QUINTE HEALTHCARE CORPORATION

Medical – Medical Assistance in Dying

Title: Medical – Medical Assistance in Dying		**Policy No:**	3.11
		Original Issue Date:	July 2016
Manual:	Clinical	**Last Review/Revision Date:**	December 21, 2016 February 7, 2017
Department:	Medical Affairs	**Policy Lead:**	Senior Director
Approval body:	Operations Committee Medical Advisory Committee		

POLICY OVERVIEW

This policy aims to support Quinte Health Care (QHC) in ensuring a consistent, effective, and patient-focused response to patient requests for medical assistance in dying.

1. QHC staff will respond to patient requests for medical assistance in dying in a comprehensive, timely, and patient-focused manner, in accordance with current legislation and regulatory guidelines and policies.
2. QHC acknowledges an ethical obligation to respond to an inquiry or request for medical assistance in dying (MAID) whenever it may occur within the healthcare journey.
3. QHC supports patient-centred care and acknowledges the right of eligible patients to choose MAID as one option. When a patient makes an inquiry or request for MAID, assistance in dying is only one among several possible options that may be explored with the patient.
4. Staff members with conscientious objections will be respected. Those objecting to providing medical assistance in dying will provide effective referrals to clinicians who are willing to provide medical assistance in dying, whether this is within QHC or at an external facility.
5. The utmost confidentiality will be maintained for any requests, in order to protect patients, providers, and the hospital from unwanted media or public attention.
6. The process will be guided by the ethical principles of accountability, collaboration, dignity, equity, respect, transparency, fidelity, and compassion, which inform deliberations for inquiries/requests for MAID.

This policy applies to addressing patient inquiries or requests for Medical Assistance in Dying (MAID) wherever an inquiry or request may arise within the health care journey. This policy does not apply to situations other than MAID, and is separate and distinct from withholding or withdrawing treatment, palliative care, and palliative sedation.

DEFINITIONS

Medical Assistance In Dying (MAID): the administering, prescribing, or providing by a physician or nurse practitioner of a substance to a patient, at their request, that causes their death.

Medical assistance in dying includes both assisted suicide and euthanasia:

- **a.** The administering by a medical practitioner of a substance to a person, at their request, that causes their death (euthanasia), or
- **b.** The prescribing or providing by a medical practitioner of a substance to a person, at their request so that they may self-administer the substance and in doing so cause their own death (assisted suicide).[1]

Death is unique in MAID. This intent to result in the death distinguishes it from other options such as palliative care, palliative sedation, withholding or withdrawing treatment, or refusing treatment because death is not intended but may incidentally occur due to the underlying condition.

Canadian Medical Protective Association (CMPA): A mutual defense organization for physicians who practice in Canada. Its mission is to protect a member's integrity by providing services including legal defense, indemnification, risk management, educational programs and general advice.

Capacity: A person is capable of making a particular decision if the individual is both:

1. Able to understand the information that is relevant to making that decision (the cognitive element), and
2. Able to appreciate the reasonably foreseeable consequences of that decision or lack of decision (the ability to exercise reasonable insight and judgment).

Conscientious Objection: When an individual health care professional elects not to participate in MAID, due to matters of personal conscience.

Consent: to provide informed consent to a medication/service, the following four requirements must be met:

1. The individual consenting must be capable (see definition for capacity);
2. The decision must be informed (i.e., risks, benefits, side effects, alternatives, and consequences of not having treatment provided);
3. The decision must be made voluntarily (i.e., not obtained through misrepresentation or fraud); and

[1] Ministry of Health and Long-Term Care (November 24, 2016). *Medical Assistance in Dying.* Retrieved from *http://health.gov.on.ca/en/pro/programs/maid/*

4. The consent is be treatment-specific (i.e., information provided relates to treatment being proposed).

Note: Neither substitute decision-maker consent nor advance consent (via an advance directive or living will) for MAID is permitted.

Most Responsible Practitioner (MRP): The practitioner who admits a patient and is accountable for the medical management of that patient. The MRP may or may not be the practitioner that provides MAID for an eligible patient, but may be the initial point of contact to receive a request for MAID. The MRP may not be a resident physician.

Palliative care: Care that aims to provide comfort and dignity for the living with the illness, as well as the best quality of life for the patient. An important objective of palliative care is relief of pain and other symptoms. Palliative care meets not only physical needs, but also psychological, social, cultural, emotional and spiritual needs of each patient and family. Palliative care may be the main focus of care when a cure for the illness is no longer possible.

Working Group: The MAID Working Group is comprised of QHC staff members from family medicine, anaesthesiology, pharmacy, nursing, spiritual care, and medical affairs. The working group will be responsible for guiding practitioners, staff, patients and their families through the process of MAID, but not in administering medical assistance in dying themselves.

ELIGIBILITY CRITERIA

For a patient to access medical assistance in dying, he/she must:

1. Be a competent adult;
   - **a.** Competent (i.e., capable) see definition for capacity. Must be capable throughout process from request to completion.
   - **b.** Adult: as required by Bill C-14, is eighteen years or older.

2. Be eligible for the Ontario Health Insurance Program.

3. Clearly consent to the termination of life;
   - **a.** The physician or nurse practitioner must be satisfied, on reasonable grounds, that the decision to undergo MAID has been made freely, without coercion or undue influence from family members, healthcare providers or others. The patient must have a clear intention to end his/her own life after due consideration. The patient must have requested MAID him/herself, thoughtfully and in a free and informed manner.

4. Have a grievous and irremediable medication condition (including an illness, disease or disability) that meets all of the following requirements:
   - **a.** a serious and incurable illness, disease or disability; and
   - **b.** in an advanced state of irreversible decline in capability; and
   - **c.** that illness, disease or disability or that state of decline causes them enduring physical or psychological suffering that is intolerable to them and that cannot be relieved under conditions that they consider acceptable; and
   - **d.** their natural death has become reasonably foreseeable, taking into account all of their medical circumstances, without a prognosis necessarily having been made as to the specific length of time that they have remaining.

5. Experience enduring suffering that is intolerable to the individual in the circumstances of his or her condition.
    a. Intolerable suffering: Subjective criteria that is assessed from the individual's perspective. This may be demonstrated, in part, by communication by the patient of a sincere desire to pursue MAID or through a dialogue with the patient about their personal experience managing their condition.

Patients that are deemed ineligible for MAID will continue to receive appropriate and high-quality care that meets their needs.

ROLES AND RESPONSIBILITES OF APPLICABLE HEALTH CARE PROFESSIONALS

Nurses receiving requests for MAID will:

- Respond to the patient's request by acknowledging and clarifying his or her request directly and confidentially with the patient
- Inform the Most Responsible Physician (MRP) of the patient's request immediately
- Document the patient's first request for medical assistance in dying
- Recognize their responsibility and option for conscientious objection

Nurses participating in MAID will:

- Provide nursing care and support to the patient and family within scope of practice
- Assess or start intravenous access if required
- Move patient to private room.
- Assist physician with safety practices such as independent double checks
- Confirm medical assistance in dying procedure has been followed, prior to administration of drugs
- Refrain from administering medications with the intent of medical assistance in dying

The Most Responsible Practitioner (MRP) will:

- Explain the medical assistance in dying process to the patient and their family members if applicable
- Review current regulatory college guidelines and/or policies regarding end of life care and medical assistance in dying
- Either provide an assessment of eligibility for MAID as described below, or provide an effective referral to another provider (per CPSO policy) if they have a conscientious objection to providing medical assistance in dying
- Notify the Chief of Staff of the request, or the Medical Affairs Coordinator in the absence of the Chief of Staff.

Pharmacists and Pharmacy Technicians will:

- Ensure availability of drugs and doses required for the selected protocol
- Assist physician with instructions for drug administration
- Follow the process outlined in the document Medical Assistance in Dying Process for Pharmacy

The MAID Working Group will:

- Provide support to ensure that the appropriate management, assessment and application of the process is adhered to
- Provide guidance and support as needed to the MRP and assessing practitioners
- Support team, patient, and family prior, during, and after the procedure, as required
- As appropriate, plan a debrief with the health care team to:
    - Offer support for medical assistance in dying team
    - Identify any improvements required in the process

The Chief of Staff or designate will:

- Seek legal advice at his or her discretion
- Inform the MAID Working Group members and arrange a meeting to discuss the case, as required
- Plan a debrief for participating members of the health care team and ensure Employee Assistance Program support is available.

Note that the Most Responsible Physician, the practitioners assessing eligibility for MAID, or the practitioner providing MAID cannot be a medical resident.

PROCEDURE

Note that some steps may be initiated earlier in the process than listed below, depending on the circumstances of the case.

Step 1: Responding to a Request for Medical Assistance in Dying

Discussion of MAID is initiated when a patient makes an inquiry or request for MAID to any member of their health care team. Team members will document receipt of the request and will alert the most responsible practitioner (MRP).

Step 2: First Eligibility Assessment and Informed Consent Discussion

Physicians or qualified nurse practitioner providing medical assistance in dying (can be MRP) will:

- Seek any advice necessary in order to confidently respond to the patient's request (legal, ethical, practical). Note that at present, the CMPA recommends that all MDs providing MAID contact the CMPA for support for each case.
- **Complete the form (either QHC or MOHLTC Clinician Aid B)** attesting that each part of the consultation has occurred and place it on the chart. An in-depth narrative report of the consult either as a dictation or written note must also be provided. This report will be requested by the Office of the Chief Coroner at the time of the patient's death.
- Assess the patient to determine whether, in the practitioner's opinion, the patient is eligible for MAID (see section Eligibility Criteria).
- Explore and understand the motivation behind the patient's request for MAID. This requires a careful exploration of the circumstances resulting in the patient's suffering, including an exploration of psychosocial or non-medical conditions and circumstances that might be underlying the request for MAID. This conversation provides the

practitioner an opportunity to alleviate these concerns. This discussion must be documented in narrative form.

- Ensure that the patient has information about all available options for care including disease management, pain and symptom control, palliative care, hospice care and medical assistance in dying. This discussion must be documented in narrative form.
- Assess and document the patient's capacity for decision making with respect to medical assistance in dying. The patient must be able to understand and appreciate the certainty of death. The assessment must answer the following questions:
  1) Is the patient able to understand the information relevant to deciding to consent to, or refuse, MAID?
  2) Is the patient able to consider and appreciate the consequences of consenting to, or not consenting to, MAID?

  The use of existing tools for capacity assessments is encouraged. For example, NICE Capacity and Consent Tool, Aid to Capacity Evaluation (ACE).
  If the patient's capacity for decision making surrounding MAID is unclear due to mental illness, the practitioner will consult the Psychiatry Service as appropriate.
  The capacity assessment must be documented in narrative form.
  If there is a finding of incapacity to consent to the procedure, the physician must document that the patient has been informed that he or she has the right to appeal this finding of incapacity, and the process by which they would go about such an appeal (e.g. assessment by another physician or appeal to the Consent and Capacity Board. The patient should be made aware that this is likely a long process).
- Ensure that barriers to communication are addressed (e.g. speech and language assessment and intervention, translation services)
- Make patient aware of and, if appropriate and available, offer referral to the patient and family consultations with ethics, palliative care, pharmacy, and social work.
- Advise the patient to attend to his or her final affairs (legal, financial, funeral, burial, etc.)
- Inquire if there is another physician the patient would like to be consulted (e.g. family physician if not the MRP)
- Determine the patient's preferred place of death (e.g. in hospital or at home). Medical assistance in dying at a patient's home is beyond the jurisdiction of Quinte Health Care, but physicians who practice at Quinte Health Care may be independently able and willing to provide home visits. Quinte Health Care cannot provide medications for medical assistance in dying in the home, as the hospital does not dispense to outpatients and is not licensed to do so. Medical assistance in dying does not need to occur in hospital, so Quinte Health Care will in line with the patient's requests transition their care to community resources.
- Ensure that the patient has a Do Not Resuscitate order in place
- Explain the remainder of the process, including the written request, the second eligibility assessment, and the 10 clear day wait period and ensure the patient and their family understand.
- Advise the patient that he or she will be attended to by core team members including a second assessing physician or nurse practitioner, the practitioner performing MAID if different from the assessing physicians, nurses, and a spiritual health practitioner.

Step 3: Written Request for Medical Assistance in Dying before Two Independent Witnesses

- Once the initial assessment is complete, a formal request for medical assistance in dying must be provided in writing, signed and dated by the patient, and witnessed and dated by two independent witnesses.
- **The QHC or MOHLTC Clinician Aid A form must be completed and placed on the chart**.
- The witnesses who sign the request must be at least 18 years of age, and must not:
    - Know or believe that they are 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;
    - Be an owner or operator of any health care facility at which the person making the request is being treated or any facility in which that person resides;
    - Be directly involved in providing health care services to the person making the request;
    - Directly provide personal care to the person making the request.
- It is preferable for the witnesses to be friends of the patient. If this will be a barrier to care, documents can be witnessed if needed by other physicians not involved in the patient's care, or preferably by a person in an administrative/managerial role at Quinte Health Care. Nurses and clerks cannot witness the document.
- If the person requesting medical assistance in dying is physically unable to sign and date the request, another person, who is 18 years of age or older and who understands the nature of the request, may do so in the person's presence on his or her behalf.

Step 4: The Practitioner must remind the patient of his/her ability to rescind the consent of the request for MAID at any time.

Step 5: Second Eligibility Assessment

A second independent physician or qualified nurse practitioner will:

- Assess the patient's eligibility for MAID in accordance with Step 2 above, and provide a written opinion as to whether the patient is eligible for MAID.
- **Complete the form (either QHC or MOHLTC Clinician Aid C)** attesting that each part of the consultation has occurred and place it on the chart. An in-depth narrative report of the consult either as a dictation or written note must also be provided. This report will be requested by the Office of the Chief Coroner at the time of the patient's death.
- Inform the practitioner providing MAID of his or her opinion.
- In the case of differing opinions, inform the patient that they are entitled to have another consulting physician or qualified nurse practitioner assess them against the criteria.
- Remind the patient that he or she can rescind the consent of the request for MAID at any time

Step 6: 10 clear day period of reflection from date of signed request to provision of MAID

- There must be 10 clear days between the signing of the formal request for MAID (Step 3) and the provision of MAID. 10 clear days means that the day that the request was signed and the day that MAID occurs are not counted in the 10 day reflection period.
- If both assessing practitioners are of the opinion that the person's death, or the loss of their capacity to provide informed consent, is imminent, the reflection period may be shortened. Shortening the 10-day reflection period for any other circumstance runs contrary to federal law.
- Note that the second eligibility assessment may take place during the reflection period.

Step 7: The practitioner providing MAID will communicate with the pharmacist

- The practitioner providing MAID will communicate with the pharmacist at the time of the beginning of the reflection period, to allow the pharmacy staff adequate time to prepare.
- The practitioner providing MAID will sign the pre-printed order set.
- The pharmacist or pharmacy technician will prepare and dispense the prescription for MAID in accordance with the applicable College policies and standards of practice.
- If the pharmacist or pharmacy technician are conscientious objectors to MAID, they will make arrangements for colleagues to dispense the medications.
- The pharmacist and pharmacy technicians will follow the QHC Medical Assistance in Dying Pharmacy Process.

Step 8: The practitioner providing MAID will contact Trillium Gift of Life Network (TGLN) of the imminent death.

- This step should occur early enough in the process to allow the patient the opportunity to speak with the TGLN coordinator regarding organ and tissue donation.

Step 9: Preparation for Medical Assistance in Dying

Practitioner providing medical assistance in dying will:

- With the patient, family, nurse, and pharmacist, plan date and time of procedure, and confirm who will be attending. To ensure the patient and family needs are best met, it is preferable that MAID take place early in the day on a weekday.
- Admit the patient to a private room if they have completed the waiting period at home
- Conduct a case walk through with all interprofessional team members that will be participating in the administration by confirming eligibility criteria, confirming individual roles, and identifying the order and dosage of the medications that will be administered.
- Identify which health care team member is willing to insert the two IVs that will be used to administer the medication. Ensure that the IVs are functional.
- Answer questions from the patient and family about the procedure and what to expect. The physician should be clear with the family members about what death may look like and how long the death is likely to take, so they are prepared.
- Document the conversation with family and/or pertinent others, and in the case that a patient is refusing for the physicians to talk to their family or certain family members, the patient's reasons for this refusal should be explored and clearly documented.

- Alert the family that the coroner's office must be notified, and that the coroner may opt to seize the body. Alert the family that the coroner will request to speak with a family member and his or her contact information must be available.
- Review all documentation and ensure that all appropriate assessments have been completed and that all documentation is in order.
- Prepare all documentation for the coroner including printed copies of consult dictations and completed forms as the coroner will immediately request these for assessment.
- Notify Patient Registration prior to the death – can be day of – to flag the death as a coroner's case
- Remind all participants and team members of the need for confidentiality.

Step 10: Provision of Medical Assistance in Dying
At a minimum, the core team providing medical assistance in dying comprises a medical doctor or nurse practitioner, nurse, and spiritual care advisor.

The practitioner providing MAID will:

- Reassess and document the patient's capacity for decision making as it pertains to MAID. If the patient is not competent to make the decision to undergo an assisted death, the request for medical assistance in dying must be declined.
- Provide the patient with the opportunity to withdraw his or her request to proceed. This must be documented.
- Immediately before proceeding, confirm that the patient wishes to proceed.
- Administer the medication as indicated in the QHC Medical Assistance in Dying Drug Administration Procedure Document.
- **Complete required documentation** and provide a narrative report of the above-outlined process.

Step 11: Certification of Death
The practitioner providing MAID will:

- Notify the Office of the Chief Coroner in Toronto at 1-855-299-4100 and choose Dispatch option to be put through to deputy coroner or similar. Coroner will advise further. Physicians involved should be available to the coroner as needed.

Step 12: Debriefing and Follow-up
The practitioner providing MAID or the MRP will:

- Follow up with family members. This includes a required informal debrief. Some follow-up should occur immediately with a conversation within two hours, and a phone call one week later should be offered to the family.

5. CONFIDENTIALITY
In order to protect patients, families and participants from unwanted public or media attention, the utmost confidentiality will be upheld by all staff, physicians and other credentialed staff, volunteers, and any other team member in the planning and delivery of the medical assistance in dying. Quinte Health Care will not disclose care team members' names and will not confirm if medical assistance in dying has been provided generally.

6. CONSCIENCIOUS OBJECTION

Conscientious objectors' responsibilities to their patients are reflected in regulatory college documents. If patient care is requested that is in conflict with the individual provider's moral beliefs, the health care provider must provide safe, compassionate, competent and ethical care until alternative care arrangements are in place to meet the patient's request. A nurse who is unable to take part on the grounds of moral objection must communicate this to his/her or her manager. A physician who is not comfortable providing medical assistance in dying for any reason must make an effective referral to a colleague. Any issues can be raised with the medical assistance in dying working group.

RELATED POLICIES, RESOURCES AND REFERENCES

Related policies:
Intravenous medications
Media Relations

Key resources:
College of Physicians and Surgeons of Ontario Physician-Assisted Death Policy
http://www.cpso.on.ca/Policies-Publications/Policy/Physician-Assisted-Death

Department of Justice Medical Assistance in Dying Questions and Answers
http://www.justice.gc.ca/eng/cj-jp/ad-am/faq.html

College of Nurses of Ontario Physician-Assisted Death: An Interim Guideline for Nurses
http://www.cno.org/en/news/2016/03/physician-assisted-death-an-interim-guideline-for-nurses/

College of Family Physicians of Canada Guide for Reflection on Ethical Issues Concerning Assisted Suicide and Voluntary Euthanasia
http://www.cfpc.ca/uploadedFiles/Health_Policy/_PDFs/Guidefor%20Euthanasia_EN_FInal.pdf

Quebec Medical Aid in Dying guidelines (not available online, but copy available from Chief of Staff's office upon request)

CPSO Professional Obligations and Human Rights policy including effective referral
http://www.cpso.on.ca/Policies-Publications/Policy/Professional-Obligations-and-Human-Rights

References:
Bluewater Health Ethical Dilemma Policy
Bluewater Health Medical Assistance in Dying Policy and Procedure draft
Orillia Hospital Soldiers' Memorial Medical Assistance in Dying Policy and Procedure draft
Peterborough Regional Health Centre Policy 2.8.047: Medical Assistance in Dying
University of Toronto Joint Centre of Bioethics Medical Assistance in Dying policy template
University Health Network appendix documents