



Guide for Professionals

Medical Assistance in Dying

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Vitalité Health Network recognizes:

- The right of patients meeting the eligibility criteria to receive medical assistance in dying (MAiD);
- The right of physicians, nurse practitioners or any other health professionals to participate or not in the MAiD process;
- The right of patients to withdraw their request at any time.

The patient, their family and loved ones, and the care team can obtain psychological, social or spiritual support at any time during the process if they so desire.

MAiD can be provided at the patient's place of residence (home or nursing home) and in the Network's secular hospitals.

Here are the Network's secular hospitals where MAiD can be provided:

- Dr. Georges-L.-Dumont University Hospital Centre;
- Restigouche Hospital Centre;
- Tracadie Hospital;
- Lamèque Hospital and Community Health Centre;
- Grand Falls General Hospital;
- Chaleur Regional Hospital;
- Campbellton Regional Hospital;
- Edmundston Regional Hospital.

The entire process around obtaining MAiD can take place in the Network's Catholic facilities but a patient wanting MAiD must be transferred to another facility to receive it.



Role of health professionals

- A request must be documented in the patient's clinical record;
- The patient must be referred to a physician or nurse practitioner to continue the process;
- A health professional other than a physician or nurse practitioner can, however, give a patient a pamphlet on MAiD.

Even if the physician or nurse practitioner has a conscientious objection, they must at least inform the patient of the existence and impact of their conscientious objection and directly refer or transfer the patient to another physician or nurse practitioner or advise the patient to contact Tele-Care for information.

The physician or nurse practitioner cannot abandon a patient who requested MAiD and must continue to provide all appropriate care to the patient until the latter discharges them from this obligation and a professional replacement is provided.

If a patient has difficulty communicating, a speech-language pathologist or audiologist may advise the physician or nurse practitioner on choosing an alternate communication means.

The Network has a policy and forms to support the MAiD process. These are available on Boulevard in the Tools and Resources section.

DEFINITIONS

Independence of the physician or nurse practitioner

To be independent, the physician or nurse practitioner providing MAiD or the physician or nurse practitioner providing an opinion confirming that all eligibility criteria have been met cannot:

- Be a mentor to the other physician or nurse practitioner or be responsible for supervising their work;
- Know or believe that they are a beneficiary under the will of the patient making the request, or a recipient, in any other way, of a financial or other material benefit resulting from that person's death, other than the standard compensation for their services relating to the request;
- Know or believe that they are connected to the other assessor or to the patient making the request in any other way that would affect their objectivity.

REASONABLY FORESEEABLE natural death

Taking into account their entire clinical situation, a patient is nearing the end of their life in the not too distant future, i.e. from a few weeks to a few months. The patient is in a decline leading to death, and clinical judgment allows a timeline to be placed on this.

Safeguards

- A request for MAiD must be made in writing and signed by an independent witness;
- Two physicians or nurse practitioners must assess the patient's eligibility and confirm that they meet all the criteria;
- The patient must give their final consent just before they receive MAiD (except where the patient has lost their physical capabilities and has waived their right to final consent);
- The patient must have been informed of the means available to relieve their suffering, when indicated, psychology consultation services, mental health support services, support services for people with disabilities, community services and palliative care and must have been offered the opportunity to consult competent professionals who provide such services or care;
- The patient and the physician or nurse practitioner must have discussed the appropriate means available to relieve the patient's suffering, who must in turn have seriously considered them.

Natural death **NOT REASONABLY FORESEEABLE**

Patients whose natural death is not reasonably foreseeable can apply for MAiD. Taking into account their entire clinical situation, the patient is suffering from a grievous and irremediable medical condition; however, this condition is not terminal and death is not foreseeable.

Safeguard

In addition to the aforementioned safeguards concerning reasonably foreseeable natural death, the following safeguards must apply to patients whose natural death is not reasonably foreseeable:

- There must be a period of 90 days between the date of the first assessment and the date on which MAiD will be provided (this period may be shorter if the patient is about to lose their decision-making capabilities);
- If the physician or nurse practitioner conducting the eligibility assessment does not have expertise in the patient's condition, a consultation should be made with a physician or nurse practitioner with this expertise (expert opinion).

Grievous and irremediable medical condition

The patient must meet all the following criteria:

- They have a serious and incurable illness, disease or disability;
- They must be in an advanced state of irreversible decline of their capabilities;
- Enduring persisting physical or psychological suffering that is intolerable and cannot be relieved in a manner that they consider acceptable.

Waiver of final consent

The *Act* allows patients whose natural death is reasonably foreseeable to waive their right to final consent that must be given verbally when MAiD is provided. Patients at risk of losing their physical capability to give consent can complete the waiver of final consent form with their physician or nurse practitioner.

Independent witness

Any person who is at least 18 years old and understands the nature of the request for MAiD can act as an independent witness, unless they:

- Know or believe that they are a beneficiary under the will of the person making the request, or a recipient, in any other way, of a financial or other material benefit resulting from that person's death;
- Own or operate the health care facility where the person making the request is being treated or the facility where that person is residing;
- Are the physician or nurse practitioner participating in the MAiD assessment or providing MAiD;
- Are providing health care or personal care to the person making the request for which they are not remunerated.



REQUESTING INFORMATION on medical assistance in dying

The request is initiated by the patient and not by a health professional.

The physician or nurse practitioner informs the patient about MAiD and other treatment options, including:

- Pain control;
- Palliative care;
- Terminal palliative sedation.

A physician or nurse practitioner who has a conscientious objection is not required to take part in the MAiD process but must give the patient the MAiD pamphlet and refer the patient to another physician or nurse practitioner.

The patient reviews the information provided and the treatment options available.

OFFICIAL REQUEST from the patient

The patient completes and signs the “Medical Assistance in Dying (MAiD) – Patient Request” (RC-74E) form voluntarily and with no external pressure, in the presence of one independent witness.

If the patient is physically unable to sign and date their own request, another person who is at least 18 years old and understands the nature of the request for MAiD can do so on their behalf, in their presence and under their express direction.

The physician or nurse practitioner informs, in writing (from a Network email address) or by fax, a Patient Safety Advisor and the Pharmacy Department of the zone that an official request for MAiD has been submitted by a patient and is in process.

Assessment of DECISION-MAKING CAPACITY and ELIGIBILITY

The two assessors assess the patient’s decision-making capacity and note their conclusion on the “Medical Assistance in Dying (MAiD) – Assessment of Eligibility” (RC-75E) form.

If the two assessors agree that the patient has decision-making capacity, the process continues.

- a) The physician or nurse practitioner assesses the patient’s eligibility using the “Medical Assistance in Dying (MAiD) – Assessment of Eligibility” form.
- b) A second physician or nurse practitioner meets with the patient and assesses the patient’s eligibility using the “Medical Assistance in Dying (MAiD) – Assessment of Eligibility” form.

- ★ In a hospital setting, only a physician can provide MAiD and a physician must therefore be one of the two assessors.
- ★ If the physician or nurse practitioner concludes that the patient is not eligible for MAiD, they must provide a clear explanation of their refusal.
- ★ If the patient is hospitalized or resides in a Catholic facility where MAiD cannot be provided, the patient is transferred to another facility to receive MAiD.

Natural death not reasonably foreseeable

When death is not reasonably foreseeable and the assessors do not have the expertise to relieve the condition that is causing the person's suffering, one of the two consults a physician or nurse practitioner who does have such expertise using the "Medical Assistance in Dying (MAiD) – Expert Opinion" form (RC-279-E).

Patient CONSENT

After being deemed eligible and able to decide, the patient completes and signs the "Medical Assistance in Dying (MAiD) – Patient Consent" (RC-76E) form.

The physician or nurse practitioner explains the options available to the patient, namely to:

- a) Receive MAiD via the intravenous route or via self-administration of MAiD;
- b) Receive MAiD in hospital or at their place of residence.

In both cases, a physician or nurse practitioner must be present during the MAiD process.

The physician or nurse practitioner ensures that the "Cardiopulmonary Resuscitation and Levels of Care" (RC-05E) form is completed and placed in the patient's record.

PREPARATION

Organ donation

The physician or nurse practitioner may discuss organ donation with the patient to determine whether it is an option. If it is an option, the organ donation procedures must be followed.

Validation

The physician or nurse practitioner forwards the request to the Patient Safety Advisor (from a Network email address) or by fax for written validation of the process.

Discussion of MAiD and planning

In the days preceding MAiD, the physician or nurse practitioner discusses with the patient (their family and loved ones, if the patient consents to this communication) to:

- Determine how the patient wishes to receive MAiD;
- Explain the limits, risks and benefits of MAiD provided via the intravenous route versus self-administration; if the patient chooses self-administration, it is important to inform them about the possibility of having to use the intravenous route to provide MAiD if they do not die within an hour;
- Determine where MAiD will be provided;
- Set the date and time when MAiD will take place.

Before confirming the date and time of the procedure, the physician or nurse practitioner contacts the Pharmacy Department to ensure that they can provide the medications at the specified time.

- The physician or nurse practitioner signs and sends the order to the Pharmacy Department, informing the pharmacist that the medications are for MAiD.
- The Pharmacy Department fills the medical order.
- The medications are given directly to the physician or nurse practitioner who signed the order.

DAY OF THE PROCEDURE

Before MAiD is administered, the patient confirms one last time that they wish to receive it, except if they have waived their right to final consent. The confirmation is recorded on the “Medical Assistance in Dying (MAiD) – Checklist for Release of the Prescribed Medication” (RC-78E) form.

a) MAiD provided intravenously (RC-79E).

- The physician or nurse practitioner stays with the patient until death occurs.

b) MAiD self-administered (RC-80E)

- The physician or nurse practitioner gives the patient the medications and stays with the patient to supervise the self-administration; the physician or nurse practitioner stays with the patient until death occurs.
- If the patient does not die within an hour, the physician or nurse practitioner can apply the intravenous medication protocol.

AFTER the patient’s DEATH

- The physician or nurse practitioner who provided MAiD completes the death certificate in accordance with the MAiD procedure.
- If the patient is under the care of the EMP, the EMP policies regarding patients who die at home must be followed.
- If MAiD was provided in a nursing home, the nursing home is responsible for confirming the death and making arrangements for transportation of the body.
- The pharmacist asks the physician or nurse practitioner about the outcome of MAiD and ensures that any amount of medication left over is returned to the pharmacist for disposal.
- The physician or nurse practitioner who provided MAiD or the nurse sends a copy of the “Medical Assistance in Dying (MAiD) – Checklist for Release of Prescribed Medications” form to the Patient Safety Service and the Pharmacy Department of the zone where MAiD was provided.

PATIENT SAFETY SERVICE

Beauséjour Zone

Tel.: 506-232-7391 or 506-232-5897

Northwest Zone

Tel. : 506-253-5378

Restigouche Zone

Tel.: 506-232-0038 or 506-232-3260

Acadie-Bathurst Zone

Chaleur

Tel.: 506-232-6113

Acadian Peninsula

Tel.: 506-232-6116

Fax: 506-462-2191

Email: amm.maid@vitalitenb.ca