

# Medical Assistance in Dying - FAQ for Staff/Physicians

---

## Table of Contents

What is Medical Assistance in Dying? .....	2
What is Bill C-14? .....	2
Who is eligible to receive Medical Assistance in Dying? .....	2
Will assisted dying happen at HHS?.....	3
Who can provide Medical Assistance in Dying?.....	3
As a healthcare professional, what do I do if a patient makes an inquiry about assisted dying? ...	3
Where can I get help with the conversation about assisted dying?.....	4
What if a patient’s family asks for assisted dying on behalf of the patient? .....	4
What if it is in my scope of practice to respond to a patient inquiry about assisted dying but I am not comfortable answering a patient’s questions about assisted dying?.....	4
If I am the MRP, what are my responsibilities for responding to a request for assisted dying? ....	5
What is the Assisted Dying Resource and Assessment Service (ADRAS)? .....	5
How do I contact the ADRAS?.....	6
What is an assessment for assisted dying?.....	6
Can I be forced to participate in assisted dying? .....	7
What do I do if my patient is planning to have assisted dying, but I don’t feel comfortable participating?.....	7
What is the role of the patient’s primary team through the process of assisted dying?.....	8
What support is available for the clinical team caring for the patient? .....	8

## What is Medical Assistance in Dying?

Medical Assistance in Dying (MAID) also referred to as Physician Assisted Dying (PAD) or “Assisted Dying”, is the delivery of life-ending interventions to an eligible patient who voluntarily makes a request for assistance in ending their own life. For the purpose of this document, these terms will be used interchangeably.

## What is Bill C-14?

“Bill C-14” is the title of the Bill passed by Parliament on June 17, 2016, allowing the decriminalization of assisted dying.

## Who is eligible to receive Medical Assistance in Dying?

According to Bill C-14, a person is eligible to receive assisted dying only if they meet all of the following criteria:

- (a) they are eligible to receive government health care services within Canada. For example, in Ontario, that would mean OHIP coverage or equivalent government insurance. This would exclude non-residents.
- (b) they are at least 18 years of age and capable of making decisions with respect to their health
- (c) they have a grievous and irremediable medical condition, meaning the patient has:
  - A serious and incurable illness, disease or disability
  - an advanced state of irreversible decline in capability
  - that illness, disease, disability or state of decline causes the patient enduring physical or psychological suffering that is intolerable to them and cannot be relieved under conditions that they consider acceptable
  - natural death is reasonably foreseeable (note: does not require a prognosis of a specific length of time)
- (d) they have made a voluntary request for medical assistance in dying that was not made as a result of external pressure
- (e) they give informed consent to receive medical assistance in dying after having been informed of all means that are available to relieve their suffering, including palliative care.

Legal and medical communities agree that some of the terminology used in the eligibility criteria are new and subject to interpretation. For a more comprehensive discussion about relevant legislation and safeguards, visit the HHS [Medical Assistance in Dying](#) intranet site.

## Will assisted dying happen at HHS?

Most patients want to die at home but it is possible that some patients may prefer, or be better suited for, assisted dying in hospital and HHS will accommodate that where appropriate.

## Who can provide Medical Assistance in Dying?

According to Bill C-14, only physicians and Nurse Practitioners are legally authorized to conduct formal assessments for assisted dying, or to administer assisted dying. Other healthcare professionals may choose to support other aspects of the patient's care, within to their scope of practice.

## As a healthcare professional, what do I do if a patient makes an inquiry about assisted dying?

A patient's inquiry can be characterized in one of three ways:

- (1) **As a *Curiosity*:** the patient simply wants some general information about assisted dying – e.g. whether it is legal, what it actually means, whether it is offered at HHS. They may not be considering assisted dying as an option, nor requesting it, for themselves.
- (2) **As a treatment *Option*:** the patient wants more specific information about assisted dying and may be seriously considering it as a potential option for themselves. For example, they might ask questions about how to navigate the process, where they could receive it or whether they could be eligible.
- (3) **Ask a *Request*:** the patient makes a clear verbal or written request for assisted dying.

If it is within your scope of practice, and you are comfortable, you should have a discussion with the patient to determine what type of inquiry they are making. Your discussion should remain neutral and compassionate, without trying to convince the patient of anything (i.e. to choose or not choose assisted dying).

These questions may be helpful to clarify the patient's intentions and concerns:

- *Can you tell me more about why you are thinking about assisted dying?*
- *What do you know about assisted dying?*
- *When did you start thinking about it?*
- *What are your concerns about your current situation?*
- *Have you talked with your doctor about your concerns?*

You must document, in the patient chart, any significant conversation you have with the patient about assisted dying, and make the patient's MRP aware of the inquiry. (If the patient is merely asking about assisted dying based on curiosity, you must exercise discretion about whether documentation in the patient chart is warranted; follow standard documentation practices.)

This [algorithm](#) provides an overview of the process for responding to a patient's clear request for assisted dying.

## Where can I get help with the conversation about assisted dying?

HHS has created a Patient Education pamphlet that is available for staff to provide to patients/families inquiring about assisted dying. The pamphlet can help to facilitate your discussion about assisted dying with the patient. ([Medical Assistance in Dying – FAQ for Patients and Families](#))

You can also review the HHS [Medical Assistance in Dying](#) intranet site for additional information, talk with your team about how to manage the patient's inquiry, and/or contact the HHS *Assisted Dying Resource and Assessment Service (ADRAS)* for coaching and support at [adras@hhsc.ca](mailto:adras@hhsc.ca).

## What if a patient's family asks for assisted dying on behalf of the patient?

The law does not allow the request for assisted dying to be made by a substitute decision maker, or through an advanced directive. A patient must personally make a request for assisted dying in writing, and be capable of consenting up until the moment assisted dying is administered. If a patient's family member is asking about assisted dying *on behalf of* a capable patient, an appropriate response can be given directly to the patient and the [Medical Assistance in Dying pamphlet](#) may be provided to them.

## What if it is in my scope of practice to respond to a patient inquiry about assisted dying but I am not comfortable answering a patient's questions about assisted dying?

Inform the patient that you will inform her/his MRP of their inquiry about assisted dying. Notify the MRP accordingly then document, in the patient chart, both the request and the fact that you notified the MRP.

## If I am the MRP, what are my responsibilities for responding to a request for assisted dying?

People requesting assisted dying are by definition suffering greatly. The first response to any form of suffering or distress should be characterized by care and compassion; this is good clinical practice for all patients. Therefore, the MRP is responsible for taking the following steps in response to a request for assisted dying:

- 1) Explore the reasons for the patient's request, including the nature of their suffering and their concerns/worries
- 2) Discuss with the patient their prognosis and the natural history of their illness, including what their end of life experience may be like
- 3) Explore treatment options and possible referrals to manage the patient's symptoms, suffering and end-of-life care needs (including consultations with palliative care, hospice, homecare, etc.)
- 4) Determine the seriousness of the patient's request

If after this initial exploratory conversation, the patient's request is serious and persistent, it is appropriate to have further conversation with the patient about the option of assisted dying. If you are comfortable continuing to explore MAID with your patient, there are resources to assist you:

- [Medical Assistance in Dying – FAQ for Patients and Families](#) pamphlet
- Resources on the HHS [Medical Assistance in Dying](#) intranet site
- [CPSO Policy-Medical Assistance in Dying](#)
- [HHS Responding to Requests for Medical Assistance in Dying \(MAID\) Protocol \( Pending\)](#)

You may also contact the ADRAS (*Assisted Dying Resource and Assessment Service*) for assistance with this conversation ([adras@hhsc.ca](mailto:adras@hhsc.ca)).

If you are NOT comfortable exploring assisted dying with your patient, you must:

- a. refer the patient to another willing physician in the patient's circle of care. *OR*
- b. Contact the ADRAS team for advice and support

Regardless of your decision to participate in assisted dying or not, you will remain the MRP for the patient, and thus you must continue to care for the patient and family, ensuring high quality care free from discrimination or negative judgment.

## What is the Assisted Dying Resource and Assessment Service (ADRAS)?

The ADRAS is a team comprised of health professionals who have volunteered to support and coordinate the provision of assisted dying to eligible HHS patients.

The purpose of the ADRAS is to provide an interprofessional support system for patients and health care teams to ensure a compassionate and responsible process for managing requests for assisted dying. It serves as a centralized resource for coaching, education, guidance and referrals.

ADRAS team members have specialized training in providing patient-and family-centered care related to assisted dying (specifically assessment of eligibility and the provision of assisted dying). They also have resources to support clinical teams navigating assisted dying requests (including staff education and debriefings).

*The ADRAS must be informed of all formal requests for and assessments of assisted dying for HHS patients.*

## How do I contact the ADRAS?

Any inquiries regarding the ADRAS, including referrals, can be directed to: [adras@hhsc.ca](mailto:adras@hhsc.ca). Only healthcare professionals may access ADRAS (it is not accessible directly to patients/families). Be sure to include your name and contact information in the email. A member of the ADRAS team will contact you within one business day to complete an intake process and determine appropriate steps for managing the patient's request. *NOTE: a referral is only accepted after the intake process is complete.*

## What is an assessment for assisted dying?

In the context of assisted dying, the term “assessment” refers to the formal process of determining whether a patient meets the legal eligibility criteria to receive assisted dying. Prior to receiving assisted dying a patient must undergo two assessments by two independent physicians or Nurse Practitioners (NP).

Some physicians/NPs may be willing to perform an assessment but would need assistance with finding a second assessor or a physician/NP willing to perform the actual procedure. In that case, s/he should contact the ADRAS to discuss the situation.

If however, if the MRP is unwilling to provide an assessment, the MRP can contact the ADRAS for assistance with finding an assessor.

It should be noted that the ADRAS team can only participate in one of the two required assessments. Where possible, the ADRAS and MRP will work together to identify a second assessor in the patient's circle of care.

## Can I be forced to participate in assisted dying?

No. Bill C-14 specifically states that “... no health care provider will be required to provide medical assistance in dying.”

All of us who care for patients nearing the end of life are touched by the introduction of assisted dying as a legal option for patients. It is important to take time to reflect on your personal and professional values related to assisted dying. It is also important to recognize that your patients and colleagues may have values that are very different from your own. As part of our vision of “Best care for all” we strive to cultivate an environment at HHS that honors the moral diversity of our patients, families, staff and physicians, including those who object to assisted dying and those who choose to participate in the process.

Most professional colleges have guidelines related to assisted dying, and you should become familiar with those that apply to you. In addition, HHS has crafted a guideline on **Assisted Dying and Staff/Physician Right of Conscience ( pending)**. Health professionals can participate in the process of assisted dying within their respective scopes of practice to the extent that they feel comfortable. If you are not comfortable with assisted dying, you may opt out of the following practices:

- supporting/educating healthcare professionals regarding the process of assisted dying
- counselling the patient about the option of assisted dying
- assessing the patient’s eligibility for assisted dying
- procuring/preparing medications for the purpose of assisted dying
- inserting an IV for the express purpose of assisted dying
- administering medications as part of the assisted dying protocol
- acting as the patient’s primary nurse on the day that assisted dying is administered

You will be expected to carry out all other professional responsibilities not directly related to the process of assisted dying. For example, daily care, emotional support, symptom management, dispensing/administering usual medications, etc..

## What do I do if my patient is planning to have assisted dying, but I don’t feel comfortable participating?

If you are a staff member you must notify your immediate supervisor of your inability to participate in assisted dying as soon as you are aware that an assisted death is planned for the patient, so that arrangements can be made for another willing healthcare professional to provide necessary care for the patient. You should also follow your pertinent college guidelines. Physicians should notify ADRAS and their respective medical chief.

HHS will not tolerate retaliation against any individual who discloses an objection to assisted dying, or any individual who chooses to participate in assisted dying. Any direct or indirect reprisal, harassment, or even informal pressure, will be considered a serious breach of the Values Based Code of Conduct.

## What is the role of the patient's primary team through the process of assisted dying?

The primary team continues to be responsible for the ongoing clinical management of the patient; teams will walk alongside the patient on their journey and continue to provide holistic care to them and their families. The ADRAS team does not take over clinical care of the patient, but rather provides specific support for the management of the patient's MAID request.

## What support is available for the clinical team caring for the patient?

There are many supports available:

- The HHS [Medical Assistance in Dying intranet](#) has more comprehensive information about assisted dying
- The ADRAS team can provide education to teams about the process of assisted dying (contact: [adras@hhsc.ca](mailto:adras@hhsc.ca))
- The ADRAS team can provide pre-briefings prior to the administration of assisted dying, and debriefings afterwards
- Staff/physicians can refer to the **HHS Responding to Requests for Medical Assistance in Dying (MAID) protocol ( pending)**
- The Ethics Consultation team is available to support individuals/teams experiencing moral distress related to assisted dying (contact: [officeofethics@hhsc.ca](mailto:officeofethics@hhsc.ca))
- The [Employee Assistance Program](#) can support individuals who experience distress related to assisted dying
- Managers and Chiefs of Interprofessional Practice are good sources of support for staff wondering about their professional roles and responsibilities related to assisted dying