The Ottawa Hospital | L'Hôpital d'Ottawa

CORPORATE POLICY

Medical Assistance in Dying

No. 01567
(Formerly ADM VIII 850)

ISSUED BY:	**EVP Medical Affairs, Quality and Performance**	**Approved:**	2016/03/23
APPROVED BY:	**Senior Management Committee**	**Implemented:**	2016/04/19
CATEGORY:	**Patient and Community Relations**	**Reviewed:**	2016/09/07

Reckless violation or repeated at risk violation of this policy will not be tolerated and may lead to discipline up to and including termination or loss of privileges.

POLICY STATEMENT

As a compassionate provider of patient-centered care, The Ottawa Hospital (TOH) is committed to providing high quality care to all patients suffering from serious illnesses, including patients at the end-of-life. In addition to supporting robust Palliative Care services, TOH also recognizes the right of Capable adult Patients who are suffering intolerably as a result of a Grievous and Irremediable Medical Condition to access Medical Assistance in Dying (MAID). All requests for MAID require a comprehensive process of screening, oversight and accountability to ensure that patients are Capable, meet eligibility criteria, and provide clear Informed Consent. At TOH, only Physicians may assess eligibility for, and ultimately provide, MAID; Other Health Care Professionals may only support provision of MAID as permitted by their clinical scope of practice.

Physicians and Other Health Care Professionals are expected to use clinical judgment when informing patients of their options for care, including MAID. If a patient seeks information on MAID, or if a patient discusses a persistent wish or desire for death because of enduring and intolerable suffering arising from a Grievous and Irremediable Medical Condition, Physicians and Other Health Care Professionals are expected to ensure the patient has access to information about MAID.

TOH also recognizes the right of Physicians and Other Health Care Professionals to Conscientiously Refuse to participate in the provision of MAID, but expects that individuals who refuse will provide an Effective and Timely Referral. All patients requesting MAID must be treated with respect and compassion, and be offered available supports.

SCOPE

This policy is applicable to all cases where a Capable Patient aged 18 years or older makes a request for MAID. This policy does not apply to the withholding or withdrawal of life-sustaining interventions, or palliative sedation.

DEFINITIONS

The following terms and definitions are specific to this policy, and do not necessarily apply in other policies.

1. **Capable Patient:** A patient is Capable with respect to a treatment if they are able to understand the information that is relevant to making a decision about the treatment, and appreciate the reasonably foreseeable consequences of a decision or lack of decision. Patients are presumed to have capacity unless there is evidence to suggest otherwise. All requests for MAID must be made by a Capable Patient, and will not be accepted if made by a substitute decision-maker or contained in an advance directive.

2. **Category 3 CPR Status:** At TOH, Category 3 CPR (cardiopulmonary resuscitation) status indicates full treatment excluding ICU / CCU admission and CPR after cardiac arrest.

3. **Conscientious Refusal:** The right of Physicians and Other Health Care Professionals to decline to provide or assist in providing MAID for reasons of moral or religious conscience without fear of recrimination or discrimination. When Conscientiously Refusing, Physicians and Other Health Care Professionals must not abandon the patient, and must make an Effective and Timely Referral to another Physician.

4. **Effective and Timely Referral:** A referral made in good faith, to a non-objecting, available, and accessible Physician. The referral must be made in a timely manner to allow patients to access care. Patients must not be exposed to adverse clinical outcomes due to a delayed referral. The timeliness of the referral should be in proportion to the patient's prognosis.

5. **Independence of Physicians:** The Physician who provides MAID and the Physician who provides a written second opinion are independent if they:

    a) are not a mentor to the other Physician or responsible for supervising their work;

    b) do not know or believe that they are a beneficiary under the will of the patient making the request for MAID, or a recipient of a financial or other material benefit resulting from that patient's death, other than standard compensation for their services, and;

    c) do not believe that they are connected to the other Physician or to the patient making the request for MAID in any way that would affect their objectivity.

6. **Independent Witness:** A person who is at least 18 years of age and who understands the nature of the request for MAID. A person may not act as an independent witness if they:

    a) know or believe that they are a beneficiary under the will of the patient making the request, or a recipient of a financial or other material benefit resulting from that patient's death;

    b) are an owner or operator of any health care facility at which the patient making the request is being treated or any facility in which that patient resides;

    c) are directly involved in providing health care services to the patient making the request, or;

d) directly provide personal care to the person making the request.

7. **Informed Consent:** For Informed Consent to be valid, it must relate to the treatment in question, be informed, be given voluntarily, and not be obtained through misrepresentation or fraud. Patients must receive information that a reasonable person would require in order to make a decision, as well as responses to requests for additional information. Patients must be informed of the nature of the treatment, the expected benefits, material risks, side effects, alternative courses of action, and the likely consequences of not having the treatment. Patients may withdraw their Consent at any time, and their care must not be negatively impacted by a withdrawal.

8. **Grievous and Irremediable Medical Condition:** A person has a Grievous and Irremediable Medical Condition if:

    a) they have a serious and incurable illness, disease or disability;

    b) they are in an advanced state of irreversible decline in capability;

    c) their condition causes them enduring physical or psychological suffering that is intolerable to them and that cannot be relieved under conditions that they consider acceptable, and;

    d) their natural death has become reasonably foreseeable, taking into account all of their medical circumstances, without a prognosis necessarily having been made as to the specific length of time they have remaining.

9. **Medical Assistance in Dying (MAID):** The act of knowingly and intentionally ending the life of a Capable and Consenting adult patient, with a Grievous and Irremediable Medical Condition. At TOH, MAID will only refer to situations where a Physician directly administers a lethal dose of medications.

10. **Medical Assistance in Dying (MAID) Assessment Team:** Interprofessional team of TOH Physicians and Other Health Care Professionals who provide or support assessments of eligibility for, and provision of, MAID.

11. **Medical Assistance in Dying (MAID) Internal Resource Group:** Interprofessional oversight group responsible for reviewing cases of MAID and reporting to relevant internal and external authorities.

12. **Other Health Care Professional:** A regulated health care professional who is not a Physician, but is a member of a regulatory College.

13. **Palliative Care:** Care for individuals and families who are living with a life-limiting illness that is usually at an advanced stage. An important objective of Palliative Care is relief of pain and other symptoms. Palliative Care meets not only physical needs, but also psychosocial, social, cultural, emotional and spiritual needs of each person and family. Palliative Care does not aim to hasten death.

14. **Physician:** A person entitled to practice medicine in Ontario.

POLICY

1. Role MAID Assessment Team:

a) The MAID Assessment Team is responsible for conducting and / or overseeing assessments of eligibility and provision of MAID. All written requests for MAID must be communicated to the MAID Assessment Team, including referrals made by Conscientiously Refusing Physicians.

b) When a Physician who is not part of the MAID Assessment Team wishes to participate in the assessment of eligibility and / or provision MAID, the MAID Assessment Team will ensure that the Physician follows the appropriate process for documenting the request, assessing eligibility, obtaining Informed Consent, reporting information, and / or providing MAID.

c) The MAID Assessment Team will be responsible for collecting data on cases where MAID is requested and / or administered. This information will be reported to the MAID Internal Resource Group.

2. Role of Physicians

a) Physicians are expected to inform patients with Grievous and Irremediable Medical Conditions of all options for care, including MAID. Physicians are expected to exercise clinical judgement and compassion when considering the timing and content of these discussions.

b) Willing Physicians who are a part of – or acting under the direction of – the MAID Assessment Team are responsible for assessing eligibility and providing MAID. The procedure itself must be provided by one of the Physicians who provided an assessment of eligibility for MAID.

c) No Physician will be required to provide or assist in providing MAID if they feel it violates their moral or religious conscience. Any Physician who Conscientiously Refuses will be expected to make an Effective and Timely referral to the MAID Assessment Team.

d) The MAID Assessment Team will support Physicians when requests are made to ensure that all necessary policies and procedures for assessment and Informed Consent have been followed before MAID is provided.

3. Role of Other Health Care Professionals

a) While it is the responsibility of a willing Physician to assess eligibility and ultimately provide MAID, Other willing Health Care Professionals who are a part of the MAID Assessment Team are expected to support assessments of eligibility and provision of MAID as permitted by their clinical scope of practice. Only Physicians will administer any MAID medications.

b) Regulated health professionals are expected to practice within their scope as determined by their regulatory body.

c) No Other Health Care Professional will be required to provide or assist in providing MAID if they feel it violates their moral or religious conscience. Any Other Health Care Professional who Conscientiously Refuses will be expected to notify their direct supervisor and make an Effective and Timely referral to the MAID Assessment Team.

4. Requests for MAID

a) All patients who wish to discuss or make a request for MAID must be treated with respect and compassion.

b) Available support services, such as social work and spiritual care, will be made available to all patients requesting MAID.

c) The formal process for considering MAID will only be initiated after a clear and voluntary request has been made by a Capable Patient after they have received information about all available options, including Palliative Care.

d) Prior to assessments of eligibility, the request for MAID must be made in writing, signed and dated after the patient has been informed by a physician that they have a Grievous and Irremediable Medical Condition. The request must also be witnessed by two Independent Witnesses who also sign and date the request. If the patient is physically unable to make a written request, someone else may do so in the patient's presence, on the patient's behalf, and under the patient's express direction, provided that this person is at least 18 years of age and understands the nature of the request being made by the patient. A person may not sign on behalf of the patient if 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.

e) At the time eligibility is being assessed, the patient must reconfirm their request and provide written Informed Consent for MAID. If the patient is physically unable to provide written Informed Consent, someone else may do so in the patient's presence, on the patient's behalf, and under the patient's express direction, provided that this person is at least 18 years of age and understands the nature of the request being made by the patient. Patients must be informed that they may withdraw their Consent at any time. A person may not sign on behalf of the patient if 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.

f) An Independent Physician must then provide a second assessment of eligibility in writing to confirm that eligibility criteria have been met.

g) A period of at least 10 clear days must elapse between the day on which the request was signed by or on behalf of the patient, and the day on which MAID is provided. This period may be shorter if both Physicians are of the opinion that the patient is at imminent risk of dying or losing decision-making capacity.

h) The patient must be given the opportunity to withdraw their Consent immediately before MAID is provided.

i) If the patient has difficulty communicating, all necessary measures must be taken to provide a reliable means by which the patient may understand the information that is provided to them and communicate their decision.

j) The coroner is required to complete the Medical Certificate of Death in all cases where MAID is provided. Physicians must disclose to their patients that the Office of the Chief Coroner will investigate all Medically Assisted Deaths. The extent of a coroner's investigation cannot be determined in advance, and may or may not include an autopsy.

5. Eligibility for MAID

To be eligible for MAID, the patient must:

a) Be eligible for health services funded by a government in Canada;

b) Be 18 years or older;

c) Have a Grievous and Irremediable Medical Condition;

d) Make a voluntary request for MAID that, in particular, was not made as a result of external pressure;

e) Make a written request that is signed, dated, and witnessed by two Independent Witnesses, after having been informed by a Physician that they have a Grievous and Irremediable Medical Condition.

f) Be assessed by two Independent Physicians who agree that eligibility criteria have been met

g) Provide written Informed Consent, and be made aware of alternative options such as Palliative Care;

h) Be Capable throughout the process, including the moments immediately preceding provision of MAID;

i) Have a Category 3 CPR status.

6. Oversight, Review, and Role of the MAID Internal Resource Group

a) All cases where MAID is provided will be reviewed retrospectively by the MAID Internal Resource Group, as required by their Terms of Reference.

b) As required, the MAID Internal Resource Group will provide regular reports to relevant Provincial and Federal authorities, as well as internal stakeholders.

RÉFÉRENCES

1. Bill C-14. An act to amend the Criminal Code and to make related amendments to other Acts (Medical Assistance in Dying). 2016. http://www.parl.gc.ca/HousePublications/Publication.aspx?Language=E&Mode=1&DocId=8384014

2. Canadian Medical Association. Principles-based Recommendations to a Canadian Approach to Assisted Dying. 2015. https://www.cma.ca/Assets/assets-library/document/en/advocacy/cma-framework_assisted-dying_final-dec-2015.pdf

3. Carter *v.* Canada (Attorney General), 2015 SCC 5, [2015] 1 S.C.R. 331.

4. College of Nurses of Ontario. Guidance on Nurses' Roles in Medical Assistance in Dying. 2016. http://www.cno.org/globalassets/4-learnaboutstandardsandguidelines/maid/maid-june-23-final.pdf

5. CPSO. Policy Statement #4-16. Medical Assistance in Dying. 2016. http://www.cpso.on.ca/Policies-Publications/Policy/Medical-Assistance-in-Dying

6. External Panel on Options for a Legislative Response to *Carter v. Canada*. Consultations on Physician-Assisted Dying: Summary of Results and Key Findings. Final Report. 2015. http://policyconsult.cpso.on.ca/wp-content/uploads/2015/11/CPSO-Interim-Guidance-on-Physician-Assisted-Death.pdf

7. Final Report: Provincial-Territorial Expert Advisory Group on Physician-Assisted Death. 2015. http://www.health.gov.on.ca/en/news/bulletin/2015/docs/eagreport_20151214_en.pdf

8. Parliament of Canada. Report of the Special Joint Committee on Physician-Assisted Dying. Medical Assistance in Dying: A Patient-Centred Approach. 2016. http://www.parl.gc.ca/HousePublications/Publication.aspx?Language=e&Mode=1&Parl=42&Ses=1&DocId=8120006

RELATED POLICIES

ADM VIII 200: Consent to Treatment
ADM VIII 210: CPR – End of Life Care and Plan of Treatment

RELATED LEGISLATION

Bill C-14. An act to amend the Criminal Code and to make related amendments to other Acts (Medical Assistance in Dying). 2016.

Revision history		
Date	Version	changes
June 23rd, 2016	2	Changes to ensure compliance Bill C-14