



MEDICAL ASSISTANCE IN DYING INFORMATION FOR THE PUBLIC

General Questions

1. What is medical assistance in dying?

- Medical assistance in dying is a clinical care option available for those who have been diagnosed with a serious and incurable illness, disease or disability. It is one of a number of choices that can be considered in end-of-life care. It is a process where a medical practitioner or nurse practitioner ('practitioner') helps a patient who wants to voluntarily and intentionally end their life.

2. I want to find out more about medical assistance in dying. Who can I speak with?

- Talk to your practitioner about your options for treatment or care. If there is no practitioner in your community, you can discuss your options with a practitioner by distance, such as through telehealth.
- Other health and social services professionals can also provide you with information on medical assistance in dying or with the contact information for the Central Coordinating Service.
- While your health or social services provider is not required to be involved in the medical assistance in dying process if they do not feel comfortable doing so, they *are* required to ensure continuity of your care and help connect you to a practitioner who can assess your eligibility and provide medical assistance in dying, through the Central Coordinating Service.
- Anyone, including your health and social services provider, can contact the Central Coordinating Service on your behalf. You can also contact the Central Coordinating Service yourself.
- The Central Coordinating Service will answer your questions, provide resources, and find a practitioner who is willing to assess you for eligibility, and if applicable, provide medical assistance in dying.

NWT Central Coordinating Service

Toll-free at 1-833-492-0131

Monday - Friday: 9:00am - 5:00pm

Email: maid_careteam@gov.nt.ca

Website: www.gov.nt.ca/maid

3. What is the Central Coordinating Service and what does it do?

- The Central Coordinating Service serves as a main point of contact for individuals, families, and health and social services professionals who have inquiries related to medical assistance in dying.



- The Central Coordinating Service assists NWT residents and health and social services professionals with understanding the medical assistance in dying process and the paperwork involved.
- The Territorial Specialist for Medical Assistance in Dying, a Registered Nurse, manages the Central Coordinating Service and can answer questions, provide resources, and facilitate access to practitioners who are willing to assess, and if applicable, provide medical assistance in dying.
- The Territorial Specialist for Medical Assistance in Dying works within a case management framework, helping patients access supports and services, coordinating assessments, and monitoring and evaluating care received.

4. Who pays for medical assistance in dying?

- This is an insured service. Patients covered under the NWT Health Care Plan, or with coverage under another provincial, territorial, or federal health care plan, will not have to pay to access or receive medical assistance in dying.
- The medications for medical assistance in dying are also covered.

Other End-of-Life Care Options

5. What are some other options in end-of-life medical care?

- Palliative and end-of-life care are important parts of comprehensive care for patients diagnosed with life-limiting illness.
- Other end-of-life care options include pain and symptom management, as well as palliative or end-of-life care to control symptoms and focus on comfort, quality of life, respect for personal treatment decisions, and psychological and spiritual support for patients and their families.
- For patients to make an informed decision, they must first be fully aware of all their end-of-life options, including palliative care, as well as pain and symptom management.
- **Palliative care** can be provided at any time to control symptoms and to provide support for patients and families during an advanced illness. It includes end-of-life care, but also plans for the weeks and months before anticipated death. This approach aims to relieve suffering and improve the quality of living and dying, while addressing physical, psychological, social, and spiritual needs.
- **End-of-life care** is provided in the last few days or weeks of life. It is compassionate, supportive care that focuses on quality of life of those who are dying and their families, up to and including bereavement. End-of-life care considers the physical, psychological, and spiritual well-being of a person who is dying while focusing on comfort, respect for autonomy and support of loved ones.



- You have many choices when it comes to end-of-life your care. This might include support in your home, a hospital, or a care facility. Talk to your practitioner to find out more about what options might be best for you.

Accessing Medical Assistance in Dying in the NWT

6. If someone wants medical assistance in dying, how do they access it?

- A person interested in medical assistance in dying should first talk with their health or social services provider about any concerns or questions. Their health or social services provider can provide contact information for the Central Coordinating Service and may provide the “Medical Assistance in Dying – Information for the Public” document.
- Health and social services professionals are not required to review the information in the document with the person if they do not feel comfortable doing so. However, they are required to ensure continuity of care and will help connect the person with another practitioner through the Central Coordinating Service.
- For more information on medical assistance in dying, or to find a practitioner who is willing to assess eligibility, and if applicable, provide medical assistance in dying, contact the Central Coordinating Service. Anyone, including health and social services professionals, can contact the Central Coordinating Service on a person’s behalf.

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7. There are no practitioners who are willing or able to provide information on, or assess me for, medical assistance in dying in my community. How do I access the service?

- Physicians and nurse practitioners are not required to participate in the medical assistance in dying process in any way, but they are required to provide contact information for the Central Coordinating Service.
- The Central Coordinating Service can provide you with information on medical assistance in dying, and can connect you with a practitioner who is willing and able to assess you for eligibility and provide the service.
- Willing practitioners will travel to NWT communities when required. They may also complete your assessments by distance, such as through telehealth.



8. Am I eligible for medical assistance in dying?

- To receive medical assistance in dying, you must meet all of the following criteria:
 - Have a serious and incurable illness, disease, or disability;
 - Be in an advanced state of decline that cannot be reversed;
 - Your suffering is constant and unbearable, and cannot be relieved in any way that you find acceptable;
 - Be at least 18 years old;
 - Be eligible for publicly-funded health services in Canada;
 - Voluntarily request medical assistance in dying, without pressure or influence from anyone else; and
 - Give informed consent to receive medical assistance in dying after you have been informed of other options to help your suffering.

9. Am I eligible for medical assistance in dying if mental illness is the only cause of my suffering?

- Having a mental illness does not exclude you from accessing medical assistance in dying; however, it cannot be the only medical condition causing your suffering.
- Mental illness is currently excluded as a ‘serious and incurable illness, disease, or disability’ for the purposes of medical assistance in dying.

10. Can I make an advance request to receive medical assistance in dying in the future?

- Advance requests for medical assistance in dying are currently **not** permitted in Canada. Advance requests would allow a person to set out conditions for when they would receive medical assistance in dying in the future, prior to meeting eligibility criteria for medical assistance in dying.
- Advance requests for medical assistance in dying are different from providing advance consent for medical assistance in dying, however.
- Advance consent for medical assistance in dying is permitted in Canada; however, there are limitations on who can provide advance consent. Only patients who have been found eligible for medical assistance in dying by two practitioners and whose natural death is considered to be near (i.e., reasonably foreseeable) can provide advance consent to receive medical assistance in dying *if* their practitioner considers them to be at risk of losing capacity to provide final consent at the time that they wish to receive medical assistance in dying.
- A patient whose natural death is not considered to be near (i.e., not reasonably foreseeable) is not currently able to provide advance consent to receive medical assistance in dying.



- If you wish to provide advance consent, you should talk to your practitioner to determine if you are eligible and to help you complete a Form 5 – *Waiver of Final Consent*.

11. Can a substitute decision-maker request medical assistance in dying on my behalf?

- No. Only you (the patient) can request and consent to medical assistance in dying. A substitute decision-maker or family member cannot make decisions about medical assistance in dying on your behalf.

12. Who can be an “independent witness” to a request for medical assistance in dying?

- An “independent witness” can be any person who is at least 18 years of age and who understands the nature of the request, EXCEPT if they:
 - Know or believe that they are a beneficiary under the will of the person making the request, or would receive a financial or other material benefit resulting from that person’s death;
 - Are an owner or operator of any health care facility where the person making the request is being treated or lives; or
 - Are directly involved in providing health care services or personal care to the person making the request*.

**A person who is paid to provide health care services or personal care to the person making the request may act as an independent witness, with the exception of the practitioners who are involved in the person’s medical assistance in dying care.*

13. What if I am not able to sign the written request?

- Another person, including a health and social services provider, can complete the Form 1 - *Formal Written Request* form on your behalf. This person must:
 - Be at least 18 years of age;
 - Understand that you are requesting assisted dying; and
 - Not know or believe they will benefit from your will.
- To complete the *Formal Written Request* form, you will first need to be informed by your practitioner that you have a “grievous and irremediable medical condition”.
- You must personally ask the other person to complete and sign the form for you and you need to be present when they sign it.



14. What if I have difficulty communicating?

- Difficulty with communication does not prevent anyone from accessing medical assistance in dying. Your health and social services provider will ensure that someone is there to help you communicate and understand the process and information provided to you. Other communication aids, such as a pocket talker, may also be used.

15. What if my family does not agree with my decision to access medical assistance in dying? How can I help them understand my decision?

- Often the person considering medical assistance in dying is farther ahead in their decision-making process than their family members may be expecting.
- It is important to have open and honest discussions with your loved ones. There are online resources (listed below under “Additional Resources”) that provide guidance on how to engage in these discussions.
- It can help to have another person, such as your health and social services provider, there to help support you in these discussions. Please reach out to them for support.

16. If I were to proceed with medical assistance in dying, would this be listed on my death certificate?

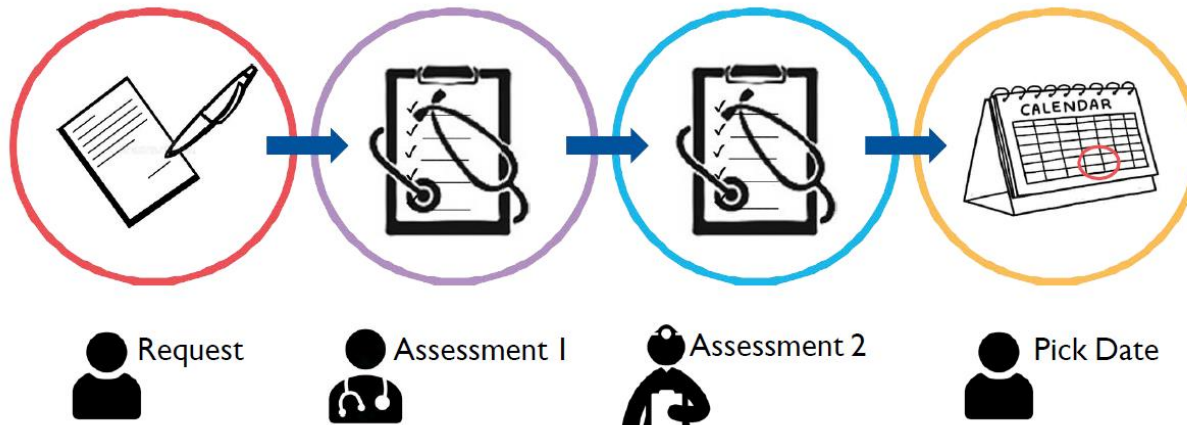
- No, death certificates issued by the NWT Registrar General of Vital Statistics do not include manner or cause of death.
- The Death Registration Statement is a more detailed record of death that includes cause and condition(s) of death. Restricted copies of the Death Registration Statement are released only in very rare circumstances, (such as confirmation of death for insurance purposes), following an application to the NWT Registrar General of Vital Statistics. Given the sensitive nature of medical assistance in dying, the Death Registration would not be released by the NWT Registrar without careful consideration of the reason(s) for the application and may require that legal advice is obtained before release.

17. I live in a remote area in the NWT. Can I still access medical assistance in dying?

- Any person living in the NWT who is found eligible for medical assistance in dying can access it, regardless of where they live.
- Your health and social services provider, or the Central Coordinating Service, can help you to navigate medical assistance in dying and obtain the required assessments.
- Willing practitioners will travel to NWT communities when required. They may also complete your assessments by distance, such as through telehealth.



Medical Assistance in Dying Process



18. I would like to request medical assistance in dying. What do I do?

- To formally request medical assistance in dying, you must complete Form 1 - *Formal Written Request* and submit it to your health or social services provider. The form is available at www.gov.nt.ca/maid. Any health or social services professional, including a physician, nurse practitioner, or community health nurse can also provide this form upon request.
- To complete the Form 1 - *Formal Written Request*, you must first be informed by your practitioner that you have a “grievous and irremediable medical condition”. Once this has been determined, you can complete the form and sign and date it in front of an “independent witness”, who must also sign and date the form at that time.
- Following the completion of Form 1 – *Formal Written Request*, the medical assistance in dying process includes a number of steps to make sure you are making a voluntary request, you are eligible, you are informed, and you are consenting to an assisted death.
- Filling out a Form 1 - *Formal Written Request* does not mean that you must proceed with medical assistance in dying. You can withdraw your request at any time during the process.
- Your request for medical assistance in dying will not stop your other health care services. Primary care, including the management of pain and other symptoms, will be ongoing during the medical assistance in dying process.

19. What assessments will be required?

- The assessments will include:
 - A diagnosis and prognosis of the patient’s condition, including an assessment of options available to provide relief (e.g. palliative or end-of-life care);
 - Assessment of the patient’s eligibility for medical assistance in dying; and



- A second assessment by another practitioner to confirm the patient's eligibility.
- Additional assessments may be required if one or both of the practitioners need further advice and expertise about the patient's condition or decision-making capacity.

20. What methods of assisted dying are there?

- A practitioner who helps a patient with medically assisted death can:
 - Administer a medication to the patient that will cause their death peacefully; or
 - Prescribe a medication that will cause their death peacefully that the patient will self-administer (take by mouth) in the presence of a practitioner.
- The best option for the patient will depend on the patient's wishes, as well as their needs and abilities. Together, the patient and the practitioner will determine the method, including which medications will be used.

21. What if I do not meet the eligibility requirements for medical assistance in dying?

- If you are not found eligible for medical assistance in dying, connect with a primary care practitioner to discuss recommendations from the medical assistance in dying process if applicable, and to plan your care to optimize management of your symptoms.
- Like with other medical procedures, you have the right to ask for a second opinion. If a practitioner finds that you do not meet the eligibility criteria, you or the practitioner can contact the Central Coordinating Service for access to another willing practitioner to receive an additional assessment.

22. Is there a limit to how many times I can request an assessment by a practitioner?

- There is no limit to the number of times you can request an assessment.

23. If I am eligible, do I have to proceed? Do I have to proceed right away?

- You can change your mind and stop the process at any time, including at the time medical assistance in dying is going to be provided.
- If it is found that you meet the eligibility criteria, and you wish to proceed, you and your practitioner can determine your preferred timeline. You do not need to proceed right away. When deciding when to proceed, it is important to consider your ability to provide consent and make informed decisions.



24. Is there a waiting period?

- After a patient is found eligible for medical assistance in dying, the practitioner will determine if the patient's natural death is considered to be near (i.e., reasonably foreseeable) or if the patient's natural death is not considered to be near (i.e., not reasonably foreseeable).
- If a patient's natural death is considered to be near, there is no specific waiting period, and the practitioner and the patient will coordinate a date, taking into account all the influencing factors (e.g. location, loved ones, special anniversaries, etc.).
- There is a mandatory assessment period for patients whose natural death is not considered to be near. The assessment period consists of at least 90 clear calendar days (i.e., 90 full days) between when the first practitioner's assessment begins and when medical assistance in dying is provided:

Day 1 = Assessment of patient by Assessing Practitioner begins

Day 2-91 = Assessment period

Day 92 = Medical Assistance in Dying can be provided

- Medical assistance in dying does not have to be provided immediately after the assessment period has passed, but the patient must be able to give clear consent when it is provided.
- Medical assistance in dying can be provided in fewer than 90 days if both practitioners agree it is likely that the patient will lose their capacity to provide informed consent before the assessment period passes.

25. A full code is listed on my Goals of Care Designation. Do I have to change this to proceed with medical assistance in dying?

- Talk with your practitioner about your Advance Care Planning and Goals of Care Designation to ensure it matches your current wishes for care. Goals of Care Designations guide health and social services providers and loved ones about the general focus of your care and where you might want that care. While medical assistance in dying is not currently included as an option under Goals of Care, your Goals of Care Designation can be adjusted to reflect your unique wishes for care during your medical assistance in dying journey.

26. What arrangements do I need to make before proceeding with medical assistance in dying?

- Planning for end of life is important and requires consideration of many details that are unique to each individual.
- It may be helpful to have family members or others help you find the resources needed to ensure that your wishes are known, such as:
 - Health care decisions;



- Preferred location of death (hospital, home, or possibly elsewhere in the community, with appropriate arrangements);
- Religious and cultural considerations for all appropriate rituals/ceremonies;
- Care after death;
- Financial matters and estate;
- Funeral arrangements; and
- All other personal considerations.

Additional Resources

Government of the Northwest Territories Resources



- Government of the Northwest Territories Medical Assistance in Dying webpage:
www.gov.nt.ca/maid
- Medical Assistance in Dying Guidelines for the Northwest Territories:
www.hss.gov.nt.ca/sites/hss/files/resources/maid-interim-guidelines.pdf
- Office of the Client Experience (System Navigation):
www.nthssa.ca/en/services/office-client-experience
- Services for Persons with Disabilities:
www.hss.gov.nt.ca/en/services/services-persons-disabilities
- Mental Health and Addiction Recovery Services:
www.gov.nt.ca/wellness

Support for Patients Undergoing MAID and Their Loved Ones

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| • Dying with Dignity Canada:
www.dyingwithdignity.ca | • My Grief:
https://mygrief.ca/ |
| • Canadian Virtual Hospice:
https://www.virtualhospice.ca/ | • Youth Grief:
https://youthgrief.ca/ |
| • Bridge C-14:
https://www.bridgec14.org/ | • Kids' Grief:
https://www.kidsgrief.ca/ |
| • MAID Family Support Society:
https://maidfamilysupport.ca/ | |

If you would like this information in another official language, contact us at 1-855-846-9601.
Si vous voulez ces renseignements dans une autre langue officielle, communiquez avec nous au 1-855-846-9601.