribed or provided the substance and where the patient was staying at the time (dropdown menu available)	
Whether the patient self-administered the substance and, if so, the date and place where it occurred (if known) and whether you were present	
If the patient did <b>not</b> self-administer the substance, whether to the best of your knowledge, they died of a cause other than MAID	

Scenario 3: If you referred the patient or transferred their care elsewhere in response to their request for MAID:	CHECK
Information reported "in all cases" as listed above	
Date on which you referred or transferred the care of the patient	
Reason for the referral or transfer of care (dropdown menu available)	
Whether an eligibility assessment was done prior to referring or transferring the care of the patient	

Scenario 4: If you found the patient ineligible:	CHECK
Information reported "in all cases" and eligibility assessment information as listed above	
If the patient had originally been found to be eligible and later found to be ineligible, whether the reason for the change was due to a loss of capacity or becoming aware that the patient's request was not voluntary	

Scenario 5: If the patient withdrew their request for MAID:	CHECK
Information reported "in all cases" and, if eligibility was assessed, eligibility assessment information as listed above	
Patient's reasons for withdrawing the request (if known) (dropdown menu available)	
Whether the patient withdrew their request after being given the opportunity to do so immediately before MAID was to be provided (dropdown menu available)	

Scenario 6: If you're aware that the patient died of another cause before MAID was provided:	CHECK
Information reported "in all cases" and, if eligibility was assessed, eligibility assessment information as listed above	
Date of death (if known)	
If you completed the medical certificate of death, the immediate and underlying causes of death on the certificate	

## Information physicians and nurse practitioners are required to report:

Please note that for some required information, a drop down menu from which to select the appropriate response will be available when using the Canadian MAID Data Collection Portal.

Information that must be reported in all cases:	CHECK
Date you received the written request	
From whom you received the written request, i.e., from the patient directly, a practitioner, a care coordination service, or another third party	
Patient's date of birth, sex, health insurance number and province or territory of issuance, and postal code	
Your name, province or territory of practice, license or registration number, mailing address, and e-mail	
If you are a physician, your area of specialty (dropdown menu available)	
Whether the patient consulted you for another reason before you received the request for MAID	

Additional information required when patient eligibility has been assessed:	CHECK
Which of the eligibility criteria as required by the Criminal Code were assessed and whether the patient met those criteria (checklist provided)	
Whether other health care professionals or social workers were consulted (dropdown menu available)	
Reason(s) why you are of the opinion that the request was voluntary (dropdown menu available)	
The type of serious and incurable illness, disease or disability experienced by the patient (dropdown menu available)	
A description of the patient's suffering (dropdown menu available)	
Whether the patient received palliative care; if yes, for how long (if known) and, if not, whether it was accessible (if known)	
Whether the patient required and received disability support services (if known); If yes, for how long (if known) and, if not, whether they were accessible (if known) (dropdown menu available)	

## Information to be reported depending on the scenario:

Scenario 1: If you provided MAID by administering a substance to the patient:	CHECK
Information reported "in all cases" and eligibility assessment information as listed above	
Which of the procedural requirements outlined in the Criminal Code you applied (select from a list of requirements)	
The date the patient signed the formal request required by the Criminal Code	
The date the other practitioner signed the second assessment and whether the practitioner was a physician or a nurse practitioner	
When you considered a shorter period than 10 clear days appropriate, the basis for that determination (imminence of death or loss of capacity)	
Date and place that the substance was administered to the patient (dropdown menu available)	



# Checklist for physicians and nurse practitioners

## Reporting as required by *the Regulations for the Monitoring of Medical Assistance in Dying*

### You must report if:

You provided MAID.

OR

You received a **written** request\* and one of the following non-MAID outcomes occurs on or before the 90<sup>th</sup> day after the day you receive the written request:

- ▶ you referred the patient, or transferred their care as a result of their request, or
- ▶ you found the patient ineligible, or
- ▶ the patient withdrew their request, or
- ▶ the patient died of a cause other than MAID.

You are not required to report more than once for the same written request unless you later provide MAID.

\* **Note: to trigger the obligation to report, a patient's written request may take any form. It does not have to be in the format required by the *Criminal Code* as a safeguard for MAID to be provided.**

# APPENDIX G

## AHS Record of Request for MAID

## Record of Request form for Medical Assistance in Dying: Patient Instructions

If you have questions or concerns about how to complete the Record of Request form for Medical Assistance in Dying, contact your doctor or nurse practitioner (NP), or contact the Alberta Health Services (AHS) Care Coordination Service at: [MAID.CareTeam@ahs.ca](mailto:MAID.CareTeam@ahs.ca) or through Health Link at 811.

This form is revised periodically. To ensure that you are using the most current version, please refer to:  
<https://cfr.forms.gov.ab.ca/Form/HSP11175.pdf>

Filing out this form is one step in the process of contemplating and requesting medical assistance in dying. At any point in the overall process you may choose to withdraw.

This form assists with ensuring that legal requirements are met before medical assistance in dying is provided. By providing a signed, dated and witnessed request, you are declaring that you understand clearly the request you are making and that you are making this request voluntarily and free of duress or coercion.

When you fill out this Record of Request form, this is not your final chance to decide whether you want to receive the service of medical assistance in dying. That choice will remain yours throughout the process. You will be asked to give your express informed consent immediately before receiving medical assistance in dying.

### A. Patient Information Section

In this section, you are making a request for medical assistance in dying. Please initial in each box next to each statement on pages 1 and 2, and sign your name on page 2. If any statement does not apply to your situation, do not initial the corresponding box.

**Important:** You must initial and sign in the presence of the independent witnesses (see the Declaration of Independent Witnesses section for more details).

If you are physically unable to place your initials and signature on the Record of Request form you may have someone initial and sign as a proxy on your behalf. The proxy must initial and sign the form in your presence and in the presence of the independent witnesses (see the Declaration of Independent Witnesses section for more details).

**Important:** The Record of Request form is not complete until either you (or your proxy) have signed it in the presence of two independent witnesses, as required by law.

#### What is a "Proxy"?

A proxy is a person who signs this document on your behalf, if you are unable to sign it. The proxy is not an alternate decision maker and is only authorized to initial and sign this document on your behalf if you are physically unable to initial and sign the request and you give express direction to the proxy to do so.

The proxy must initial the box next to each statement on pages 1 and 2 and sign his or her name at the middle of page 2. The proxy must also complete the Declaration of Proxy section and sign his or her name on page 3.

**Important:** The person acting as your proxy cannot be one of the independent witnesses.

### B. Declaration of Independent Witnesses

In this section, two independent witnesses must verify each statement on page 4 by initialing the corresponding boxes and signing their names at the bottom of page 4. All boxes must be completed. If a witness does not meet all the criteria, a different witness must be obtained.

**Important:** Each independent witness must witness you (or your proxy) initial and sign the Record of Request form. Each independent witness must also initial each box on page 4. They are not permitted to use checkmarks.

The two independent witnesses do not have to be present at the same time. If both independent witnesses are not available at the same time, you or your proxy will have to sign the Record of Request form in the presence of each witness. This will result in your signature (or your proxy's signature) appearing twice on the Record of Request form.

## Who can be an independent witness?

The two witnesses must be independent of you as described below. Each independent witness must initial the box corresponding to each statement to verify all of the following information:

- the independent witness is at least 18 years of age;
- the independent witness understands the nature of the request;
- you are personally known to the independent witness or have provided proof of identity;
- you or your proxy signed the request in the independent witness' presence;
- the independent witness does not know or believe he or she is a beneficiary under your will or a recipient of financial or material benefit resulting from your death;
- the independent witness is not the owner or operator of a health care facility where you are receiving treatment or a facility where you reside;
- the independent witness is not directly involved in providing health care services to you; and
- the independent witness does not directly provide personal care to you.

**Example 1: If the independent witnesses are both present at the same time when you or your proxy sign:**

Jane Doe	2017-01-01	<i>Jane Doe</i>	2017-01-01	<i>Mary Witness</i>
Print Name	Date yyyy-mm-dd	Signature of Patient / Proxy	Date yyyy-mm-dd	Signature of Independent Witness #1
			2017-01-01	<i>John Witness</i>
Print Name	Date yyyy-mm-dd	Signature of Patient / Proxy	Date yyyy-mm-dd	Signature of Independent Witness #2

**Example 2: If the independent witnesses are not both present at the same time when you or your proxy sign:**

Jane Doe	2017-01-01	<i>Jane Doe</i>	2017-01-01	<i>Mary Witness</i>
Print Name	Date yyyy-mm-dd	Signature of Patient / Proxy	Date yyyy-mm-dd	Signature of Independent Witness #1
Jane Doe	2017-01-03	<i>Jane Doe</i>	2017-01-03	<i>John Witness</i>
Print Name	Date yyyy-mm-dd	Signature of Patient / Proxy	Date yyyy-mm-dd	Signature of Independent Witness #2

## How is the period of reflection determined?

This period of reflection is at least 10 clear days (i.e., at least 10 full days) from the date that the Record of Request is signed, unless the practitioner administering or providing for self-administration of medical assistance in dying and the practitioner providing an independent opinion agree that the period should be shortened because your death, or the loss of your capacity to provide informed consent, is imminent.

In Example 1, the period of reflection would start on January 2, 2017. In Example 2, the period of reflection would start on January 4, 2017.

## Where does the Completed Record of Request form go?

On completing this Record of Request form, you may choose to either send or take the form to your doctor or NP, if they are willing to help, who can submit the form to the AHS Care Coordination Service on your behalf. It will be your doctor or NP's responsibility to assist you with the next steps.

If your doctor or NP has advised you that they will not be participating in your request for medical assistance in dying, you can send the Record of Request form to the AHS Care Coordination Service using the numbers or address provided below.

You can also choose to send a copy of the completed form yourself by fax at these numbers or by mail at this address:

- Edmonton & North: 780-641-9123
- Calgary & Central: 403-592-4264
- South: 403-592-4265
- Provincial Medical Assistance in Dying Office  
6th Floor, 10101 Southport RD SW  
Calgary AB T2W 3N2

If you require further assistance, the AHS Care Coordination Service may also be reached by email at [MAID.CareTeam@ahs.ca](mailto:MAID.CareTeam@ahs.ca) or through Health Link at 811.

**Attention: Doctors and Nurse Practitioners (NP's)**

- The original Record of Request form should be placed in the patient's health care record.
- The patient should keep a copy of the Record of Request form for their personal records.
- All providing practitioners (doctors and NP's) are required to send a copy of the completed Record of Request form (upon the patient's request), including Part A Patient Information and Part B Declaration of Independent Witnesses, to the Medical Assistance in Dying Regulatory Review Committee c/o the Chair of the Regulatory Review Committee by fax at the below numbers or by mail at the below address:
  - Edmonton & North: 780-641-9123
  - Calgary & Central: 403-592-4264
  - South: 403-592-4265
  - Provincial Medical Assistance in Dying Office  
6th Floor, 10101 Southport RD SW  
Calgary AB T2W 3N2

This information is collected under the authority of sections 20 and 21 of the *Health Information Act*, O.C. 142/2016 and O.C. 320/2016, for the purpose of confirming that the requirements of standards of practice and legislation applicable to medical assistance in dying are met and for the purposes set out in section 27(1)(g), 27(2)(a), (b) and (d) of the *Health Information Act*. This information will be provided to the Medical Assistance in Dying Regulatory Review Committee. The confidentiality of this information and your privacy are protected by the provisions of the *Health Information Act*. If you have any questions about the collection of this information, please contact a medical assistance in dying policy analyst at Alberta Health, PO Box 1360 Station Main, Edmonton, AB T5J 2N3 or toll-free in Alberta at 310-0000 then 780-427-8089, or by email at [hiahelpdesk@gov.ab.ca](mailto:hiahelpdesk@gov.ab.ca)

## A. Patient Information

Last Name	First Name	Middle Name (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth:	Year	Month	Day	Gender:	Select "X" if you do not identify as male or female.	Personal Health Number (PHN)
	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> 'X'	<input type="text"/>

I, \_\_\_\_\_, am at least \_\_\_\_\_, Patient / Proxy Initial

print full name

18 years of age and I request medical assistance in dying.

I understand that I have the right to withdraw my request at any time and in any manner.

I am eligible for insured health services funded by a government in Canada or would be eligible except for a minimum period of residence or waiting period (For example, I have a valid Alberta personal health card or proof of other publicly-funded health insurance from another province or territory).

I believe, and a medical practitioner or a nurse practitioner has informed me, that I have a grievous and irremediable medical condition and that all of the following apply:

- I have a serious and incurable illness, disease or disability;
- I am in an advanced state of irreversible decline in capability;
- my illness, disease or disability or state of decline causes me enduring physical or psychological suffering that is intolerable to me and cannot be relieved under conditions that I consider acceptable; and
- my natural death has become reasonably foreseeable, taking into account all of my medical circumstances.

Patient / Proxy Initial
<input type="text"/>
Patient / Proxy Initial
<input type="text"/>
Patient / Proxy Initial
<input type="text"/>
Patient / Proxy Initial
<input type="text"/>

Patient or Providing practitioner: please send a copy of this form to the Medical Assistance in Dying Regulatory Review Committee c/o the Chair of the Regulatory Review Committee by fax at the below numbers or by mail at the below address:  
 Edmonton & North: 780-641-9123  
 Calgary & Central: 403-592-4264  
 South: 403-592-4265

Patient / Proxy

Initial

I request that a medical practitioner or a nurse practitioner either prescribe a substance that I may self-administer, or administer a substance to me, that will cause my death.

My request for medical assistance in dying is voluntary and, in particular, is not made as a result of external pressure.

I expect to die when the substance to be prescribed is administered.

I understand that immediately before being provided medical assistance in dying, I will be asked to give my express informed consent to receive medical assistance in dying.

I understand that medical assistance in dying cannot be provided until 10 clear days have passed from the date of this request, unless the providing practitioner and an independent practitioner who assesses my eligibility for medical assistance in dying are both of the opinion that my death or the loss of my capacity to provide informed consent is imminent.

I understand that by requesting the provision of medical assistance in dying, my health information will be collected, used and disclosed to the federal Minister of Health for the purpose of monitoring medical assistance in dying.

**Patient Signature**

Print Name of Patient (Proxy)	Date yyyy-mm-dd	
Signature of Patient (Proxy)	Date yyyy-mm-dd	Signature of Independent Witness #1

Print Name of Patient (Proxy)	Date yyyy-mm-dd	
Signature of Patient (Proxy)	Date yyyy-mm-dd	Signature of Independent Witness #2

**To be completed by a proxy only when the conditions for a proxy are met.**

Patient or Providing practitioner: please send a copy of this form to the Medical Assistance in Dying Regulatory Review Committee c/o the Chair of the Regulatory Review Committee by fax at the below numbers or by mail at the below address:  
 Edmonton & North: 780-641-9123  
 Calgary & Central: 403-592-4264  
 South: 403-592-4265

Provincial Medical Assistance in Dying Office, 6th Floor, 10101 Southport RD SW, Calgary AB T2W 3N2

Last updated: March 15, 2019

**A proxy may sign for you if you are physically unable to sign the request. The proxy cannot be the same person as a witness. The proxy must meet the requirements set out in the Declaration of Proxy.**

**Declaration of Proxy**

By initialing and signing below, I declare that:

1. I am at least 18 years of age.

Proxy
Initial

2. I understand the nature of the request for medical assistance in dying.

--

3. I do not know or believe that I am a beneficiary under the will of the person making the request or a recipient in any other way of a financial or other material benefit resulting from the person's death.

--

4. I signed this request for medical assistance in dying in the presence of the person making the request, on his or her behalf and under his or her express direction.

--

Mailing Address of the Proxy	City/Town	Province	Postal Code	Telephone Number

---

Print Name	Date yyyy-mm-dd	Signature of Proxy
------------	-----------------	--------------------

Patient or Providing practitioner: please send a copy of this form to the Medical Assistance in Dying Regulatory Review Committee c/o the Chair of the Regulatory Review Committee by fax at the below numbers or by mail at the below address:  
 Edmonton & North: 780-641-9123  
 Calgary & Central: 403-592-4264  
 South: 403-592-4265

Provincial Medical Assistance in Dying Office, 6th Floor, 10101 Southport RD SW, Calgary AB T2W 3N2

Last updated: March 15, 2019

**B. Declaration of Independent Witnesses**

By *initialing* and *signing* below, I declare that:

1. I am at least 18 years of age.

2. I understand the nature of the request for medical assistance in dying.

3. The patient is personally known to me or has provided proof of identity.

4. The patient signed this request in my presence, on the date indicated that follows the patient's signature; or if the patient was unable to do so, the patient's proxy signed this request on the patient's behalf in my presence and in the presence of the patient and under the patient's express direction, on the date indicated that follows the proxy's signature.

5. 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 other material benefit resulting from the patient's death.

6. I am not an owner or operator of a health care facility in which the patient is receiving treatment or of a facility in which the patient resides.

7. I am not directly involved in providing health care services to the patient.

8. I do not directly provide personal care to the patient.

Initial	
Witness 1	Witness 2

**Witness Signatures**

Print Name of Independent Witness #1			Mailing Address		City or Town
[ ]			[ ]		[ ]
Province/Territory	Postal Code	Telephone Number	Date Signed yyyy-mm-dd	Signature of Independent Witness #1	
[ ]	[ ]	[ ]	[ ]	[ ]	

Print Name of Independent Witness #2			Mailing Address		City or Town
[ ]			[ ]		[ ]
Province/Territory	Postal Code	Telephone Number	Date Signed yyyy-mm-dd	Signature of Independent Witness #2	
[ ]	[ ]	[ ]	[ ]	[ ]	

Patient or Providing practitioner: please send a copy of this form to the Medical Assistance in Dying Regulatory Review Committee c/o the Chair of the Regulatory Review Committee by fax at the below numbers or by mail at the below address:  
 Edmonton & North: 780-641-9123  
 Calgary & Central: 403-592-4264  
 South: 403-592-4265

Provincial Medical Assistance in Dying Office, 6th Floor, 10101 Southport RD SW, Calgary AB T2W 3N2

Last updated: March 15, 2019

# APPENDIX H

## Fax Cover Sheet

Date: \_\_\_\_\_

Pages: \_\_\_\_\_ (including cover sheet)

To	
Name:	Office of the Chief Medical Examiner (Edmonton)
Fax:	<b>780-422-4063</b>
Phone:	780-427-4987

From	
Name:	_____
Fax:	_____
Phone:	_____

**Re: Medical Assistance in Dying Documentation**

- Record of Request for Medical Assistance in Dying
- Providing Practitioner Record for Medical Assistance in Dying
- Consent to Treatment
- Record of Medication Administration

**MESSAGE:**

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Confidential: This communication is intended only for the individual or institution to which it is addressed and should not be distributed, copied, or disclosed to anyone else. The document(s) in this communication may contain personal, confidential, or privileged Information, which may be subject to the Freedom of Information and Protection of Privacy Act, the Health Information Act and other legislation. If you have received this communication in error, please notify the sender immediately. Thank you for your cooperation and assistance.

**Date:** \_\_\_\_\_

**Pages:** \_\_\_\_\_ (including cover sheet)

To	
<b>Name:</b>	Office of the Chief Medical Examiner (Calgary)
<b>Fax:</b>	<b>403-297-8134</b>
<b>Phone:</b>	403-297-8123

From	
<b>Name:</b>	_____
<b>Fax:</b>	_____
<b>Phone:</b>	_____

**Re: Medical Assistance in Dying Documentation**

- Record of Request for Medical Assistance in Dying
- Providing Practitioner Record for Medical Assistance in Dying
- Consent to Treatment
- Record of Medication Administration

**MESSAGE:**

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Confidential: This communication is intended only for the individual or institution to which it is addressed and should not be distributed, copied, or disclosed to anyone else. The document(s) in this communication may contain personal, confidential, or privileged Information, which may be subject to the Freedom of Information and Protection of Privacy Act, the Health Information Act and other legislation. If you have received this communication in error, please notify the sender immediately. Thank you for your cooperation and assistance.

# APPENDIX I

## Form 25

Clerk's Stamp

COURT FILE NO.

COURT                      Court of Queen's Bench of Alberta

JUDICIAL CENTRE    - select -

PLAINTIFF(S)

DEFENDANT(S)

DOCUMENT              **Expert's Report**

ADDRESS FOR  
SERVICE AND  
CONTACT  
INFORMATION OF  
PARTY FILING THIS  
DOCUMENT

EXPERT REPORT OF

*[An expert's report must contain, at a minimum,*

- (a) the expert's name and qualifications,*
- (b) the information and assumptions on which the expert's opinion is based, and*
- (c) a summary of the expert's opinion.]*

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature Of Expert)

\_\_\_\_\_  
(Print Name)



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