

Medical Assistance in Dying (MAID)

Related Standards of Practice: [Medical Assistance in Dying](#), [Informed Consent](#), [Conscientious Objection](#)

The College of Physicians & Surgeons of Alberta (CPSA) provides advice to the profession to support physicians in implementing the *CPSA Standards of Practice*. This advice does not define a standard of practice, nor should it be interpreted as legal advice.

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Questions or concerns? For more information and advice on MAID, visit the [Alberta Health Services](#) website or contact the College at info@cpsa.ab.ca. Confidential counselling is available to physicians through the [Physician and Family Support Program](#), administered by the Alberta Medical Association.

Principles

The principles guiding the College's advice on medical assistance in dying (MAID) are:

- The College has an obligation to serve and protect the public interest.
- Physicians have a professional duty to provide respectful care for patients with diseases that cannot be cured, enshrined in precept 3 of the *Code of Ethics*: "Provide for appropriate care for your patient, even when cure is no longer possible, including physical comfort and spiritual and psychosocial support."
- Physicians are expected to practise medicine commensurate with their knowledge and skills to ensure they safely deliver quality health care.
- Physicians have a Charter right to freedom of conscience and religion, as do all Canadians. A physician's conscientious objections must not impede the right of patients to receive unbiased information about and access to legally permissible and available health services. Refer to the [Conscientious Objection](#) standard of practice.
 - Physicians' communication and behaviour must be respectful of their patient's beliefs, lifestyle choices and values.
 - Physicians have an obligation not to abandon their patients.
 - Physicians who decline to provide a legally available medical service or information about that service due to conscientious objection are expected to offer the patient timely access to another physician or resource that will provide information about all available medical options.
 - Physicians must not provide false, misleading, intentionally confusing, coercive or materially incomplete information.
- Physicians are expected to be sensitive to the needs and concerns of other members of a patient's care team, and respectful of each individual's freedom of conscience and religion.
- Physicians must resolve any conflicts in the best interest of their patients, as stated in precept 11 of the *Code of Ethics*.

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Advice

1. **End-of-life discussion** – Medical assistance in dying is just one possible outcome of the end-of-life conversation. Physicians are expected to provide patients with all the information required to make informed choices about their care, including diagnosis, the natural history and prognosis of the medical condition, treatment options and the associated risks and benefits, and to communicate the information in a way that is reasonably likely to be understood by the patient.

Good quality palliative care should always be offered as an option.

2. **Patient contemplation of MAID** – Upon a patient expressing interest in MAID, the physician should connect with the Alberta Health Services care coordination service (ahs.ca/maid or email maid.careteam@ahs.ca), and must provide this contact information to the patient or another person identified by the patient. A physician who declines to provide MAID due to [conscientious objection](#) must ensure the patient making the request receives reasonable access to the AHS care coordination service without delay.

The physician must have a complete and full discussion about medical assistance in dying with the patient. The physician's role also involves seeking to understand the patient's circumstances, perspective and reason for contemplating MAID; counselling the patient on treatment options (section 1); and, at the patient's discretion, disclosing to family and other supporting individuals the patient's interest in MAID and nature of the discussion.

3. **Patient eligibility** – Under legislation, a patient may receive medical assistance in dying only if s/he:
 - i. is eligible, or but for any applicable minimum period of residence or waiting period, would be eligible for health services funded by a federal, provincial or territorial government in Canada;
 - ii. is at least 18 years of age;
 - iii. is capable of making decisions with respect to his/her health (see Section 4);
 - iv. has a [grievous and irremediable](#) medical condition that causes enduring suffering that is intolerable to the patient and that cannot be relieved under conditions that the patient considers acceptable;
 - v. has made a voluntary request for MAID that, in particular, was not made as a result of external pressure; and

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- vi. gives informed consent to receive MAID after having been informed of the means that are available to relieve his/her suffering, including palliative care.

A competent adult has the right to declare intolerable suffering. The physician's role is to assess in collaboration with the patient whether the condition is [grievous and irremediable \(Appendix A\)](#).

4. **Capacity assessment** – MAID cannot be provided to patients who lack the capacity to make an informed decision, including when consent can only be provided by a substitute decision maker, is known by patient wishes or is provided through a personal directive.

In the event a patient suffers from a condition that may impair capacity, the physician should consider referring the patient to a qualified healthcare practitioner for capacity assessment and possible treatment. If the patient requesting MAID has an underlying mental health condition, a psychiatric or psychologic referral is strongly advised in order to address the effect, if any, of the mental illness on the patient's decision-making capacity.

5. **Written, witnessed request** – A patient's request for MAID must be written, signed and dated. If the patient is unable to sign and date the request, another person, who is at least 18 years of age and who understands the nature of the request for MAID, may do so in the patient's presence on his/her behalf.

Once signed and dated, the patient's request for MAID must be witnessed by two independent persons who understand the nature of the request. In accordance with legislation, a person is ineligible to serve as an independent witness if s/he:

- i. knows (or believes) him/herself to be 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 the patient's death;
- ii. is an owner or operator of any healthcare facility at which the patient is receiving treatment or in any facility in which the patient resides;
- iii. is directly involved in providing healthcare services to the patient; or
- iv. is directly involved in providing personal care to the patient.

The role of the witnesses is to confirm the identity of the patient requesting MAID, attest to the patient's apparent understanding of the request being made and affirm the patient is acting voluntarily, free of duress or coercion.

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A physician who receives a written, witnessed request for MAID is responsible to ensure an AHS [Goals of Care Designation \(GCD\) order](#) is completed, and that the GCD aligns with the patient's request for MAID. The GCD will alert any emergency personnel responding to a patient distress call of the patient's wishes not to be resuscitated or transported to hospital should MAID be provided in the community.

6. **Physician provider** – A physician offering medical assistance in dying as an option must have the appropriate training and qualifications to render a diagnosis and prognosis of the patient's condition, assess the patient's decision-making capacity and have the knowledge, care and skill to provide MAID in a manner respectful of the patient's context and wishes.

Before providing MAID, a physician may choose to consult with the [Canadian Medical Protective Association \(CMPA\)](#). Confidential counselling is available to physicians through the [Physician and Family Support Program](#), administered by the Alberta Medical Association.

7. **Second independent medical opinion** – A second medical opinion independent of the physician provider is required to confirm the patient meets all of the eligibility criteria identified in section 3. Under legislation, the provider of the second medical opinion is considered independent if he/she:
- is neither a mentor to the other practitioner nor responsible for supervising the other practitioner's work;
 - does not know or believe he/she is 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 the patient's death, other than standard compensation for services relating to the request; and
 - does not know or believe he/she is connected to the other practitioner or to the patient making the request in any other way that would affect his/her objectivity.
8. **Plan considering the patient's wishes** – Once the patient's request for MAID and eligibility are confirmed, the physician provider and patient must develop a plan together, considering when, where and how MAID will be administered, who will be present (including healthcare providers and family) and an alternate plan should medical complications arise. The patient must be informed of all aspects of the plan to give informed consent.

If the patient chooses assisted suicide (self-administration of the life-ending medication), the physician should offer to be present to address any needs of the patient, including service provision in the event of medical complications or failure of the medication.

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9. **Period of reflection** – In most cases, a 10-day period should be observed between the date the patient signed the request for MAID and the date the request is carried out. This period may be shorter if the providing physician and the provider of the second independent medical opinion both agree the patient’s death or loss of capacity is imminent.
10. **Life-ending medication** – A physician prescribing life-ending medications for a patient who has requested MAID may prescribe only medications recommended for the use by the [Alberta Health Services care coordination service](#). At the patient’s request, the medications may either be administered by the physician to cause the patient’s death, or provided to the patient for self-administration to cause their own death.

In obtaining the medications, the physician must collaborate with a pharmacist willing to fill the prescription after being informed by the physician its purpose is to provide MAID. The physician and dispensing pharmacist must together:

- i. plan well in advance, considering the availability and delivery of the recommended medications and medications for the alternate plan;
 - ii. discuss issues related to medication counselling for the patient; and
 - iii. make arrangements for release of the medications to the physician.
11. **Opportunity to withdraw request** – Immediately before being provided medical assistance in dying, the patient must be given the opportunity to withdraw the request or reaffirm consent to proceed.
12. **Documentation** – The following must be documented in the patient record:
- i. patient’s diagnosis and prognosis;
 - ii. the written request for medical assistance in dying;
 - iii. a record of the information provided to the patient to ensure informed consent, including other treatment options discussed;
 - iv. a statement by the physician provider confirming the patient met the eligibility criteria for MAID;

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- v. a statement by the provider of the second medical opinion confirming the patient met the eligibility criteria for MAID;
 - vi. plan for providing MAID considering:
 - a) the patient's wishes regarding when, where and how MAID will be provided, the presence of the physician and any additional support;
 - b) risks and probable consequences of taking the prescribed life-ending medication; and
 - c) an alternate plan to address potential complications;
 - vii. a statement by the physician provider confirming the patient was offered the choice to withdraw the request for MAID at any time and immediately before the provision of MAID; and
 - viii. summary of the process undertaken in providing MAID.
- 13. Reporting** – The provision of MAID must be reported without delay in accordance with legislative and regulatory requirements:
- i. Notify the [Office of the Chief Medical Examiner](#), in compliance with the requirements of that office. Only the Medical Examiner can identify the cause and manner of death on the death certificate. Contact the Medical Examiner's office for guidance.
 - ii. Provide copies of records to a member of the Medical Assistance in Dying Regulatory Review Committee, in compliance with provincial requirements. (Note: Providing a copy of these records to the Office of the Chief Medical Examiner will fulfil this obligation.)

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Appendix A: Grievous and Irremediable

Under federal legislation, to be considered as having a grievous and irremediable medical condition the patient must meet **all** of the following criteria:

- a) have a serious and incurable illness, disease or disability;
- b) be in an advanced state of decline that cannot be reversed;
- c) be suffering unbearably from an illness, disease, disability or state of decline; and
- d) be at a point where natural death has become reasonably foreseeable*, taking into account all of the patient's medical circumstances.

The patient does not have to have a fatal or terminal condition to be eligible for medical assistance in dying.

For support in determining if a patient has a grievous and irremediable medical condition, contact the Alberta Health Services care coordination service at MAID.CareTeam@ahs.ca

*Death is considered reasonably foreseeable when a physician can justifiably predict or expect death as an outcome of the patient's medical circumstances, considering the provision of medical treatments acceptable to the patient.

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Appendix B: Background

In its February 6, 2015 ruling *Carter v. Canada*, the Supreme Court of Canada (SCC) unanimously declared unconstitutional the Criminal Code prohibitions on physician-assisted dying as violating the individual's right to life, liberty and security of the person (s. 7). Declared invalid were both Section 241(b) of the Criminal Code that states everyone who aids and/or abets a person in committing suicide commits an indictable offence, and section 14 that says no person may consent to death being inflicted on them.

The SCC granted a one-year suspension to provide governments and regulators time to establish a regulatory framework, and subsequently extended this suspension by four months until June 2016.

The federal government passed Bill C-14 on June 17, 2016. The bill amended the Criminal Code to enable physicians and nurse practitioners to provide medical assistance in dying to persons who meet defined criteria, establish safeguards to protect vulnerable persons and provide legal protection for those who aid physicians and nurse practitioners in providing this service.

The College has worked extensively with Alberta Health, Alberta Health Services and other stakeholders to develop standards of practice and advice for physicians that align with this legislation.

In June 2016, Alberta Health Services established the Medical Assistance in Dying Care Coordination Service (MAID.CareTeam@ahs.ca) to provide a single point of contact for Alberta patients, families and healthcare providers.

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