

Technical Guidance Document

Reporting Requirements under the *Regulations for the Monitoring of Medical Assistance in Dying*

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About this guidance

The [Regulations for the Monitoring of Medical Assistance in Dying](#) (the *Regulations*) require physicians, nurse practitioners, preliminary assessors, pharmacists and pharmacy technicians to provide information related to the assessment and/or provision of medical assistance in dying (MAID). This guidance document is to support these health care professionals in fulfilling their responsibilities under the *Regulations*¹.

This document is not part of the *Criminal Code* or the *Regulations for the Monitoring of Medical Assistance in Dying*. The main objective of this administrative document is to facilitate reporting; it is not intended to provide legal advice regarding the interpretation of the *Criminal Code* or the *Regulations*. In the event of any inconsistency or discrepancy between the *Criminal Code* or the *Regulations* and this document, the *Criminal Code* or the *Regulations* take precedence. Any questions about legal obligations or responsibilities under the *Criminal Code* or the *Regulations* should be directed to independent legal counsel.

This guide is for:

- physicians, nurse practitioners and preliminary assessors who have received a request for MAID and found a person ineligible
- physicians and nurse practitioners who have received a request for MAID, found the person eligible and then provided MAID by administering a substance or prescribed or provided a substance to a person for self-administration
- physicians and nurse practitioners who have received a request for MAID, started or completed an eligibility assessment, but did not provide MAID due to the person withdrawing their request or dying from another cause
- physicians and nurse practitioners who have received a request for MAID, found a person eligible, but did not provide MAID due to one or more safeguards not being met
- pharmacists and pharmacy technicians (in collaboration with a pharmacist) who have dispensed a substance for the purposes of administering MAID

¹ There may be additional reporting requirements for health care professionals reporting in provinces and territories that are designated recipients under the *Regulations* (that is, Québec, British Columbia, Saskatchewan, the Northwest Territories, Nunavut, Alberta and Ontario [for MAID provision only]). As such, health care professionals in these jurisdictions should check with responsible authorities in their jurisdiction regarding further reporting obligations.

1. Background

Health Canada has amended the 2018 *Regulations for the Monitoring of Medical Assistance in Dying* (SOR/2018-166) to align with the [changes to the Criminal Code](#), arising through the former Bill C-7, *An Act to amend the Criminal Code (medical assistance in dying)*, which came into force on March 17, 2021. Federal monitoring, which refers to the collection, analysis and reporting of medical assistance in dying (MAID) data, is a critical feature of the legislation on MAID and reflects the seriousness of MAID as an exemption to the criminal laws in Canada that prohibit ending a human life.

The [Regulations for the Monitoring of Medical Assistance in Dying](#) (hereafter referred to as the *Regulations*) were published in *Canada Gazette, Part II* on November 9, 2022 and came into force on January 1, 2023. The *Regulations* support the collection of consistent, comprehensive information on MAID across the country by setting out reporting requirements for: health care professionals who conduct preliminary assessments of eligibility; physicians and nurse practitioners who conduct assessments of eligibility and deliver MAID; and for pharmacists and pharmacy technicians (in collaboration with a pharmacist) who dispense the necessary substances for the provision of MAID.

Overview of new reporting requirements

There are a number of new reporting requirements resulting from the 2021 legislative changes and associated regulatory amendments, including:

- enhanced reporting requirements related to the assessment and provision of MAID for persons whose natural death is **not** reasonably foreseeable
- addition of reporting requirements for a waiver of final consent for persons whose natural death is reasonably foreseeable
- requiring the collection of data related to gender identity, race, Indigenous identity and disability (with consent)
- expanding reporting to include preliminary assessors (that is, health care professionals that have the responsibility in their jurisdiction to conduct preliminary assessments of requests for MAID) and pharmacy technicians
- requiring the collection of data on all MAID assessments following a person's request (verbal or written) for MAID
- collection of additional data on palliative care and disability support services received by persons requesting MAID
- addition of other data elements, including: previous requests for MAID made by a person; the length of time that the person has had a serious illness, disease or disability; and how a person describes the nature of their suffering

2. Who needs to report

Physicians, nurse practitioners and preliminary assessors who have received a request (verbal or in writing) for MAID may have to report depending on the outcome of that request (refer to the tables in sections [4.1](#) and [4.2](#)).

Pharmacists and pharmacy technicians (in collaboration with a pharmacist) who have dispensed a substance in connection with the provision of MAID (refer to the table in [section 4.3](#) for additional details).

If you are **not** a physician, nurse practitioner, preliminary assessor, pharmacist or pharmacy technician, you do **not** need to report involvement in a MAID case (unless otherwise indicated by a provincial/territorial or institutional policy).

Note that in the context of the *Criminal Code* provisions related to MAID and the *Regulations*, it is the responsibility of the physician, nurse practitioner, preliminary assessor, pharmacist and pharmacy technician to submit reports to the appropriate designated recipient and to ensure the timeliness and accuracy of reporting.

Some provinces and territories may impose more stringent policies around who can participate in MAID, which may impact reporting obligations for certain health care professionals (for example, in British Columbia, pharmacy technicians are not permitted to dispense substances for MAID). If you are uncertain about whether you have a reporting obligation, you should contact your provincial/territorial professional regulatory body or seek independent legal advice.

3. What constitutes a request for MAID for the purposes of reporting

3.1 What constitutes a request for MAID

For reporting purposes, Health Canada considers a request (verbal or in writing) **to** be an intentional and deliberate request for MAID. A person's request may take various forms (for example, direct communication with a physician, nurse practitioner or preliminary assessor, an email, a text message, a written note, a speech generating device, etc.). The request does not have to be in the format required by the *Criminal Code* as a safeguard when MAID is provided (that is, duly signed, dated and witnessed) to trigger a possible requirement for reporting under the *Regulations*.

If a person is assessed for MAID eligibility following their request (verbal or in writing) and if the assessment leads to a **reportable** outcome (listed in section [4.1](#) and [4.2](#)), then there is an obligation to report.

Where MAID is provided, a written request for MAID must have been completed beforehand in accordance with the criteria set out in the *Criminal Code* (that is, duly signed, dated and witnessed), and a report is always required.

3.2 What does not constitute a request for MAID

An inquiry about MAID, by the person or by others on behalf of a person, such as seeking general information about MAID eligibility or the delivery of MAID, does not constitute a deliberate and intentional request for MAID. A request for MAID must be made verbally or in writing by the person themselves. Similarly, a general discussion between a person and a physician or nurse practitioner concerning their views regarding applicability of eligibility, in the case of this specific person, would also not constitute an “intentional” request for MAID for the purposes of triggering a reporting requirement under the *Regulations*.

4. When a report is required and what information must be reported

4.1 When physicians or nurse practitioners are required to report

The following table provides an overview of the various outcomes that **could** occur once a physician or a nurse practitioner receives a person's request for MAID. It outlines when reporting is required, what information must be reported, and the timeframe in which the information must be reported.

A physician or nurse practitioner who receives a request for MAID, but where one of the outcomes listed in the following table does not occur, is not required to report. This could include, but is not limited to: 1) receiving a request and immediately passing it along to a care coordinator centre or another physician or nurse practitioner for action; 2) starting an eligibility assessment, but passing it along to another physician or nurse practitioner for completion; and 3) completing a MAID eligibility assessment, but passing it along to another physician or nurse practitioner who then provides MAID.

Table 4.1: Information to be provided by a physician or nurse practitioner who receives a person's request for MAID, depending on the outcome

Scenario / Outcome	Timeframe to provide information	Information required
Provision of MAID to eligible person by administering a substance	Report within 30 days after the day on which the person dies	• Schedule 1 (Basic Information) ○ section 1 ○ section 2 ○ section 3 ○ section 4 - if known • Schedule 3 (Eligibility Criteria) • Schedule 4 or 4.1 (Procedural requirements - RFND or non-RFND) • Schedule 6 (Administering a Substance - applicable sections)
Provision of MAID to eligible person by prescribing or	Report no earlier than 90 days, and no later than one year, after	• Schedule 1 (Basic Information) ○ section 1

providing a substance for self-administration	prescribing or providing the substance² You may report earlier if you know the person has died. In all other cases, you must wait 90 days	○ section 2 ○ section 3 ○ section 4 - if known ● Schedule 3 (Eligibility Criteria) ● Schedule 4 or 4.1 (Procedural requirements - RFND or non-RFND) ● Schedule 5 (Prescribing or Providing a Substance)
Determination of ineligibility	Report within 30 days after the day on which the determination of ineligibility is made	● Schedule 1 (Basic Information) ○ section 1 ○ section 2 ○ section 3 ○ section 4 - if known ● Schedule 3 (Eligibility Criteria)
Person found eligible, but MAID not provided because the practitioner subsequently determined that a safeguard had not been met	Report within 30 days after the day on which the subsequent determination is made	● Schedule 1 (Basic Information) ○ section 1 ○ section 2 ○ section 3 ○ section 4 - if known ● Schedule 3 (Eligibility Criteria)
Person withdrew their request for MAID	Report within 30 days of becoming aware of the person's withdrawal of their request You are not required to actively seek out information about whether a person has withdrawn the request, but must report this if known	● Schedule 1 (Basic Information) ○ section 1 ○ section 2 ○ section 3 ○ section 4 - if known ● Schedule 3 (Eligibility Criteria - if person had been found eligible prior to withdrawal) ● Reasons for the withdrawal, if known, and

² Recognizing that most cases of self-administration occur with a physician or nurse practitioner present, most cases will be reported within 90 days.

		the means that were chosen by the person to relieve their suffering, if applicable
Person died from a cause other than MAID	Report within 30 days after the day on which the practitioner becomes aware that the person died from a cause other than MAID You are not required to actively seek out information about whether a person has died from a cause other than MAID, but must report this if known	• Schedule 1 (Basic Information) ○ section 1 ○ section 2 ○ section 3 ○ section 4 - if known • Schedule 3 (Eligibility Criteria - if person had been found eligible prior to dying from a cause other than MAID) • Date and cause of death (immediate and underlying), if known

Notes:

- The 30 days start the day after one of the above reportable outcomes occurs, not the day after the physician or nurse practitioner receives the request.
- The requirement to report ceases for physicians or nurse practitioners if none of the outcomes described in this table have occurred within 90 days of receiving a written/verbal request (in the case of a person whose natural death is reasonably foreseeable) or within two years (in the case of a person whose natural death is not reasonably foreseeable), with the exception of the "provision of MAID" (whether by administering a substance or by prescribing/providing a substance for self-administration), for which the requirement to report does not cease. For the purposes of reporting, receiving a request is considered to be when a person first indicates (verbally or in writing) that they would like to be assessed for MAID.
- It should also be noted that shorter reporting timeframes may be established by provincial/territorial designated recipients.

4.2 When preliminary assessors are required to report

Prior to the passage of the former Bill C-7, *An Act to amend the Criminal Code (medical assistance in dying)*, MAID reporting was limited to physicians, nurse practitioners and pharmacists. This created a gap in the reporting of MAID requests where a non-practitioner conducted a preliminary (or "initial") assessment and determined the person ineligible. Specifically, in certain jurisdictions non-practitioners helped triage requests for MAID by determining whether a person met all of the eligibility criteria. Where someone did not meet one or more of the eligibility criteria, the request was not passed on to a physician or nurse practitioner for further assessment.

To address this gap, the *Regulations for the Monitoring of Medical Assistance in Dying* were amended to introduce the concept of a "preliminary assessor" and require reporting by these



individuals. As per subsection 241.31(1.1) of the *Criminal Code*, this concept captures “any person who has the responsibility to carry out a preliminary assessment of whether a person who has made a request for MAID meets the eligibility criteria”. Preliminary assessors cannot establish or confirm a person’s eligibility for the purposes of MAID provision, however there is nothing in the *Criminal Code* that prohibits a preliminary assessor from assessing a person using the eligibility criteria and/or determining that a person is ineligible for MAID. The *Criminal Code* does not limit or specify criteria that can or cannot be assessed by a preliminary assessor.

The professional qualifications for a preliminary assessor are not set in the *Criminal Code* or the *Regulations*. Health care delivery is a provincial and territorial responsibility and, as such, there may be jurisdictional differences across provincial and territorial authorities and/or policies regarding whether an individual, other than a physician or nurse practitioner, can triage a request (that is, conduct a preliminary assessment) for MAID.

It is the responsibility of each jurisdiction to develop policies or guidance governing the qualifications and/or role of a preliminary assessor in the MAID assessment process. For example, a preliminary assessor may include any regulated professional in a care team, a care coordination service, or other relevant organizations that play an active role in the preliminary assessment process. There is no obligation under the *Criminal Code* or *Regulations* for a province or territory to use preliminary assessors in the MAID assessment process. As such, for jurisdictions that do not authorize the use of preliminary assessors, there would be no reporting requirement related to preliminary assessments under the *Regulations*.

Individuals who meet with a person to solely provide them with information on MAID would not be considered a preliminary assessor under the *Criminal Code* or the *Regulations*. In order to be considered a preliminary assessor and have reporting obligations under the *Regulations*, the individual would need to be involved in the MAID assessment process, and find the person ineligible under Section 241.2(1) of the *Criminal Code*. For further clarity, in this case, the request would not be forwarded on to a physician or nurse practitioner for further assessment.

Table 4.2: Information to be provided by a preliminary assessor who determines that the person who requested MAID did not meet one or more of the eligibility criteria.

Scenario / Outcome	Timeframe to provide information	Information required
Determination of ineligibility	Report within 30 days after the day on which the determination of ineligibility is made	• Schedule 1 (Basic Information) ○ section 1 ○ section 2.1 ○ section 3 ○ section 4 - if known • Schedule 3 (Eligibility Criteria) ○ section 1 ○ section 2 ○ section 3 ○ section 5 - if known ○ section 6 - if known ○ section 7 - if known

Notes:

- The 30 days start after the determination of ineligibility, not the day after the preliminary assessor receives the request.
- Shorter reporting timeframes may be established by provincial/territorial designated recipients. Please check with the responsible authority in your jurisdiction for additional requirements.

4.3 When pharmacists or pharmacy technicians are required to report

Table 4.3: Information to be provided by a pharmacist who dispensed a substance in connection with the provision of MAID or a pharmacy technician (in collaboration with a pharmacist) who dispensed a substance to aid a practitioner in providing MAID

Scenario / Outcome	Timeframe to provide information	Information required
Dispensed a substance in connection with the provision of MAID (see section 8.16 for clarification)	Report within 30 days after the day on which the substance is dispensed. Only one report is required regardless of how many substances are dispensed for	• Schedule 7 (Dispensing a Substance)

	the purpose of providing MAID to a person. Also, only one report is required per individual even if both the pharmacist and the pharmacist technician (or two pharmacists) were involved in the preparation of the substances. If substances were dispensed and not used (for example, person withdrew) and the person at a later date is re-assessed following a new request and found eligible and MAID is provided, then two separate reports would be required.	
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Note: Shorter reporting timeframes may be established by provincial/territorial designated recipients.

Examples

Scenarios that require reporting (not exhaustive)

- A physician or nurse practitioner receives a request (verbal or in writing) for MAID, finds the person eligible and provides MAID.
- A preliminary assessor working in a care team or in a care coordination service receives a request (verbal or in writing) for MAID. In the conduct of a preliminary assessment, the preliminary assessor is of the opinion that the person does not meet one or more of the eligibility criteria for MAID (set out in subsection 241.2(1) of the *Criminal Code*) and consequently, does not warrant a referral to a physician or nurse practitioner. In this case, the preliminary assessor is required to report their determination of ineligibility.
- A physician or nurse practitioner receives a request for MAID. A few days later, they begin the eligibility assessment, but the person dies before they are able to complete their assessment. If the physician or nurse practitioner becomes aware of the person's death, they must submit a report indicating the outcome of death from a cause other than MAID. Since the eligibility assessment was not completed and the physician or nurse practitioner had not yet determined that the person met all of the eligibility criteria, they must report the following: the information referred in Schedule 1 of the *Regulations*; the date of the person's death (if known); and, if a medical certificate of death was completed, the immediate and underlying causes of death.
- A physician or nurse practitioner receives a request for MAID (verbal or in writing) and begins the eligibility assessment, but the person changes their mind and withdraws before they are able to complete the eligibility assessment. The physician or nurse practitioner must submit a report indicating the outcome of withdrawal of the request for MAID. Since the physician or nurse practitioner did not have the opportunity to complete the eligibility assessment, they must report the following: the information referred in Schedule 1 of the *Regulations*; if known, the person's reasons for withdrawing the request; and the means that were chosen by the person to relieve their suffering, if applicable.
- A physician or nurse practitioner receives a request (verbal or in writing) for MAID, finds the person eligible, but does not provide MAID due to one or more procedural safeguards not being met. An example of this would be a physician or nurse practitioner not providing MAID to a person in the non-RFND stream due to a determination that the person has not given serious consideration to the reasonable and available means to relieve their suffering (*Criminal Code* 241.2(3.1)(h)) and therefore the practitioner could not meet all the required safeguards.

Scenarios that do not require reporting

- A physician or nurse practitioner is caring for a person. During a discussion, the topic of MAID comes up. The person has many questions regarding MAID and eligibility. The physician or nurse practitioner answers the person's questions and provides them with information by way of a pamphlet, or website address, or contact information for a care coordination service. Requesting information is not considered an "intentional" request for MAID and does not trigger reporting. As such, the physician or nurse practitioner does not have a reporting obligation because of this interaction.
- A physician or nurse practitioner receives a request for MAID, but does not proceed with an eligibility assessment and refers the case to another physician or nurse practitioner. Since Section 4(1) "Referral and transfer of care" has been repealed from the *Regulations*, a physician or nurse practitioner that refers a case to another physician or nurse practitioner or transfers the care of a person, no longer has a reporting obligation.
 - **Note:** Although Section 4(1) "Referral and transfer of care" has been repealed, information on transferring a person from one location to another for the purpose of administering MAID is captured under Schedule 6 of the *Regulations*.
- A person calls a care coordination service with a request for MAID. A preliminary assessor at the care coordination service conducts a preliminary assessment and is of the opinion that the person requesting MAID may be eligible (that is, does not rule out their eligibility) and forwards the details of the request and the results of the preliminary assessment to a physician or nurse practitioner for an eligibility assessment. The preliminary assessor does not have a reporting obligation, as there is no reportable outcome. The reporting obligation would now rest with the assessing physician or nurse practitioner.
- A person calls a care coordination service with a request for an eligibility assessment for MAID. The preliminary assessor begins the process of conducting a preliminary assessment. The preliminary assessor schedules a second call with the person to complete the preliminary assessment. Before the person has the opportunity to call back, the person dies (or withdraws their request). The preliminary assessor is not required to report, because he/she did not determine that the person was ineligible. As per the *Regulations*, a preliminary assessor is only required to report in situations where they find a person ineligible.
- A physician or nurse practitioner who has been asked to provide a second opinion (second assessment) regarding a person's eligibility or who has been consulted as they have expertise



in the condition that is causing the person's suffering (in case of a person whose natural death is not reasonably foreseeable) does not have a reporting obligation under the *Regulations*³. The reporting obligation is the responsibility of the physician or nurse practitioner that received the request for MAID or, if applicable, another physician or nurse practitioner who ultimately administers MAID.

- A physician or nurse practitioner received a request for MAID, but does not provide MAID. Additionally, none of the reportable outcomes (listed in [table 4.1](#)) have occurred within 90 calendar days (in the case of a person whose natural death is reasonably foreseeable) or within 2 years (in the case of a person whose natural death is not reasonably foreseeable) of receiving the request then no reporting is required.
 - **Note:** Reporting is always required when MAID is provided, regardless of the time that has passed since the receipt of the request (verbal or in writing) for MAID. For all other outcomes, reporting is only required if the outcome occurs within the above specified period of 90 days or 2 years from the date of person's request (verbal or in writing) for MAID, as applicable.

³ Some provinces and territories that are designated recipients may require reporting by physicians and nurse practitioners who are second assessors. Please check with the responsible authority in your jurisdiction for additional reporting requirements.

5. How a report is submitted

5.1 Submissions to the federal Minister of Health

If you receive a request in one of the provinces or territories listed below, you must submit your report to Health Canada:

- Yukon
- Manitoba
- New Brunswick
- Nova Scotia
- Prince Edward Island
- Newfoundland and Labrador
- Ontario (where MAID is not provided)

Preliminary assessors, physicians, nurse practitioners, pharmacists and pharmacy technicians reporting to Health Canada submit their reports through the [Canadian MAID Data Collection Portal](http://www.canada.ca/reporting-medical-assistance-in-dying) [www.canada.ca/reporting-medical-assistance-in-dying], which is a secure platform developed jointly by Health Canada and Statistics Canada. If you are not in a location where you can access the Federal Portal (for example, rural/remote) and you are located in one of these jurisdictions, please [contact](mailto:maid.report-rapport.amm@hc-sc.gc.ca) Health Canada at: maid.report-rapport.amm@hc-sc.gc.ca, or by phone (toll-free) at: 1-833-219-5528.

Tips for using the portal

- You are not required to log into the portal. Simply follow the link to begin filing your report.
- **You cannot save your work and return to complete a report later**, and a reporting session will automatically time-out after 2 hours. As such, before accessing the portal, it is recommended that you review the checklist in [Appendix A](#), to ensure that you have all the information that must be reported. It may also be helpful to record your responses in writing prior to accessing the portal. Once you have completed the report, and prior to submission, you will have the opportunity to save a copy for your records.
- The portal will guide you through a series of screening questions related to your role in handling the request and will present you with the questions that you need to answer, based on the reporting outcome you have selected. For this reason, question numbers in the portal will not always be sequential.
- Upon submission of your report, you will receive a confirmation number. Please print or make note of this number, as it will be used to help identify your report if any follow-up is required.
- If you submit your report and then need to make a correction, you must [contact Health Canada](#) directly. Please do not file a new report.

- **Note:** reporting on the provision of MAID by prescribing or providing a substance for self-administration cannot be completed using the portal; you must contact Health Canada directly for instructions on how to report these cases.

5.2 Submissions to a province or territory

If you are reporting on a request received in one of the following provinces and territories, you must submit your report to the relevant provincial or territorial body listed below:

- Alberta (Alberta Health Services)
- British Columbia (Deputy Minister of Health)
- Northwest Territories (Deputy Minister of Health and Social Services)
- Nunavut (Minister of Health)
- Québec (Deputy Minister of Health and Social Services)
- Saskatchewan (Chief Executive Officer of the Saskatchewan Health Authority)
- Ontario (Chief Coroner, where MAID is provided only)

Preliminary assessors, physicians, nurse practitioners, pharmacists and pharmacy technicians reporting to a provincial or territorial body must follow the reporting system established by that jurisdiction for submitting information. Some provincial and territorial reporting deadlines may be shorter than the deadlines specified in the *Regulations*.

Contact your [province or territory](#) if you have questions.

5.3 Submissions in Ontario: a hybrid approach

Ontario has a hybrid-reporting model for MAID. You must report to the Chief Coroner of Ontario if you provide MAID by administering a substance, or provide or prescribe a substance for self-administration, and the person dies from MAID. For all other outcomes (where a report is required), you must report to the federal Minister of Health through the Canadian MAID Data Collection Portal. Pharmacists and pharmacy technicians in Ontario must **always** report to the federal Minister of Health through the Canadian MAID Data Collection Portal.

6. What happens if the required information is not reported

Health Canada or your provincial or territorial body will follow up with you if the information provided is unclear or incomplete, or in cases where a report may be missing. Follow-up times may vary depending upon the jurisdiction involved.

As stipulated under subsections 241.31 (1), (1.1) and (2) of the *Criminal Code*, medical practitioners (that is, physicians), nurse practitioners, preliminary assessors, pharmacists and pharmacy technicians are required to provide the information required under the *Regulations* within the specified timeframes. A physician, nurse practitioner, preliminary assessor, pharmacist or pharmacy technician who **knowingly** fails to comply with this requirement could face a maximum term of imprisonment of two years.

If Health Canada, or a provincial or territorial body, becomes aware of a failure to conduct eligibility assessments before MAID is provided, a failure to satisfy legislative safeguards in accordance with the sections 241.2(3) or 241.2(3.1) of the *Criminal Code*, or continued or egregious omissions in reports, such a situation could be referred to the appropriate professional regulatory body **or** law enforcement agencies.

7. Clarification: reporting requirements

7.1 Obligation to report when multiple health care professionals are implicated

In the case where more than one health care professional has been involved in an eligibility assessment process where the outcome is a determination of ineligibility (for example, a person calls a care coordination service and is assessed by multiple health care professionals, as they are directed through the process), the last health care professional that “completed” the assessment is the individual responsible for reporting the determination of ineligibility.

7.2 Reporting on withdrawal of a person’s request for MAID

Withdrawal of a request means that after a person has made an intentional request for MAID (verbally or in writing), the person then explicitly states (verbally or in writing) that they no longer wish to receive MAID. A lack of contact with the person would not be sufficient to assume that they have withdrawn their request. A physician or nurse practitioner (who received the person’s request) is never required to actively seek out information about whether the person has withdrawn their request. However, if the physician or nurse practitioner has started the eligibility assessment and subsequently becomes aware of the person’s withdrawal, whether or not they have completed the assessment process, they must report this outcome.

Only a physician or nurse practitioner is required under the *Regulations* to report on the withdrawal of a person’s request for MAID. A preliminary assessor is not required to report under this scenario.

7.3 Reporting on a person’s death from a cause other than MAID

A physician or nurse practitioner who received a person’s intentional request (verbally or in writing) for MAID and started an eligibility assessment is not required to actively seek out information about whether the person has died from a cause other than MAID. However, if the physician or nurse practitioner becomes aware of this outcome, regardless of whether or not they have completed the eligibility assessment for the person, they must report on this outcome.

Only a physician or nurse practitioner is required under the *Regulations* to report on a person’s death from a cause other than MAID. A preliminary assessor is not required to report under this scenario.

7.4 Interjurisdictional cases

In some cases, the receipt of a request, the assessment of eligibility or the provision of MAID may cross provincial or territorial borders. In cases of a finding of ineligibility, withdrawal of a request and death from a cause other than MAID, physicians and nurse practitioners are required to report based on where (that is, the province or territory) the request was received. In the case of a determination of ineligibility, preliminary assessors also are required to report based on where (that



is, the province or territory) the request was received. For the provision of MAID, physicians and nurse practitioners are required to report based on where (that is, the province or territory) MAID was provided.

8. Clarification: data elements, terms and concepts

8.1 Licence or registration number (physician and nurse practitioner)

If you practice in more than one province or territory, for cases of ineligibility, withdrawal of a request and death from a cause other than MAID, you must indicate the licence or registration number for the province or territory in which you received the request for MAID. For cases of MAID provision, you must indicate the licence or registration number for the province or territory where MAID was provided. This number is the one attributed to you by your regulatory body or college, not your billing number.

8.2 Person's information

The collection of personal information assists Health Canada in monitoring the characteristics of persons who are seeking and those who access MAID. This helps to better understand overall trends related to MAID requests and provision. This information will help policy makers determine whether the *Criminal Code* provisions are meeting their intended objectives, and will enable independent analysis and research to broaden the evidence base on MAID.

Health Canada and Statistics Canada are subject to the federal *Privacy Act* with respect to the collection, retention, use and disposal of personal information.

8.3 Person's sex at birth

Sex at birth refers to the sex assigned at birth, which is typically assigned as male or female based on a person's reproductive system and other external physical characteristics. In cases where the sex at birth was not assigned as male or female, practitioners or preliminary assessors should select the "Other" option, and may choose to provide further details.

8.4 Socio-demographic data elements

Effective January 1, 2023, data collection for the monitoring of MAID has been expanded to include information on gender, race, Indigenous identity and disability, and should be collected only if the person consents to providing this information. Health Canada has amended the *Regulations* to require that this information be collected, with the consent of the person, in order to help determine the presence of individual or systemic inequality or disadvantage in the context of, or, delivery of MAID. This data will be analyzed and reported in annual MAID reports published by Health Canada.

Data elements on gender, race, Indigenous identity and disability are "self-identification" questions and must reflect how the person identifies themselves. They should not be a health care professional's interpretation based on the appearance or other characteristics of the person.



Information on gender, race, Indigenous identity and disability is very personal in nature and some people may not feel comfortable providing this information without understanding the rationale for its collection in the context of a request for MAID. Additionally, without an appropriate explanation, some individuals may feel pressured to answer a health care professional's questions, as they may believe that a failure to do so could negatively affect their eligibility for MAID.

For these reasons, it is strongly recommended that before collecting this information, health care professionals inform the person:

- **why** information on gender, race, Indigenous identity and disability is being collected in the context of MAID
- **who** could have access to their personal information
- that providing this information is **optional**

Health care professionals should also ensure that the person understands that the collection of this information has no bearing on their potential eligibility for MAID.

The following text is an example of a disclaimer that could be shared with the person or a script that may be read to the person for this purpose:

Health Canada is the federal government department responsible for the monitoring of MAID. Starting January 1, 2023, Health Canada requires health care professionals to collect additional information from people who request MAID. This includes information about a person's gender, race, Indigenous identity and a person's disabilities. This information will allow the Government of Canada to better understand the characteristics of people seeking MAID. It will also help to determine if there are any groups or populations that are disproportionately impacted in the context of MAID.

The ultimate objective of capturing this information is to improve health equity for all Canadians. Answering these questions is voluntary - you may choose to answer only some of the questions or none. Your refusal to answer all or some of these questions will not affect your care or your eligibility for MAID. Should you wish to provide personal information, it will remain confidential and will be protected in the same manner as your other health information. I am happy to answer any questions you may have regarding the following questions.

Gender (self-identification)

Data on gender is being collected to reflect current trends in data collection standards (for example, Statistics Canada, 2021 Census) and to promote a more inclusive approach to reporting. A person's gender identity refers to their personal conception of themselves as either man, woman or a different gender identity.

Note: A person's gender identity may differ from their sex assigned at birth and/or their legal documents. In the case where the person's gender differs from their sex assigned at birth, please indicate the gender that they currently identify with. If the person identifies with a gender identity



other than male or female, please indicate that gender under “other”. The following terms, while not exhaustive, provide examples of different gender identities that a person may specify:

- Non-binary or gender non-conforming: an individual who does not experience gender within the gender binary
- Agender: an individual who does not identify with one particular gender or does not have a gender at all
- Gender fluid: an individual who has a presentation and gender identity that shifts in between, or outside of, society's expectations of gender
- Pan-gender or bi-gender: an individual who identifies/experiences/displays more than one gender
- Transgender: an umbrella term encompassing individuals who experience and identify with a different gender than the one they were assigned at birth
- Two-Spirit: an umbrella term that encompasses a variety of sexualities and genders in Indigenous communities. Indigenous People may use the term to describe their experiences and feelings of masculinity and femininity.

Racial, ethnic or cultural group (self-identification)

Responses to the racial, ethnic or cultural group question reflect the person’s perception of their background. Collecting data on the racial, ethnic or cultural group of persons requesting MAID will help to determine the presence of any inequality, including systemic inequality, or disadvantage based on race or other characteristics in MAID, and may be used to develop evidence-based interventions to improve health equity among racialized groups.

The racial, ethnic or cultural group categories are based on the [Canadian Institute of Health Information standards for Race-Based and Indigenous Identity Data Collection and Health Reporting in Canada](#) and consistent with the Statistics Canada “visible minority” identification question in the Census, 2021. The list is by no means exhaustive; individuals should be encouraged to specify the group that best describes them if the provided categories do not correspond to the person’s perception. Individuals who identify with multiple groups or mixed groups can select more than one of the listed categories, or may choose to provide specific details under the “specify other race category”. Please do not provide responses such as “Bi-racial,” “Multi-racial” or “Mixed” under “specify other race category”.

Indigenous identity (self-identification)

The question on Indigenous identity is based on the [Canadian Institute of Health Information standards for Race-Based and Indigenous Identity Data Collection and Health Reporting in Canada](#) and is consistent with Statistics Canada’s Indigenous identification question in the Census, 2021. The person should be encouraged to indicate whether they belong to one of the three constitutionally recognized groups of Indigenous people: First Nations, Métis and Inuit/Inuk, or choose more than one option, if applicable in their case.



In order to capture information on multi-racial individuals who are Indigenous, a person who identifies as Indigenous should also be provided with the opportunity to identify under another racial, ethnic or cultural group.

Disability (self-identification)

Similarly to the other socio-demographic questions, the questions related to disability are self-identification questions. The first question pertaining to disability should be posed by asking the person if they have a disability, whereupon individuals may respond “yes”, “no”, “do not know/unknown” or that they do not consent to provide the information. If the person requests a further explanation as to what is meant by the term “disability”, the health care professional can provide a definition using the guidance provided in the following paragraphs:

For the purpose of MAID monitoring, a definition of disability has been adapted from the [Canadian Survey on Disability](#), which is a national survey administered by Statistics Canada that collects information about the lived experiences of youth and adults whose everyday activities may be limited due to a long-term condition or health-related problem.

Following from this survey, a disability may be described as a functional limitation in any one of the following ten areas, **which cannot be corrected with the use of aids**: seeing, hearing, mobility, flexibility, dexterity, pain-related, learning, developmental, mental health related or memory.

If a person seeks additional information regarding the term “use of aids”, you may elaborate by explaining that the objective is to capture information on whether the person has significant difficulty seeing even with their glasses/contact lenses; has difficulty hearing even with a hearing aid or has difficulty walking/using stairs even when using an aid such as a cane, walking stick or crutches (aids which provide minimal support).

Note: A person’s disability may be a pre-existing condition that is unrelated to the serious and incurable illness, disease or disability for which they are seeking MAID. It may also be the result of a current disease, illness or associated complications, contributing to the intolerable suffering being experienced and for which the person is seeking MAID.

Type of disability

The response choices provided for the types of disabilities are consistent with those from the *Canadian Survey on Disability* (Statistics Canada). In responding to this question, health care professionals should be aware that a person may choose to identify as having more than one type of disability.

Disability and limit on daily activities

In the event that the person indicates multiple disabilities, the frequency relates to the disability that poses the greatest limitation to their daily activities.

Length of disability

In the event that the person indicated multiple disabilities, the length of time relates to the disability that has been present for the longest period of time. If the person indicated that they have had a disability since birth, then the preliminary assessor, physician or nurse practitioner should use the age of the person to calculate the length of the disability. If duration is less than one year, the appropriate number of months should be indicated.

8.5 Usual place of residence and living arrangement

Information on the “usual place of residence” and “living arrangement” will be used to inform analysis on the presence of social isolation, which can have profound implications on a person’s physical and mental health, quality of life, and longevity.

A usual place of residence is characterised as a person’s day-to-day home or place of habitation; it **does not include short-term or temporary residency or housing of less than 3 months**. For instance, if a person normally resides in a long-term care facility, but has recently been admitted to a hospital, in such a case, in spite of the person being in the hospital at the time of their request of MAID, their usual place of residence would be the long-term care facility. There may be situations, however, where a person’s usual place of residence is a hospital. An example of this is when a person has been in hospital for over three months awaiting placement in a long-term care facility.

It should also be noted that for the purposes of MAID reporting, a retirement home is considered to be a private residence.

Note: Information related to a person’s living arrangement should be explicitly sought **only** in instances when the person has indicated their usual place of residence as a private residence.

8.6 Residential care facility

A residential care facility is characterised as 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.

8.7 Date of request

You are required to report the date on which the person made a request (verbal or in writing) for MAID. In instances, where the request has been referred to you by another physician, nurse practitioner or a preliminary assessor (in cases, where the person may be eligible), you must still report the date when the request was initially made by the person and not the date of referral or the date on which you received the request.

If, for example, a care coordination service receives a MAID referral from a general practitioner on behalf of a person, the date on which the person made the request should be recorded as the date that the person first made the request to their general practitioner.



For further clarity, the date of request is the date on which a person makes an explicit and intentional request (verbal or in writing) for MAID and not the date on which a person makes an enquiry or seeks general information about MAID.

8.8 Postal code of the person

You are required to provide the postal code associated with the person's provincial or territorial issued health insurance number. If the person does not have a health insurance number, indicate the postal code of their usual place of residence on the date when their request for MAID was received.

If the person does not have a health insurance number and does not have a usual place of residence, another location like a shelter, hostel, or similar institution located in Canada that provides food, lodging, or other social services to the person can be considered as their usual place of residence for the purposes of reporting under the *Regulations*.

8.9 Previous request for MAID

If known, you are required to provide information on whether the person has previously made a request (verbal or in writing) for MAID and the outcome of this request (for example, assessed and found ineligible; assessed and found eligible, but the person withdrew the request, etc.). Information related to previous requests can be gathered from patient files or by asking the person directly.

For the purposes of this question, “request not actioned” refers to cases where the person had previously made a request (verbal or in writing) for MAID, but there was no follow-up with the person. For example, a person makes a request for MAID to a care coordination service, but is not subsequently contacted by a preliminary assessor, physician or nurse practitioner for an eligibility assessment. “Request not actioned” could also apply in cases where the person made a request (verbal or in writing) for MAID, but then could not be reached by a preliminary assessor, physician or nurse practitioner for an eligibility assessment.

8.10 Disability support services

There are a series of questions related to “disability support services”, which are distinct from the disability self-identification questions in Schedule 1 of the *Regulations*. These questions relate to the broad range of health and community support services available to support an individual and may include, but are not limited to: assistive technologies, adaptive equipment, rehabilitation services, personal care services and income supplements. These services may be required by the person for a condition contributing to the person's intolerable suffering leading to the request for MAID or for an entirely separate unrelated condition.

These questions should be asked irrespective of whether a person identifies (in Schedule 1 of the *Regulations*) as having a disability or not. For instance, a person may be using a mobility support



device because they are frail from being in an advanced stage of cancer, but may not consider themselves as having a disability.

For further clarity, answering “yes” to the question about whether the person requires “disability support services”, should not be used as an indication that the person is disabled for the purposes of the question related to disability self-identification ([section 8.4](#)).

With respect to the **length of time a person received disability support services**: if the person received more than one type of disability support service, indicate the total amount of time for all services received, to the best of the person’s or the preliminary assessor, physician or nurse practitioner’s knowledge.

8.11 Palliative care

Palliative care is an approach that improves the quality of life of persons 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 other health care professionals who have been trained in the palliative approach to care.

With respect to the **length of time a person received palliative care**: if the person received more than one type of palliative care service, indicate the total amount of time for all services received, to the best of the person’s or the preliminary assessor, physician or nurse practitioner’s knowledge.

8.12 Identification (or, consideration for) of RFND (Track 1) vs non-RFND (Track 2)

The *Regulations* require physicians, nurse practitioners or preliminary assessors to indicate which set of safeguards are being considered for the person. This is particularly important in cases where MAID is not provided in order to track the number of persons in each stream (that is, reasonably foreseeable natural death [RFND, Track 1] and non-reasonably foreseeable natural death [non-RFND, Track 2]) that are found ineligible, withdrew their request or died of a cause other than MAID.

It is recognized that there may be cases where a person is found ineligible, or where an assessment begins but the person withdraws or dies of a cause other than MAID, **before** a determination is made as to whether the person has a reasonably foreseeable natural death or a non-reasonably foreseeable natural death. In these cases, the physician, nurse practitioner or preliminary assessor should select “unknown” under the list of options for this question.

For the purpose of reporting, where a person’s medical condition is considered under non-RFND (Track 2) and then their condition changes such that they are subsequently determined to be RFND (Track 1) prior to the provision of MAID, the physician or nurse practitioner should indicate that the person was considered as RFND (Track 1).

8.13 Person's description of suffering

The *Regulations* require physicians, nurse practitioners or preliminary assessors to provide the person's description of their enduring physical or psychological suffering. This question is accompanied by a series of options to select in response to this question⁴, to support physicians, nurse practitioners or preliminary assessors in communicating the person's description of their suffering.

8.14 Information on preliminary assessor, physician, nurse practitioner, pharmacist and pharmacy technician

Personal information regarding preliminary assessors, physicians, nurse practitioners, pharmacists and pharmacy technicians is collected to link reports about the person requesting MAID, and to enable follow-up by Health Canada or provinces and territories in the case of unclear or missing information.

Health Canada and Statistics Canada are subject to the federal *Privacy Act* with respect to the collection, retention, use and disposal of personal information.

8.15 Duration of the serious and incurable illness, disease or disability

In the event that the person has more than one serious and incurable illness, disease or disability, the duration (length of time) relates to the serious and incurable illness, disease or disability that is most responsible for causing the person's intolerable suffering and that has led to their request for MAID⁵.

Note: The question pertaining to duration of a serious and incurable illness, disease or disability (in Schedule 3 of the *Regulations*) has a different purpose than the question pertaining to the length of time a person has had their disability (in Schedule 1 of the *Regulations*). The question pertaining to the duration of serious and incurable illness, disease or disability (in Schedule 3 of the *Regulations*) is part of a series of questions related to the "grievous and irremediable medical condition" eligibility criterion.

8.16 Dispensing of a substance

A pharmacist who dispenses a substance in connection with the provision of MAID or a pharmacy technician who (in collaboration with a pharmacist) dispenses a substance to aid a physician or nurse practitioner in providing MAID, must report to the applicable designated recipient in their jurisdiction. While the *Regulations* refer to a pharmacy technician dispensing a substance, this wording should be interpreted as a pharmacy technician collaborating with a pharmacist to

⁴ The response categories for this question have been revised from previous reporting forms.

⁵ The response categories for this question have been revised from previous reporting forms.



dispense a substance. Specifically, it is understood that a pharmacy technician may verify the technical aspects of the prescription, but must always collaborate with a pharmacist who verifies the clinical or therapeutic aspects of the prescription before it is dispensed.

The National Association of Pharmacy Regulatory Authorities considers the dispensing pharmacist or pharmacy technician to be the person that verifies and signs off on the substance once it is prepared. This is the professional that is required to report and not others on the pharmacy team.

Where more than one substance is dispensed for the purposes of providing MAID to a person, only **one** report, submitted by either the pharmacist or the pharmacy technician, is required. It should also be noted that the legislation and the *Regulations* refer to dispensing “a substance” in connection with the provision of MAID, however, it is understood that more than one substance (that is, a MAID kit) is often dispensed for the provision of MAID.

For the purposes of reporting, **the dispensing date** is considered as the day on which the substance (or the MAID kit) was prepared, and not the day of delivery to, or pick up by, the physician, the nurse practitioner or the person.

It should be noted that reporting under the *Regulations* is required once a substance is dispensed, even if it is not picked up by physician, the nurse practitioner or the person due to circumstances such as the person withdrawing their request for MAID or death from another cause prior to the provision of MAID. In addition, if an unused substance is returned after it was reported as dispensed, no further reporting is required by the pharmacist or pharmacy technician.

8.17 Person had difficulty communicating

In the event that a person has difficulty communicating (for example, problems related to language, speech, etc.) or difficulty interpreting or speaking in the same language as the physician or nurse practitioner, the following must be reported:

- that necessary measures were taken to provide reliable means by which the person may understand the information that was provided to them and communicated their decision, and;
- the means and/or services (from a list of options) that were used to communicate with the person.

8.18 Length of eligibility assessment (Non-RFND, Track 2)

The length of the eligibility assessment (see Schedule 3, section 4 of the *Regulations*) refers to the period of time taken to complete the entire MAID assessment process. The requirement to report the length of the assessment is only applicable in cases where MAID was provided to a person whose natural death was **not** reasonable foreseeable (non-RFND, Track 2). In calculating the length of the assessment period, the total duration of the assessment period (in days) should be tracked and not the total number of hours spent on the assessment.



The practitioner who provides MAID is responsible for reporting this information. A preliminary assessor or the other assessing practitioner (who provides a written opinion) is never responsible for reporting this information.

For the purposes of reporting, the length of assessment is determined by calculating the period of time between the following 2 dates:

1. Date the assessment began
2. Date the assessment ended

Date the assessment began

Date the practitioner (that is, physician or nurse practitioner) began their eligibility assessment of whether the person meets the eligibility criteria for MAID, or the date the other assessing practitioner (who provides a written opinion) began that assessment, whichever is earliest.

Note: Only one of the two assessing practitioners can trigger the beginning of this period.

Example:

- On **January 5, 2023**, the person tells their practitioner (primary practitioner) that they want to be assessed for MAID (for example, via a verbal request). The primary practitioner contacts their provincial/territorial or institutional MAID care coordination service and provides information about the person's request so that another practitioner can be identified to provide an independent (second) assessment.
- On **January 10, 2023**, the other assessing practitioner (who provides a written opinion) begins their eligibility assessment.
- On **January 14, 2023**, the primary practitioner begins their eligibility assessment of whether the person meets the eligibility criteria for MAID.

For the purposes of reporting under the *Regulations*, the first day of the assessment period is January 10, 2023, and is triggered by the other assessing practitioner reviewing the person's file. This process could be triggered by activities such as: meeting with the person to begin the eligibility assessment; or considering any information that forms part of their opinion of whether the person meets the eligibility criteria for MAID.

Date the assessment ended

The eligibility assessment period ends on the **latest** of the following dates:

- Date on which the primary practitioner completed their eligibility assessment (with a determination of eligibility).
- Date on which the other assessing practitioner (who provides a written opinion) completed their eligibility assessment (with a determination of eligibility).
- Date on which the person has been informed of the means available to relieve their suffering, including, where appropriate, counselling services, mental health and disability



support services, community services and palliative care **and** had been offered consultations with relevant professionals who provide those services or that care (subsection 241.2(3.1) (g) of the *Criminal Code* – legislated safeguard).

- Date on which the primary practitioner and the other assessing practitioner discussed with the person the reasonable and available means to relieve the person’s suffering and both practitioners agree with the person that they have given serious consideration to those means (subsection 241.2(3.1) (h) of the *Criminal Code* – legislated safeguard).

Example:

- On **July 3, 2023**, the primary practitioner completed their eligibility assessment determining that the person meets the eligibility criteria for MAID.
- On **May 26, 2023**, the other assessing practitioner (who provides a written opinion) completed their assessment determining the person meets the eligibility criteria for MAID.
- On **July 4, 2023**, the primary practitioner established that safeguard under subsection 241.2(3.1)(g) of the *Criminal Code* was met.
- On **July 8, 2023**, the primary practitioner established that the safeguard under subsection 241.2(3.1)(h) of the *Criminal Code* was met.

In this case, **the assessment period ended on July 8, 2023** when the primary practitioner established that safeguard 241.2(3.1) (h) of the *Criminal Code* was met, as this is the latest of the four dates.

The length of assessment is determined by the period of time (in days) between the date the assessment began and the date the assessment ended. For example, the practitioner would calculate the number of days between **January 10, 2023** and **July 8, 2023**. For the practitioner who is reporting, this question is accompanied by options for ranges of days (that is, less than 90 days; 90 to 120 days, etc.) that can be selected. A practitioner will not be asked to indicate a specific number of days.

Notes:

- The question on length of assessment is not meant to imply that the safeguards need to be satisfied prior to the conclusion of the eligibility assessment. The reason safeguards under subsections 241.2 (3.1) (g) and (h) are included in determining the length of assessment is to capture information on the duration of the entire assessment process for Track 2 cases (that is, person whose natural death not reasonably foreseeable) when MAID was provided. While not part of the eligibility criteria for MAID specified in the *Criminal Code*, excluding these safeguards in the calculation of the assessment period could lead to an inaccurate representation of the complexities of, and time required to conduct, Track 2 assessments.
- The requirement to report on the length of the assessment process is different than the requirement that at least 90 clear days must pass between the date on which the first assessment began and the day on which MAID is provided to a person whose natural death is not reasonably foreseeable (Track 2) (that is, section 1(n)(i) of Schedule 4.1 (related to



Section 241.2(3.1)(i) of the *Criminal Code*). As such, it is possible that the assessment process may take less than 90 days. However, in the case of Track 2 requests, there must be at least 90 clear days between the date the assessment began and the day MAID is provided.

8.19 Calculating the 90 clear days (Non-RFND, Track 2)

The legislation includes a requirement (safeguard under Section 241.2(3.1)(i) of the *Criminal Code*) that physicians and nurse practitioners must ensure there are at least 90 clear days between the date on which the first assessment began and the day on which MAID is provided for persons whose natural death is not reasonably foreseeable (Track 2). This minimum period was established to ensure that the person and assessors have enough time to explore relevant aspects of the person's situation. It does not have to provide reflection time for the person, although it could do this as well. The legislation permits the shortening of this period, where both assessors are of the opinion of the person's imminent loss of capacity to provide final consent for MAID.

For the purposes of reporting, when calculating the 90 clear days, physicians or nurse practitioners should not include the day on which the first assessment began and the day on which MAID was provided. "Clear days" include weekends and statutory holidays. Reporting requires the physician or nurse practitioner to confirm that the minimum 90 clear days was met, or, where the period was shortened, confirmation that both assessors completed eligibility assessments and were in agreement.

8.20 Means to relieve suffering

Informing a person of all reasonable and available means to relieve their suffering may include:

- making the person aware of available treatments and services that might relieve their suffering
- providing the person with a description of the treatments and services, and their potential impact
- providing the person the opportunity to speak with relevant professionals who provide these treatments and services

Physician or nurse practitioners must report on which means were discussed with the person selected from a list of options, as well as how both assessors came to the opinion that the person gave serious consideration to the means discussed to alleviate their suffering (also from a list of provided options).



Contact us

Questions about the regulations and guidance document

End-of-life Care Unit
Health Policy Branch
Health Canada
200 Eglantine Driveway
P.L. 1904-D
Tunney's Pasture
Ottawa, Ontario
K1A 0K9

Telephone (toll-free, Canada and the US): 1-833-219-5528

Email: maid.report-rapport.amm@hc-sc.gc.ca

Messages will be responded to from Monday to Friday (except holidays) within 24 hours

Technical assistance for the Canadian MAID data collection portal

Agents are available Monday to Friday (except holidays) from 9:00 a.m. to 5:00 p.m. Eastern Standard Time.

Statistics Canada
Electronic Collection Services
Central Reception | SC-0505
150 Tunney's Pasture Driveway
Ottawa, Ontario
K1A 0T6

Telephone (toll-free, Canada and the US): 1-877-949-9492

TTY (toll-free): 1-855-382-7745

Email: infostats@canada.ca

Appendix A: Checklists of information required for reporting

Checklist for physicians and nurse practitioners

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

You **must** report if **any** of the following apply:

- You received a written request (duly signed/dated/witnessed) and you provided MAID by administering a substance to a person. Reporting must occur within 30 days of the day on which the person dies.
- You received a written request (duly signed/dated/witnessed) and you provided MAID by providing a substance to a person for self-administration. Reporting must occur no earlier than the 90th day after the day on which you prescribe or provide the substance and no later than one year after that day, except in cases where you know that person has died whereupon you may provide the information earlier than the 90th day.
- You received a request (verbal or in writing*) and you determined that the person did not meet one of more of the eligibility criteria (that is, you found the person ineligible). Reporting must occur within 30 days after the day on which the determination of ineligibility is made.
- You received a request (verbal or in writing*), and one of the following non-MAID outcomes occurs on or before the 90th day (in the case of a person whose natural death is reasonably foreseeable) or within two years (in the case of a person whose natural death is not reasonably foreseeable), after the day you received the request (verbal or in writing):
 - you started an eligibility assessment or you found the person eligible, but the person withdrew their request. Reporting must occur within 30 days after the day on which you become aware of the withdrawal of a person's request for MAID
 - you started an eligibility assessment or you found the person eligible, but the person died of a cause other than MAID. Reporting must occur within 30 days after the day on which you become aware that the person died from a cause other than MAID
 - you found the person eligible, but did not provide MAID as a safeguard has not been met. Reporting must occur within 30 days after the day on which you make the determination that a safeguard has not been met.

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

*Note: To trigger the obligation to report, a person's request may take any form and must be an intentional and deliberate request for MAID.

Information physicians and nurse practitioners are required to report

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



This information also been provided to provinces and territories who are designated recipients for integration into their reporting systems or forms.

Basic information that must be reported for all scenarios

- Date on which the person made the request (verbal or in writing)
- From whom you received the request, that is, from the person directly, another practitioner or preliminary assessor, a care coordination service, or another third party
- Person's date of birth, sex at birth, usual place of residence, living arrangement, health insurance number and province or territory of issuance, and postal code
- Person's gender identity, race, Indigenous identity and disability (if the person's consents to provide the information)
- Your name, province or territory of practice, license or registration number, business mailing address, business email and business phone number
- Category of practitioner and, if you are a physician, your area of speciality (drop down menu available)
- Whether the person consulted you for another reason concerning their health other than seeking MAID
- An indication of whether the person had previously made a separate request for MAID, and if so, the outcome of that request

Additional information required when the person's eligibility has been assessed

- Which of the eligibility criteria as required by the *Criminal Code* were assessed and whether the person met those criteria (checklist provided)
- Whether the person required and received palliative care; if yes, the type, for how long and the place where it was received (if known) and, if not, whether it was accessible (if known) (drop down menu available)
- Whether the person required and received disability support services (if known); If yes, the type and for how long (if known) and, if not, whether they were accessible (if known) (drop down menu available)
- Whether other health care professionals were consulted in order to determine whether the person who made the request met the eligibility criteria (drop down menu available)
- If known, an indication of whether the person is being considered for 'reasonably foreseeable natural death' (RFND) (Track 1) or 'non-reasonably foreseeable natural death' (non-RFND) (Track 2)

Additional information that may be required when the person's eligibility has been assessed

- Reasons why you are of the opinion that the request was voluntary or reasons why you are of the opinion that the request was NOT voluntary (drop down menu available)
- The type of serious and incurable illness, disease or disability experienced by the person (drop down menu available) and an indication of the length of time that the person had it

- The reasons that led you to the opinion that the person is an advanced state of irreversible decline in capability (drop down menu available)
- A description of the person's suffering (drop down menu available)
- In the case where MAID was provided to a person whose natural death was not reasonable foreseeable (Track 2), the date on which the assessment began and the number of days it took to complete the assessment or meet safeguards 241.2(3.1) (g) and (h) of the *Criminal Code* (as required by the *Regulations*)

Additional information required when the procedural requirements (safeguards) have been assessed for persons in the RFND (Track 1) and non-RFND (Track 2) streams

- You are of the opinion that the person has met all of the eligibility criteria
- You ensured that the person's request was made in writing and was signed and dated by the person or by another person authorized to do so on their behalf
- You ensured that the request was signed and dated after the person was informed that they had a grievous and irremediable medical condition
- You are satisfied that the request was signed and dated by the person - or by another person permitted to do so on their behalf - before one independent witness who then signed and dated the request
- You ensured that the person was informed that they may, at any time and in any manner, withdraw their request
- You ensured that another practitioner provided a written opinion confirming that the person met all the eligibility criteria and an indication of whether they are a medical practitioner or nurse practitioner
- You and the other assessing practitioner are independent
- Immediately before providing MAID, you gave the person the opportunity to withdraw their request and ensured that the person provided their express consent to receive MAID
- Whether, in the case where the person had difficulty communicating, you took all necessary measures to provide a reliable means by which the person could have understood the information that was provided to them and communicated their decision and, if so, the means that were used (drop down menu available)
- Whether you informed the pharmacist before the substance that you prescribed or obtained for the person was dispensed, that the substance was intended for the purpose of providing MAID

Procedural requirements for persons identified as RFND (Track 1) **only** (Waiver of Final Consent):

- In the case where MAID was provided without the person having the opportunity to withdraw their request and provide their express consent to receive MAID, an indication whether MAID was provided in accordance with subsection 241.2(3.2) of the *Criminal Code* (*waiver of final consent*)

If yes:

- An indication of whether the following requirements were met before the person lost the capacity to consent to receiving MAID
 - The person met all of the eligibility criteria and the procedural requirements (safeguards) set out for persons whose natural death is reasonably foreseeable
 - The person entered into a written arrangement that you would administer a substance to cause their death on a specified day
 - You informed the person of the risk of losing the capacity to consent to receiving MAID prior to the day specified in the arrangement
 - The person consented (in the written arrangement) to the administration by you of a substance to cause their death on or before the day specified in the arrangement if they lost their capacity to consent to receiving MAID prior to that day
- An indication of whether the person had lost the capacity to consent to receiving MAID
- An indication of whether the person did not demonstrate, by words, sounds or gestures, refusal to have the substance administered or resistance to its administration
- An indication of whether the substance was administered to the person in accordance with the terms of the written arrangement

Procedural requirements for persons identified as non-RFND (Track 2) only:

- Either you or the other practitioner has expertise in the condition that is causing the person's suffering and, if so, the nature of that expertise (drop down menu available)
- In the case, where neither you nor the other practitioner has expertise in the condition, whether one of the two assessing practitioners consulted with a practitioner who has that expertise and shared with the other the results of that consultation, and if so, the nature of that practitioner's expertise (drop down menu available)
- You ensured that the person was informed of the means available to relieve their suffering
- You ensured that the person was offered consultations with relevant professionals who provide those services or that care
- Which means to relieve their suffering were discussed and offered to the person (drop down menu available)
- You ensured that you and the other practitioner discussed with the person the reasonable and available means to relieve the person's suffering
- Whether you and the other practitioner agreed that the person had given serious consideration to the reasonable and available means to relieve their suffering and, if so, the reason that you were in agreement (drop down menu available)
- There were at least 90 clear days between the day assessment began and the day on which MAID was provided
- In the case where a shorter assessment period (that is, less than 90 days) was considered appropriate, the assessments were completed and you and the other practitioner were both



of the opinion that the loss of the person's capacity to provide consent to receive MAID was imminent

Information to be reported depending on the outcome or scenario:

Scenario 1: If you provided MAID by administering a substance to the person:

- Information reported “in all cases” and eligibility assessment information as listed above
- Confirmation of the procedural requirements outlined in the *Criminal Code* applied (select from the checklist of requirements depending on whether the person was identified as RFND (Track 1) or non-RFND (Track 2))
- Date and place that the substance was administered to the person (drop down menu available)
- Whether the person was transferred to another location for provision of MAID, and if so the reasons for the transfer (drop down menu available)
- In the case where you administered a second substance to the person in accordance with subsection 241.2(3.5) of the *Criminal Code* (that is, advanced consent for self-administration), an indication of terms of arrangement

Scenario 2: If you provided MAID by prescribing or providing substances to the person for self-administration:

- Information reported “in all cases” and eligibility assessment information as listed above
- Confirmation of the procedural requirements outlined in the *Criminal Code* applied (select from the checklist of requirements depending on whether the person was identified as RFND (Track 1) or non-RFND (Track 2))
- The date you prescribed or provided the substance
- The place where the person was staying when you prescribed or provided the substance
- The date and place where the person self-administered the substance, did it cause their death (if known) and whether you were present
- If the person did **not** self-administer the substance, whether to the best of your knowledge, they died of a cause other than MAID and date of death (if known)

Scenario 3: If you found the person ineligible:

- Information reported “in all cases” and eligibility assessment information as listed above

Scenario 4: If you found the person eligible but subsequently determined that a safeguard has not been met

- Information reported “in all cases” and eligibility assessment information as listed above
- In a case whereby you determined that the person met all of the eligibility criteria, but subsequently determined that a safeguard has not been met, which safeguard has not been met and specify the reason for this determination

Scenario 5: If the person withdrew their request for MAID:

- Information reported “in all cases” and, if eligibility was determined, eligibility assessment information as listed above
- Person’s reason(s) for withdrawing the request (if known) (drop down menu available)
- If means to relieve suffering were accepted and led the person to withdraw their request, which means were pursued (drop down menu available)
- Whether the person withdrew their request after being given the opportunity to do so immediately before MAID was provided

Scenario 6: If you’re aware that the person died of another cause before MAID was provided:

- 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
- If known, the underlying reason(s) that led to the person dying a natural death, before receiving MAID

Checklist for preliminary assessors

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

You must report if:

You have the responsibility to carry out a preliminary assessment of whether a person who has made a request* for MAID meets the eligibility criteria, and as a result of the preliminary assessment you conducted, you have determined that the person did not meet one or more of the eligibility criteria. Reporting must occur within 30 days after the day on which the determination of ineligibility is made.

*Note: to trigger the obligation to report, a person’s request may take any form (that is, verbal or in writing).

Information preliminary assessors are required to report

Please note that for some required information, a drop-down menu from which to select appropriate response will be available for those using the Canadian MAID Data Collection Portal. This information has also been provided to provinces and territories who are designated recipients for integration into their reporting systems or forms.



Basic information that must be reported for all scenarios:

- Date on which the person made the request (verbal or in writing)
- From whom you received the request, that is, from the person directly, a physician or nurse practitioner, another preliminary assessor, a care coordination service, or another third party
- Person's date of birth, sex at birth, usual place of residence, living arrangement, health insurance number and province or territory of issuance, and postal code
- Person's gender identity, race, Indigenous identity and disability (if the person's consents to provide the information)
- Your name, province or territory of practice, business mailing address, business email and business phone number
- Your profession or occupation (drop down menu available)
- If known, an indication of whether the person had previously made a separate request for MAID, and if so, the outcome of that request

Additional information required when the person's eligibility has been assessed:

- Which of the eligibility criteria as required by the *Criminal Code* were assessed and whether the person met those criteria (checklist provided)
- Whether the person required and received palliative care; if yes, the type, for how long and the place where it was received (if known) and, if not, whether it was accessible (if known) (drop down menu available)
- Whether the person required and received disability support services (if known); If yes, the type and for how long (if known) and, if not, whether they were accessible (if known) (drop down menu available)
- Whether other health care professionals were consulted in order to determine whether the person who made the request may meet the eligibility criteria (drop down menu available)
- If known, an indication of whether the person is being considered for 'reasonably foreseeable natural death' (RFND) (Track 1) or 'non-reasonably foreseeable natural death' (non-RFND) (Track 2)

Additional information that may be required when the person's eligibility has been assessed:

- Reason(s) why you are of the opinion that the request was voluntary or reason(s) why you are of the opinion that the request was NOT voluntary (drop down menu available)
- The type of serious and incurable illness, disease or disability experienced by the person (drop down menu available) and an indication of the length of time that the person had it
- The reasons that led you to the opinion that the person is an advanced state of irreversible decline in capability (drop down menu available)
- A description of the person's suffering (drop down menu available)



Checklist for pharmacists and pharmacy technicians

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

Information pharmacy and pharmacy technicians are required to report

Information that must be reported in all cases

- Person's date of birth, health insurance number and province or territory of issuance
- Your name, an indication whether you are a pharmacist or a pharmacy technician, province or territory of practice, license or registration number, business mailing address and business email
- Name and license or registration number of the practitioner who prescribed or obtained the substance
- The date that the substance was dispensed and where it was dispensed (drop down menu available)