

Title: Medical Assistance in Dying (MAID)	Policy No.: PC 2.13.3
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1.0 Purpose

This policy outlines the responsibilities of CAMH personnel in responding to client/patient inquiries about medical assistance in dying (“MAID”). It also enumerates the MAID-related services that will be offered by CAMH (specifically, assessments to assist in the determination of MAID eligibility), sets out the process by which CAMH will receive and respond to requests for these assessments, and describe the circumstances in which a mandatory report to Health Canada is required. The policy applies to inquiries and requests from both external and internal sources.

2.0 Persons Affected

This policy applies to all CAMH physicians, employees, students, volunteers and agents (hereinafter referred to as “CAMH personnel”).

3.0 Policy

At present, the law does not specifically exclude individuals with mental illness as their sole underlying condition from eligibility for MAID. However, given how the eligibility criteria are currently framed, it is unlikely that a person with a mental illness alone would qualify for MAID.

For this reason, and because CAMH does not generally provide end-of-life care on site, CAMH personnel will not offer or administer MAID to its clients/patients.

CAMH acknowledges, however, that some people with a mental illness also suffer from another disease, disorder or illness that may make them eligible to receive MAID. In these circumstances, CAMH offers a physician assessment service to assist in making a determination about that person’s eligibility for MAID.

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CAMH acknowledges that healthcare providers may have beliefs and values that differ from those of clients/patients. CAMH respects the right of individual healthcare providers to conscientiously object to participating in discussions with clients/patients about MAID, or in the provision of MAID-related services. This policy includes a process to ensure that in these circumstances, appropriate referrals are made so that the client/patient receives a prompt response from an alternative healthcare provider at CAMH.

4.0 Definitions

Conscientious Objection: An individual healthcare practitioner's decision, due to matters of personal conscience, not to participate in or provide MAID. The level of comfort and support an individual healthcare practitioner may or may not be willing to provide can vary.

External Client/Patient: An individual who is not admitted to CAMH as an inpatient or outpatient, and who is instead referred to CAMH for a MAID-related assessment.

General Psychiatric Assessment: An assessment conducted to determine whether a client/patient is suffering from an underlying mental illness that may be influencing or driving a request for MAID. The purpose of this assessment is to investigate and further understand the possible genesis of the client/patient's interest in MAID. These assessments are typically provided to external clients/patients of CAMH at the request of their physician.

Grievous and Irremediable Medical Condition: A person has a grievous and irremediable medical condition only if they meet all of the following criteria (per section 241.2(2) of the *Criminal Code*):

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

Informed Consent: Consent provided by an individual after receiving information about the nature of the treatment, the expected benefits of the treatment, the material risks of the treatment, the material side effects of the treatment, any alternative courses of action, including palliative care, the likely consequences of not having the treatment, and responses to any questions in individual may have about those matters.

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Internal Client/Patient: An individual who is currently admitted to CAMH as an inpatient or outpatient.

MAID Capacity Assessment: An assessment to determine the decision-making capacity of a client/patient requesting MAID. The assessment involves a determination of whether the client/patient is able to understand relevant information about MAID and able to appreciate the reasonably foreseeable consequences of a decision to request MAID. Requests for a MAID capacity assessment may be received internally or externally by a referring physician.

MAID Committee: A subcommittee of CAMH's Medical Advisory Committee, which is responsible for overseeing and facilitating the provision of MAID-related services at CAMH.

MAID Eligibility Assessment: An assessment to determine a client/patient's eligibility to receive MAID. For CAMH clients/patients requesting MAID, an eligibility assessment may require external consultation with other physicians if the client/patient has a concurrent primary physical illness as part of their diagnosis. To be eligible for MAID, an individual must (per section 241.2(1) of the *Criminal Code*):

- a. Be eligible, or but for any applicable minimum period of residence or waiting period, would be eligible, for health services funded by a government in Canada;
- b. Be at least 18 years of age and capable of making decisions with respect to their health;
- c. Have a grievous and irremediable medical condition;
- d. Have made a voluntary request for medical assistance in dying that, in particular, was not made as a result of external pressure; and
- e. Have given informed consent to receive medical assistance in dying after having been informed of the means that are available to relieve their suffering, including palliative care.

Medical Assistance in Dying (MAID): The prescribing or providing by a medical practitioner or nurse practitioner of a substance to a person, at their request, so that the person may self-administer the substance and in doing so cause their own death (assisted suicide) or the administering by a medical practitioner or nurse practitioner of a substance to a person, at their request, that causes their death (voluntary euthanasia) (per section 241.1 of the *Criminal Code*). Medical assistance in dying is intended to result in the client/patient's death. This distinguishes it from other options such as palliative care, palliative sedation therapy, withholding or withdrawing treatment, or refusing treatment

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because death is not intended but may incidentally occur due to the client/patient's underlying condition.

5.0 Responsibilities

5.1 All CAMH personnel are responsible for compliance with this policy.

5.2 It is the responsibility of management to ensure all CAMH personnel are aware of the policy and comply with its procedures.

6.0 Procedures

6.1 **General Prohibition on Administering Medical Assistance in Dying (“MAID”)**

6.1.1 CAMH personnel, in their capacity as CAMH personnel, shall not provide or administer medical assistance in dying (either by way of voluntary euthanasia or assisted suicide), to any internal or external clients/patients.

6.1.2 If it is determined that an internal client/patient of CAMH is eligible for MAID, the attending psychiatrist or hospitalist will make arrangements for the transfer of the client/patient to another facility where MAID can be administered. CAMH will endeavor to maintain continuity in the delivery of psychiatric care and other CAMH services in this situation.

6.1.2.1 Within 30 days after the client/patient is transferred to the other facility to receive MAID, the attending psychiatrist or hospitalist shall file a report with Health Canada in accordance with the procedures set out in section 6.7 of this policy.

6.2 **MAID-Related Services Provided by CAMH**

6.2.1 CAMH physicians may provide the following MAID-related assessments, upon receiving a referral from CAMH's MAID Committee:

6.2.1.1 General Psychiatric Assessment

6.2.1.2 MAID Capacity Assessment

6.2.1.3 MAID Eligibility Assessment

6.3 **Responding to MAID Inquiries from Internal Clients/Patients**

6.3.1 Exploratory Discussions with Internal Clients

6.3.1.1 If initiated by the client/patient, a member of a client/patient's clinical team may engage in an exploratory discussion with the client/patient about MAID. CAMH personnel will remain respectful of clients/patients at all times, and refrain from expressing a preference from among various end-of-life treatment options.

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6.3.1.2 If a member of CAMH personnel conscientiously objects to having an exploratory discussion with a client/patient, they will follow the procedure outlined in section 6.6 of this policy.

6.3.1.3 If, following an exploratory discussion, the client/patient expresses an interest in pursuing MAID as a possible option, CAMH personnel shall notify the client/patient's attending psychiatrist of the request.

6.3.2 Role of the Attending Psychiatrist when MAID requested by Internal Client/Patient

6.3.2.1 If an internal client/patient requests MAID, the attending psychiatrist shall be notified and will conduct an initial assessment of whether the client/patient is making a clear request to be assessed for MAID eligibility. The purpose of this assessment is to ensure that the client/patient understands what MAID is, and the associated process. It is not an assessment of the client/patient's capacity to consent to MAID itself.

6.3.2.2 If the attending psychiatrist conscientiously objects to conducting this initial assessment, they will follow the procedure outlined in section 6.6 of this policy.

6.3.2.3 If the attending psychiatrist determines, based on the initial assessment, that the client/patient understands what MAID is and the associated process, they shall complete a referral to Access CAMH.

6.4 Responding to MAID Inquiries from External Sources

6.4.1 All requests and referrals received from external clients/patients or health practitioners for General Psychiatric Assessments, MAID Capacity Assessments or MAID Eligibility Assessments will be promptly forwarded to Access CAMH.

6.5 Access CAMH Referral Process for Internal and External MAID-Related Service Requests

6.5.1 Access CAMH will consult with members of the MAID Committee whenever a referral for a MAID-related service is received, whether internal or external, to ensure the client/patient is referred to the correct physician/program.

6.5.2 Referrals for General Psychiatric Assessments (External)

6.5.2.1 When Access CAMH receives an external request by a physician for an assessment of whether a client/patient of that physician who has requested MAID suffers from an underlying mental illness, Access

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CAMH will refer the external client/patient for a General Psychiatric Assessment.

6.5.2.2 The General Psychiatric Assessment will include an assessment of whether the external client/patient suffers from an underlying mental illness, as well as an initial assessment of whether the client/patient is making a clear request to be assessed for MAID eligibility (i.e., whether the client/patient understands MAID and the process it entails).

6.5.2.3 The results of a General Psychiatric Assessment will be documented in a consultation note which will be provided to the referring physician.

6.5.2.4 If a client/patient is assessed as suffering from an underlying mental illness, a referral for services at CAMH will be offered to the client/patient, if appropriate.

6.5.3 Referrals for MAID Capacity Assessments (External and Internal)

6.5.3.1 All internal and external referrals received by Access CAMH for MAID Capacity Assessments will be referred to the MAID Committee for a preliminary screening.

6.5.3.2 The MAID Committee will select a physician from its roster to perform the MAID Capacity Assessment.

6.5.3.3 When performing MAID Capacity Assessments, assessing physicians will consult with any internal or external health practitioners who are involved in the treatment of the client/patient and have information relevant to the assessment of capacity.

6.5.3.4 Upon completion of the MAID Capacity Assessment, the assessing physician will present their findings at a Case Conference with the MAID Committee.

6.5.3.5 The assessing physician will communicate the final decision regarding the client/patient's capacity for MAID to the client/patient and referring physician.

6.5.4 Referrals for MAID Eligibility Assessments (External and Internal)

6.5.4.1 All internal and external referrals received by Access CAMH for MAID Eligibility Assessments will be referred to the MAID Committee for a preliminary screening.

6.5.4.2 Following the preliminary screening, the MAID Committee will select a physician from its roster to perform the MAID Eligibility Assessment.

6.5.4.3 When performing MAID Eligibility Assessments for internal clients/patients, assessing physicians will consult with any internal or external health practitioners who are involved in the treatment of any

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physical conditions or illnesses that form part of the client/patient's diagnosis.

6.5.4.3.1 If the client/patient is *referred* to another healthcare practitioner or service that facilitates access to MAID for consideration of their MAID request, or the client/patient's care is *transferred* in response to their MAID request, the assessing physician shall file a report with Health Canada within 30 days after the day of referral/transfer, in accordance with the procedures set out in section 6.7 of this policy.

6.5.4.4 Upon completion of the MAID Eligibility Assessment, the assessing physician will present their finding at a Case Conference with the MAID Committee.

6.5.4.5 The assessing physician will communicate the final decision regarding the client/patient's eligibility for MAID to the client/patient and referring physician.

6.5.4.6 If the assessing physician has determined that the client/patient is not eligible for MAID, s/he shall file a report with Health Canada within 30 calendar days of making that determination, in accordance with the procedures set out in section 6.7 of this policy.

6.6 Conscientious Objection

6.6.1 CAMH personnel may, for conscientious reasons, decline to participate in the provision of MAID-related services at CAMH.

6.6.2 Any communication to the client/patient about such an objection must be done with sensitivity, and in a manner that respects the client/patient's dignity. For example, the client/patient must be informed that the objection is due to personal, rather than clinical, reasons.

6.6.3 CAMH personnel who are approached by a client/patient requesting or inquiring about MAID, and who conscientiously objects to participating in such a discussion, will promptly notify the client/patient's attending psychiatrist of the request/inquiry.

6.6.4 If the attending psychiatrist receives a MAID request or inquiry, and conscientiously objects to having such a discussion with the client/patient, the attending psychiatrist will promptly refer the client/patient to Access CAMH.

6.6.5 Access CAMH will liaise with the MAID Committee to connect the client/patient with a CAMH physician who is willing and able to respond to the client/patient's request/inquiry.

6.7 Mandatory Reporting Requirements

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- 6.7.1 In all cases where a written request for MAID has been received from a client/patient, and any one of the following occurs, a mandatory report to Health Canada is required:
- A CAMH physician has determined that the client/patient is ineligible for MAID;
 - A CAMH physician has referred the client/patient to another health care practitioner or a service that facilitates access to MAID for consideration of the MAID request; or
 - A CAMH physician has transferred the client/patient's care as a result of the request.
- 6.7.2 The report shall be made within 30 days after the day of the ineligibility determination, day of transfer, or day of referral, as applicable.
- 6.7.2.1 Exception: If the ineligibility determination, transfer or referral does not happen within 90 days of receiving the written request for MAID, no report is required.
- 6.7.3 Where a report is required, it shall be made to Health Canada electronically via the Canadian MAID Data Collection Portal:
<https://www.canada.ca/en/health-canada/services/medical-assistance-dying.html>

7.0 References

Regulations for the Monitoring of Medical Assistance in Dying, SOR/2018-166.

Criminal Code, RSC 1985, c C-46 ss 14, 227, 241, 245. ..

College of Nurses of Ontario, *Guidance on Nurses' Roles in Medical Assistance in Dying*, Toronto: CNO, November 2018 (Available Online).

College of Physicians and Surgeons of Ontario, *Medical Assistance in Dying Policy: Frequently Asked Questions* (Available Online).

College of Physicians and Surgeons of Ontario, *Policy Statement: Medical Assistance in Dying*, Toronto: Updated December 2018 (Available Online).

Department of Justice, *Legislative Background: Medical Assistance in Dying (Bill C-14) – Addendum* Ottawa: Department of Justice, 2015 (Available Online).

Government of Canada, *End of Life Care Options – Medical Assistance in Dying*, Ottawa: Ministry of Health, 2016 (Available Online).

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Ontario College of Pharmacists, *Medical Assistance in Dying, Guidance to Pharmacists and Pharmacy Technicians*, Toronto: OCP, 2016 (Available Online).

Council of Canadian Academies Expert Panel Working Group, *The State of Knowledge on Medical Assistance in Dying Where a Mental Disorder is the Sole Underlying Condition*, December 2018 (Available Online).

8.0 Links/Related Documents

N/A

9.0 Review/Revision History

Date	Revision No.	Revision Type (minor edit, moderate revision, complete revision)	Reference Section(s)
March 2017	1.0	New Policy	N/A
April 2019	2.0	Minor revisions	Added sections relating to federal reporting obligations (6.1.2.1, 6.5.4.3.1, 6.5.4.6, 6.7)