

Medical Assistance in Dying - FAQ for Patients and Families

Introduction

This handout is for patients/families at Hamilton Health Sciences (HHS). It is about the personal decision to request “medical assistance in dying.” Assisted dying is intended for capable adults whose deaths are reasonably foreseeable and who are legally eligible.

HHS has developed resources and supports to help patients/families and their health care teams to explore the option of assisted dying.

What is “medical assistance in dying”? (1)

Medical assistance in dying means:

(a) Administering by a doctor or nurse practitioner of a substance to a person, at their request, that causes their death;

or

(b) Prescribing or providing by a doctor or nurse 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.

Please note: At this time, HHS only provides doctor-administered assisted dying.

Who is eligible for assisted dying?

A person may have assisted dying if they meet all the following criteria:

- a) Possess a provincial health card
- b) At least 18 years of age
- c) Capable of making decisions with respect to their health
- d) Have a grievous and irremediable medical condition (see page 3)
- e) Have made a voluntary request for assisted dying that, in particular, was not made as a result of external pressure, and
- f) Give informed consent to receive assisted dying after having been informed of the means that are available to relieve their suffering, including palliative care.(2)

What does capable mean?

A capable person has decision making capacity. You are able to:

- Understand the information that is relevant to making a decision about your health
- and**
- Appreciate the reasonably foreseeable consequences of a decision or lack of decision.(3)

Your health care team assesses capacity by asking you questions.

What does grievous and irremediable medical condition mean?

A person has a grievous and irremediable medical condition if:

- 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.

What is enduring suffering?

Enduring suffering is physical or psychological pain or distress that you have lived with for a long time.

What is intolerable suffering?

Intolerable suffering is physical or psychological pain or distress that you find unbearable.

If I think I am eligible for assisted dying, how do I get the process started?

First, talk to your healthcare team about your concerns and your request. They will discuss all of your options with you. If you want to be formally assessed for assisted dying, you need to provide a request in writing, signed by two witnesses. This request should be given to your healthcare team. You can find the Patient Request for Medical Assistance in Dying form at

<http://www.health.gov.on.ca/en/pro/programs/maid/default.aspx>

What happens if I am not able to sign the written request?

If you request assisted dying and are not able to sign and date the request, another person may sign for you. This person must:

- be at least 18 years of age
- understand that you are requesting assisted dying, and
- not know or believe they will benefit under the patient's will.

The signing must be done in your presence and under your direction.

What does it mean to give informed consent?

Before you request assisted dying, you need to know about the options available to relieve suffering, including palliative care. Your health care team wants to make sure you have all the information you need to make this important decision.

Your team also wants to be sure that you are making this decision voluntarily – that you are not being forced into it by someone.

Your consent is given in writing. This shows you are sure about your request.

How do I know whether I meet the criteria?

Only doctors and nurse practitioners are legally authorized to assess whether a patient meets the criteria. You will be assessed by two or more doctors or nurse practitioners. They will have to agree that you meet the criteria. If one of the people assessing you feels you do not meet the criteria, you can ask to be assessed by another doctor or nurse practitioner.

How long will the assessment take?

It depends how much time the doctors or nurse practitioners need to make sure that you meet the criteria. Please speak to your health care team if you have concerns.

Is there a waiting period?

Yes. Under normal circumstances there must be at least 10 days between the day you sign the request and the day you receive assisted dying.

This waiting period may be reduced if both people who assessed your eligibility agree that death or loss of capacity to consent is near. Please ask your team for details on how this affects you.

How is assisted dying different from stopping or not starting treatment?

Patients choose when to stop treatment or when not to start treatment. These decisions, like assisted dying, are the personal decisions of each patient. Patients base these decisions on their values, beliefs and health care goals.

The key difference is the intent of the decision. Patients who choose to stop treatment or not to start treatment intend to avoid treatment that will not provide a benefit or that is too difficult. Their intent is not necessarily to bring about their own death. If death happens, the cause of death will be their disease.

With assisted dying, the patient's death is intended. The cause of death is the medication given to the patient.

Is assisted dying the same as assisted suicide?

They are similar. Assisted dying includes both patient-administered and doctor-administered methods.

In the past, the patient-administered method was called assisted suicide.

Do I have to undergo treatment first?

No, you do not have to undergo any treatment, such as chemotherapy or surgery, you find unacceptable. The Supreme Court wrote that irremediable: "... does not require the patient to undertake treatments that are not acceptable to the individual."(4)

Is there a right decision?

If you meet the criteria, this is a personal decision based on your values, beliefs and health care goals. You determine what is right or wrong for you.

What if I do not have a doctor?

If you do not have a family doctor, you can contact:

The College of Physicians and Surgeons of Ontario
80 College Street
Toronto, Ontario M5G 2E2

416-967-2603

Toll Free: 1-800-268-7096, Ext. 603

<http://www.cpso.on.ca/>

In the hospital, who may be involved in providing assisted dying?

Hamilton Health Sciences supports patients' legal right to explore the option of assisted dying. HHS also recognizes that some health care professionals will not be willing to help with assisted dying because it is not comfortable for them. It is a very personal choice for them, too. If they cannot help, you will be referred to someone who will.

HHS has created an Assisted Dying Resource and Assessment Service (ADRAS). The ADRAS is a team of health care professionals, including doctors, nurses, pharmacists and others. The role of this team is to support patients/families and their health care teams by providing education, resources, assessments and care co-ordination related to the option of assisted dying. The ADRAS team may be contacted through your doctor.

Do I have to inform my family?(5)

It is usually a good idea to try to involve your family – getting medical assistance in dying may have a major impact on them. If it is difficult to talk with your family for any reason, you can ask for help from your health care team, such as social workers, spiritual care providers, occupational therapists or others.

Where can I have assisted dying?

Assisted dying can be provided in hospital and at home. Your health care team will help you decide what is best for you.

Who can provide assisted dying?

Any medical doctor (physician) or nurse practitioner (licensed in the province) can provide assisted dying, if you meet the eligibility criteria (on page 2) and they feel capable and prepared to provide assisted dying.

Please note: Within HHS, only medical doctors can administer assisted dying.

Can family provide assisted dying?

Family can help you to complete forms and provide support during the process. Family cannot administer the medication. This must be done by the doctor or nurse practitioner.

Can I have family and friends with me when I die?

Yes, you can have anyone you choose with you during assisted dying. You should discuss this with them well in advance to make sure they are willing to be present. The health care team will help prepare you and them. They need to understand what they will see before they agree.

Can others make the decision for me?

No, only you can make the decision to request and receive assisted dying. If you are not capable, others cannot make the decision for you.

Can I write down my wishes in case I lose capacity?

No, you must be able to ask for assisted dying at the time you wish to receive it. You cannot write your wishes for assisted dying in an advance care plan, such as a living will.

Do I need to get court permission?

No. Canadian law allows assisted dying to proceed without involving the courts. The decision is between you and your doctor or nurse practitioner.

Can I change my mind?

Yes, you can change your mind at any time, for any reason. Simply tell a member of your health care team. If you change your mind, you will continue to receive high quality care. No one will think any less of you if you change your mind.

Health care team members will ask you several times if you still wish to receive assisted dying or have changed your mind.

What if I want to be an organ donor?

If you are considering assisted dying and would like to be an organ and/or tissue donor please speak to your health care team or Trillium Gift of Life Network <http://www.giftoflife.on.ca/en/> or 1-800-263-2833.

What if I have other questions?

If you have other questions, please ask a member of your health care team.

Additional information can be obtained from the College of Physicians and Surgeons of Ontario.

References

- (1) Bill C-14. An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying). S. 241.2 (1) <http://www.parl.gc.ca/HousePublications/Publication.aspx?Language=E&Mode=1&DocId=8384014>
- (2) Bill C-14. An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying). S. 241.2 (1) <http://www.parl.gc.ca/HousePublications/Publication.aspx?Language=E&Mode=1&DocId=8384014>
- (3) Health Care Consent Act, 1996, S.O. 1996, c.2 Sched. A, s. 4(1).
- (4) Carter v. Canada (Attorney General) 2015 SCC 5, [2015] 1 S.C.R. 331.[127] <http://scc-csc.lexum.com/scc-csc/scc-csc/en/item/14637/index.do>
- (5) Family is defined as anyone important to the patient.

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Feedback from many patients, family members and health care professionals