MEDICAL ASSISTANCE IN DYING
GUIDELINES FOR THE NORTHWEST TERRITORIES

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Purpose

The purpose of the *Medical Assistance in Dying Guidelines* is to assist Northwest Territories (NWT) health and social services professionals in providing Medical Assistance in Dying in accordance with the federal *Criminal Code*, *Regulations for the Monitoring of Medical Assistance in Dying,* and professional standards of practice and best practices.

Health and social services professionals must ensure compliance with federal and territorial legislation throughout the Medical Assistance in Dying process, including but not limited to the *Criminal Code* and *Regulations for the Monitoring of Medical Assistance in Dying*, and the NWT's *Health Information Act, Hospital Insurance and Health and Social Services Administration Act, Medical Profession Act, Nursing Profession Act,* and *Pharmacy Act.* While the *Guidelines* have been drafted to align with federal and territorial legislation, in the event of a conflict, the requirements set out in the *Criminal Code* are paramount to the *Guidelines* and any applicable territorial legislation regarding the provision of Medical Assistance in Dying. Territorial legislation applicable to the provision of Medical Assistance in Dying is paramount to the *Guidelines*.

Practitioners must comply with commonly accepted national practice standards and guidance issued by the Canadian Association of MAID Assessors and Providers to the extent feasible in the northern context. In the event of a conflict or inconsistency, the *Guidelines* prevail.

Guiding Principles

The *Guidelines* have been established under the following guiding principles:

1. Any and all requests for Medical Assistance in Dying must be initiated by the patient and must be made voluntarily, without external pressure. For greater certainty, nothing prevents a health or social services professional from providing a person with factual information about Medical Assistance in Dying.

2. A patient may change their mind regarding a request to access Medical Assistance in Dying at any time, for any reason, and must be provided with explicit opportunities to withdraw their request, including immediately prior to the provision of Medical Assistance in Dying.

3. Health and social services professionals who object to Medical Assistance in Dying for reasons of conscience or religion are not required to participate in Medical Assistance in Dying.

4. The choice of health and social services professionals to participate in the Medical Assistance in Dying process must be respected.

5. A patient's autonomy and dignity must be respected.

6. Health and social services professionals must not impede the rights of a patient who wishes to access Medical Assistance in Dying, even if it conflicts with their conscience or religious beliefs.

7. Decisions affecting a patient who is requesting or receiving Medical Assistance in Dying should respect the patient's cultural, linguistic, and spiritual or religious ties / beliefs.

1. Privacy and Confidentiality

For greater clarity, definitions for terms in this section can be found in Appendix A.

The federal *Criminal Code* and *Regulations for the Monitoring of Medical Assistance in Dying* set out information that is to be collected and reported by Practitioners and Pharmacists involved in the Medical Assistance in Dying process. All federal reporting requirements are set out in the Medical Assistance in Dying forms referenced in the *Guidelines* and all information is compulsory unless noted otherwise.

The **Review Committee** is responsible for filing all required information on Medical Assistance in Dying in the NWT directly to the federal Minister of Health. Completed forms are to be provided to the Review Committee within the specified timeframes to ensure the federal reporting timelines can be adhered to.

In addition to the requirements set out in the federal legislation, the collection, use, disclosure, management, retention, and disposal of information related to Medical Assistance in Dying, including a patient's request for information, must further adhere to the NWT *Health Information Act* and any existing standards and policies.

2. Providing Information on Medical Assistance in Dying

For greater clarity, definitions for terms in this section can be found in Appendix A.

If a Nurse or Practitioner, (other than a Medical Assistance in Dying Practitioner), is asked for information on Medical Assistance in Dying, they must provide the patient with the **Central Coordinating Service**'s contact information.

Practitioners, Nurses, and other health and social services professionals are permitted, but not required, to provide information on the lawful provision of Medical Assistance in Dying and can also contact the Central Coordinating Service on the patient's behalf.

Information provided must be factual and should be limited to how Medical Assistance in Dying may be an option for patients who meet the Eligibility Criteria and how the process for Medical Assistance in Dying works in the NWT. In doing so, the health and social services professional may provide and/or review with the patient the **Medical Assistance in Dying - Information for the Public** document, which includes questions and answers for patients and their loved ones, and can be found at www.gov.nt.ca/maid.

Health and social services professionals must not discuss Medical Assistance in Dying with a patient with the aim of inducing, persuading, or convincing the patient to request Medical Assistance in Dying.

If a patient chooses to make a request for Medical Assistance in Dying, the patient must do so voluntarily and free from any external pressure. Medical Assistance in Dying must not be promoted or advocated under any circumstances, as this would constitute abetting or counselling suicide, an offence under the *Criminal Code*.

For further guidance, please refer to "Bringing up Medical Assistance in Dying as a clinical care option" (Canadian Association of MAID Assessors and Providers). It should be noted that, in light of the NWT's unique cultural context, Practitioners shall only initiate a discussion about Medical Assistance in Dying with a patient if the Practitioner has determined that Medical Assistance in Dying is consistent with the patient's values and goals of care and has good reason to believe that the patient might be eligible to

receive Medical Assistance in Dying. This is in line with Health Canada guidance and differs from what is presented in the Canadian Association of MAID Assessors and Providers document.

3. Conscientious Objection

For greater clarity, definitions for terms in this section can be found in Appendix A.

For greater certainty, other than providing the Central Coordinating Service contact information to a patient who requests information on Medical Assistance in Dying, no part of the *Guidelines* compels a Practitioner to provide Medical Assistance in Dying or another Practitioner, Nurse, or Pharmacist to aid a Practitioner in providing Medical Assistance in Dying to a patient. A Central Coordinating Service has been established that can facilitate access to a Practitioner who is willing to provide more information, assess a patient, and/or provide Medical Assistance in Dying. Health and social services professionals who conscientiously object to Medical Assistance in Dying must continue to provide all other care that is not related to activities associated with Medical Assistance in Dying.

It should be noted that conscientious objection may be case specific. Some Practitioners, Nurses, and Pharmacists are conscientiously opposed to all Medical Assistance in Dying, whereas others are opposed to Medical Assistance in Dying only in certain instances (e.g., Track 2). As such, some may conscientiously object to only specific cases given the specific circumstances. The same rules apply no matter the scope of objection: they cannot be compelled to participate, but Practitioners and Nurses must provide the Central Coordinating Service contact information to a patient who requests information on Medical Assistance in Dying or access to a willing Practitioner.

4. Central Coordinating Service

For greater clarity, definitions for terms in this section can be found in Appendix A.

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. This service is managed by the Territorial Specialist for MAID, a Registered Nurse who can answer questions, provide resources, and facilitate access to Practitioners who are willing to assess eligibility for and, if applicable, provide Medical Assistance in Dying.

Using a person-centered approach, the Central Coordinating Service helps individuals explore Medical Assistance in Dying as a care option and connects them with health and social services professionals who can best meet their unique needs. The Central Coordinating Service recognizes that end-of-life care is a personal, autonomous choice, and the Territorial Specialist for MAID is available to help guide and support patients and loved ones through the Medical Assistance in Dying process.

The Central Coordinating Service is also available as a resource for Practitioners and other health and social services professionals, helping them navigate the complexities of the Medical Assistance in Dying process and providing support throughout by helping with the completion of forms, assisting with provisions, and providing education.

The Territorial Specialist for MAID works within a case management framework, helping patients access supports and services, coordinating assessments, and monitoring and evaluating care received. When a patient is seeking access to a willing Practitioner, it is preferred that the health or social services professional contact the Central Coordinating Service directly, if possible, to ease the burden on the patient.

Contact information for the Central Coordinating Service:

Monday to Friday: 9:00am – 5:00pm
Toll Free: 1 (833) 492-0131
Email: maid_careteam@gov.nt.ca
Website: www.gov.nt.ca/maid

5. Communicating with Patient

For greater clarity, definitions for terms in this section can be found in Appendix A.

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

6. Request for Medical Assistance in Dying

For greater clarity, definitions for terms in this section can be found in Appendix A.

A. Formal Written Request Required

No health and social services professional is permitted to complete any form of preliminary assessment respecting a person's potential eligibility for Medical Assistance in Dying. Assessment of a person's eligibility for Medical Assistance in Dying must only be done by the Assessing Practitioner via **Form 2 – *Assessment of Patient by Assessing Practitioner*** and the Consulting Practitioner via **Form 3 – *Assessment of Patient by Consulting Practitioner***.

A **Formal Written Request**, made in the form of **Form 1 – *Formal Written Request,* MUST BE COMPLETED** by a patient in order to formally request Medical Assistance in Dying and proceed in the Medical Assistance in Dying process.

A Practitioner who receives a verbal request or a written request other than a completed Formal Written Request (including an email, text message, letter, etc.) must:

- Provide the patient with **Form 1 – *Formal Written Request*** to make a Formal Written Request for Medical Assistance in Dying; or
- If the Practitioner is not willing to provide Form 1, provide the patient with the Central Coordinating Service's contact information, which can assist the patient in completing the Form 1, provide more information on Medical Assistance in Dying, and facilitate access to a willing Practitioner for assessment. The Practitioner may offer to contact the Central Coordinating Service on the patient's behalf if appropriate.

B. Formal Written Request Process

A patient wishing to make a Formal Written Request for Medical Assistance in Dying cannot sign and date the **Form 1 – *Formal Written Request*** until after they have been informed by a Practitioner that they have a **Grievous and Irremediable Medical Condition.**

If the patient requesting Medical Assistance in Dying is unable to sign and date the form, another person may do so on the patient's behalf as the patient's proxy as long as the person:

(a) Signs under the express direction of the patient,
(b) Signs in the patient's presence;

(c) Is at least 18 years of age;
(d) Understands the nature of the request for Medical Assistance in Dying; and
(e) Does not know or believe they are a beneficiary under the will of the patient or a recipient, in any other way, of a financial or other material benefit resulting from the patient's death.

For greater certainty, a Practitioner or another health and social services professional may act as the patient's proxy, as long as the requirements listed above are met.

The patient, or the patient's proxy, must sign and date the form before an **independent witness**. A witness is considered independent if the witness:

(a) Is at least 18 years of age;
(b) Understands the nature of the request for Medical Assistance in Dying;
(c) Does not know or believe 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 the patient's death;
(d) Is not the 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;
(e) Is not directly involved in providing health care services to the patient making the request; and
(f) Is not directly providing personal care to the patient making the request.

For greater certainty, despite requirements (e) and (f) listed above, a person who is paid to provide health care services or personal care to the patient may act as an independent witness, with the exception of the Assessing Practitioner, Consulting Practitioner, the Providing Practitioner, or another Practitioner who was consulted in respect of the patient's request for Medical Assistance in Dying and who shared results of that consultation with the Assessing Practitioner, the Consulting Practitioner, or the Providing Practitioner.

7. Eligibility Criteria

For greater clarity, definitions for terms in this section can be found in Appendix A.

The criteria a patient must meet in order to be eligible for Medical Assistance in Dying includes ALL of the following:

(a) The patient is eligible or, but for any applicable minimum period of residence or waiting period, would be eligible for health services funded by a government in Canada, such as a provincial/territorial health care plan or a federal health care plan for those in the Canadian Armed Forces;
(b) The patient is at least 18 years of age and capable of making decisions with respect to their health;
(c) The patient has a **Grievous and Irremediable Medical Condition**;
(d) The patient has made a voluntary request for Medical Assistance in Dying that, in particular, was not made as a result of external pressure; and
(e) The patient gives **Informed Consent** to receive Medical Assistance in Dying after having been informed of the means that are available to relieve their suffering, including palliative care.

A. Capacity

To find a patient eligible for Medical Assistance in Dying, the Assessing Practitioner and Consulting Practitioner must be of the opinion that the patient has capacity to make decisions with respect to Medical Assistance in Dying at the time of the assessment.

When assessing for capacity to make decisions with respect to Medical Assistance in Dying, the Practitioner must determine whether the patient has the capacity to understand and appreciate:

(a) The history and prognosis of their medical condition(s);
(b) Their treatment and their risks and benefits; and
(c) That the intended outcome of the provision of Medical Assistance in Dying is death.

As capacity is fluid and may change over time, Practitioners must be alert to potential changes in a patient's capacity. Where appropriate, Practitioners should undertake periodic assessments of a patient's decision-making capacity and, if needed, consult with health and social services professionals with expertise in the assessment of decision-making capacity.

B. Grievous and Irremediable Medical Condition

To find a patient eligible for Medical Assistance in Dying, the Assessing Practitioner, Consulting Practitioner, and Providing Practitioner must be of the opinion that the patient has a Grievous and Irremediable Medical Condition.

A patient has a Grievous and Irremediable Medical Condition if:

(a) The patient has a serious and incurable illness, disease, or disability*;
(b) The patient is in an advanced state of irreversible decline in capability; and
(c) The illness, disease, or disability or that state of decline causes the patient enduring physical or psychological suffering that is intolerable to them and that cannot be relieved under conditions that they consider acceptable.

* Note: *Mental illness is currently excluded as a serious and incurable illness, disease, or disability for the purposes of Medical Assistance in Dying.*

i. Serious and incurable illness, disease, or disability

To find a patient has a Grievous and Irremediable Medical Condition, the Assessing Practitioner, Consulting Practitioner, and Providing Practitioner must be of the opinion that the patient has a serious and incurable illness, disease, or disability.

'Incurable' means there are no reasonable treatments remaining, where reasonable is determined by the Practitioner and patient together exploring the recognized, available, and potentially effective treatments in light of the patient's overall state of health, beliefs, values, and goals of care.

ii. Advanced state of irreversible decline in capability

To find a patient has a Grievous and Irremediable Medical Condition, the Assessing Practitioner, Consulting Practitioner, and Providing Practitioner must be of the opinion that the patient is in an advanced state of irreversible decline in capability.

Capability refers to a patient's functioning (physical, social, occupational, or other important areas), not the symptoms of their condition. Function refers to the ability to undertake those activities that are meaningful to the patient.

'Advanced state of decline' means the reduction in function is severe.

'Irreversible' means there are no reasonable interventions remaining, where reasonable is determined by the Practitioner and patient together exploring the recognized, available, and potentially effective interventions in light of the patient's overall state of health, beliefs, values, and goals of care.

Note: *The 'advanced state of irreversible decline in capability' does **not** need to be secondary to the serious and incurable illness, disease, or disability.*

iii. Enduring physical and psychological suffering that is intolerable to them and that cannot be relieved under conditions that they consider acceptable

To find a patient has Grievous and Irremediable Medical Condition, the Assessing Practitioner, Consulting Practitioner, and Providing Practitioner must be of the opinion that the patient's illness, disease, or disability or state of decline causes the patient enduring physical and psychological suffering that is intolerable to them and that cannot be relieved under conditions that they consider acceptable.

For the purposes of forming the opinion that the intolerable suffering criterion for Medical Assistance in Dying is met, Practitioners:

(a) Must explore all dimensions of the patient's suffering (physical, psychological, social, existential) and the means available to relieve them;
(b) Must explore the consistency of the patient's assessment of their suffering with the patient's overall clinical presentation, expressed wishes over time, and life narrative;
(c) Must be of the opinion that it is the patient's illness, disease, or disability and/or state of decline in capability that is the cause of the patient's suffering;
(d) Must be of the opinion that the suffering is enduring; and
(e) Must respect the subjectivity of suffering.

C. Voluntariness

To find a patient eligible for Medical Assistance in Dying, the Assessing Practitioner, Consulting Practitioner, and Providing Practitioner must be satisfied that the patient's decision to request Medical Assistance in Dying has been made freely, without undue influence (contemporaneous or past) from family members, health and social services professionals, or others.

D. Additional Considerations and Guidance

Additional considerations for assessing eligibility, including considerations respecting suicidality, challenging interpersonal dynamics, and structural vulnerability can be found in **Appendix B.** For further guidance, please refer to the following:

- Medical Assistance in Dying - Information for Health and Social Services Professionals (Government of the Northwest Territories (GNWT))
- Canadian Association of MAID Assessors and Providers resources, including:
  - Assessment for Capacity to give Informed Consent for Medical Assistance in Dying (MAID);
  - MAID and Dementia; and
  - Medical Assistance in Dying (MAID) for People with Complex Chronic Conditions.
- Canadian Psychiatric Association Position Paper - *Capacity Assessment and the Assessment of Voluntariness in the Context of MAID Legislation: The Role and Responsibility of Psychiatrists*

8. Assessment of Patient by Assessing Practitioner

For greater clarity, definitions for terms in this section can be found in Appendix A.

A. Review of Formal Written Request

The Assessing Practitioner must review **Form 1 – *Formal Written Request***, and ensure it was:

(a) signed and dated by the patient or the patient's proxy;
(b) signed and dated after the patient was informed by a Practitioner that the patient has a Grievous and Irremediable Medical Condition;
(c) signed and dated before an independent witness who then also signed and dated the form.

The Practitioner who informs the patient that they have a Grievous and Irremediable Medical Condition can be the same as the Assessing Practitioner, Consulting Practitioner, or Providing Practitioner, so long as the Practitioners remain 'independent' (as defined by the *Guidelines* – Appendix A).

B. Safeguards and Assessment Requirements

After reviewing **Form 1 – *Formal Written Request***, the Assessing Practitioner must assess the patient to ensure the patient meets the established **Eligibility Criteria**.

The Assessing Practitioner must complete **Form 2 – *Assessment of Patient by Assessing Practitioner*** to document their assessment and include the completed form in the patient's medical record.

The Assessing Practitioner may consult with other health or social services professionals to inform their assessment, so long as the Assessing Practitioner remains 'independent' (as defined by the *Guidelines* – Appendix A). This consultation **does not** include the assessment by the Consulting Practitioner.

As part of the assessment, the Assessing Practitioner **MUST**:

- Provide the patient with information on:
  - the feasible alternatives to Medical Assistance in Dying (ex. Palliative care, pain management, etc.);
  - the risks of taking the medication(s) for Medical Assistance in Dying; and
  - the probable outcome of taking the medication(s) for Medical Assistance in Dying;
- Recommend to the patient that the patient seek legal advice with respect to estate planning and life insurance implications;
- Offer to discuss, but not counsel on, the patient's Medical Assistance in Dying choice with the patient and the patient's family;
- Ensure the patient is capable of providing Informed Consent to receive Medical Assistance in Dying, consulting with other health and social services professionals as required;
- Inform the patient of the patient's ability to withdraw their request for Medical Assistance in Dying at any time and in any manner;
- Determine if the patient's natural death is reasonably foreseeable, taking into account all of the patient's medical circumstances. A prognosis does not have to be made as to the specific length of time the patient has remaining for a patient's natural death to be considered reasonably foreseeable.

C. Additional Safeguards – Natural Death NOT Reasonably Foreseeable (Track 2)

If the patient's natural death is determined to NOT be reasonably foreseeable, in addition to safeguards set out in Section 8 B, the Assessing Practitioner **MUST** ensure that all of the following safeguards are satisfied:

i. Information on Means to Relieve Suffering

- The Assessing Practitioner must ensure that the patient has been informed of the reasonable and available means to relieve the patient's suffering, including, where appropriate under the circumstances, counselling services, mental health and disability support services, community services[1], and palliative care;
- The Assessing Practitioner must ensure the patient has been offered consultations with relevant professionals who provide such services or care;
- The Assessing Practitioner must discuss with the patient the available means that are reasonable and recognized to relieve the patient's suffering; and
- The Assessing Practitioner, Consulting Practitioner, and patient must agree that the patient has given serious consideration[2] to those means.

--AND--

ii. Assessment Expertise

- Assessing and Consulting Practitioners must have the appropriate competencies, qualifications, experience, and training to render a diagnosis and understanding of the patient's condition, together with the appropriate technical knowledge and competency to provide Medical Assistance in Dying in a manner that is respectful to the patient. When death is not reasonably foreseeable (Track 2), Medical Assistance in Dying can occur in circumstances where neither the Assessing Practitioner nor the Consulting Practitioner has expertise in the condition that is causing the patient's suffering. However, in such circumstances, one must consult with a Practitioner who does have the appropriate expertise to ensure that all treatment options have been identified and explored. Both the Assessing Practitioner and the Consulting Practitioner must be made aware of the consultation results.
- For greater certainty, having expertise does not require that the Practitioner be licensed as a specialist for that condition. Rather, expertise can be obtained through education, training, and substantial experience in treating the condition causing the patient's suffering.
- For greater certainty, the 'Practitioner with expertise' is responsible for providing a consultation to the Assessing Practitioner and the Consulting Practitioner, not a Medical Assistance in Dying eligibility assessment.
- A review of the requester's prior health records (including past specialist consultation reports) can be an important part of a complete Medical Assistance in Dying eligibility assessment. However, such a review does not constitute 'consultation' as a consultation requires direct contemporaneous communication with the Practitioner with expertise.

--AND--

[1] 'Community services' must be interpreted as including housing and income supports.
[2] 'Serious consideration' must be understood to mean: a) exercising capacity, not merely having it; b) exhibiting careful thought; and c) not being impulsive.

iii. Assessment Period

- The Assessing Practitioner must inform the patient that a mandatory **Assessment Period** must pass before Medical Assistance in Dying can be provided.
- The Assessing Practitioner must determine whether or not the required Assessment Period of 90 days is appropriate in the circumstances, or if a shorter Assessment Period will need to be considered, by determining if the patient is at imminent risk of losing capacity to provide consent to receive Medical Assistance in Dying. If it is determined that the patient is at imminent risk of losing such capacity the Assessing Practitioner must inform the patient of such risk and of the various options available, including the option to shorten the Assessment Period.
- If the patient requests a shortened Assessment Period, the Assessing Practitioner must:
    - Determine the appropriate Assessment Period in the circumstances; and
    - Coordinate agreement to the shorter Assessment Period with the patient and the Consulting Practitioner (see Section 10 – Assessment Period where Natural Death is not Reasonably Foreseeable (Track 2), below).

D. Results of Assessment

If the Assessing Practitioner deems the patient eligible, the Assessing Practitioner must ensure another Practitioner (i.e., the '**Consulting Practitioner'**):

- Completes an assessment of the patient;
- Provides a written opinion outlining their assessment of the patient;
- Informs the patient of the patient's ability to withdraw the request for Medical Assistance in Dying at any time and in any manner; and
- If applicable, provides agreement to a shortened Assessment Period.

If the Assessing Practitioner determines the patient **does not** meet the established Eligibility Criteria, the Assessing Practitioner, other health or social services professional, patient, or any other person on the patient's behalf may contact the Central Coordinating Service to request that another Practitioner assess the patient.

There is no limit on the number of assessments that a patient can undergo. If a Practitioner finds a patient ineligible for Medical Assistance in Dying upon completion of an assessment, nothing prevents the Practitioner from finding the patient eligible for Medical Assistance in Dying at a later date.

The Assessing Practitioner is responsible for ensuring that the following forms are completed, included in the patient's medical record, and that copies are provided to the Review Committee **within 72 hours** of the Assessing Practitioner's assessment, regardless of whether the Assessing Practitioner determines the patient is eligible for Medical Assistance in Dying:

- **Form 1 –** ***Formal Written Request by Patient***
- **Form 2 –** ***Assessment of Patient by Assessing Practitioner***

9. Assessment of Patient by Consulting Practitioner

For greater clarity, definitions for terms in this section can be found in Appendix A.

Once a patient has been found eligible for Medical Assistance in Dying by an Assessing Practitioner, a Consulting Practitioner must assess the patient to ensure the patient meets the established Eligibility Criteria**.**

While the Assessing Practitioner's assessment and the Consulting Practitioner's assessment may be done concurrently, the Consulting Practitioner's assessment cannot be concluded **before** the Assessing Practitioner's assessment. The Consulting Practitioner's assessment must be concluded **at the same time** or **after** the Assessing Practitioner's assessment is concluded, as the intent is for the Consulting Practitioner to *confirm* the Assessing Practitioner's finding of eligibility.

A. Safeguards and Assessment Requirements

The Consulting Practitioner must complete **Form 3 – *Assessment of Patient by Consulting Practitioner*** to document their assessment and include the completed form in the patient's medical record.

As part of the assessment, the Consulting Practitioner **MAY**:

- Consult with other health or social services professionals to inform their assessment, so long as the Consulting Practitioner remains 'independent' (as defined by the *Guidelines* – Appendix A);
- Where applicable, review information related to the Assessing Practitioner's assessment of the patient, including **Form 2 – *Assessment of Patient by Assessing Practitioner,*** as long as it does not affect the Consulting Practitioner's independence (as defined by the *Guidelines* – Appendix A).

As part of the assessment, the Consulting Practitioner **MUST**:

- Ensure the patient is capable of providing Informed Consent to receive Medical Assistance in Dying, consulting with other health and social services professionals as required;
- Inform the patient of the patient's ability to withdraw the request for Medical Assistance in Dying at any time and in any manner; and
- Determine if the patient's natural death is reasonably foreseeable, taking into account all of the patient's medical circumstances. A prognosis does not have to be made as to the specific length of time the patient has remaining for a patient's natural death to be considered reasonably foreseeable.

B. Additional Safeguards – Natural Death NOT Reasonably Foreseeable (Track 2)

If the patient's natural death is determined to NOT be reasonably foreseeable, in addition to safeguards set out in Section 9 A, the Consulting Practitioner **MUST** ensure that all of the following safeguards are satisfied:

i. Information on Means to Relieve Suffering

- The Consulting Practitioner must ensure that the patient has been informed of the reasonable and available means to relieve the patient's suffering, including, where appropriate under the

circumstances, counselling services, mental health and disability support services, community services[3], and palliative care;
- The Consulting Practitioner must ensure the patient has been offered consultations with relevant professionals who provide such services or care;
- The Consulting Practitioner must discuss with the patient the available means that are reasonable and recognized to relieve the patient's suffering; and
- The Consulting Practitioner, Assessing Practitioner, and patient must agree that the patient has given serious consideration[4] to those means.

--AND--

ii. Assessment Expertise

- Assessing and Consulting Practitioners must have the appropriate competencies, qualifications, experience, and training to render a diagnosis and understanding of the patient's condition, together with the appropriate technical knowledge and competency to provide Medical Assistance in Dying in a manner that is respectful to the patient. When death is not reasonably foreseeable (Track 2), Medical Assistance in Dying can occur in circumstances where neither the Assessing Practitioner nor the Consulting Practitioner has expertise in the condition that is causing the patient's suffering. However, in such circumstances, one must consult with a Practitioner who does have the appropriate expertise to ensure that all treatment options have been identified and explored. Both the Assessing Practitioner and the Consulting Practitioner must be made aware of the consultation results.
- For greater certainty, having expertise does not require that the Practitioner be licensed as a specialist for that condition. Rather, expertise can be obtained through education, training, and substantial experience in treating the condition causing the patient's suffering.
- For greater certainty, the 'Practitioner with expertise' is responsible for providing a consultation to the Assessing Practitioner and the Consulting Practitioner, not a Medical Assistance in Dying eligibility assessment. A review of the requester's prior health records (including past specialist consultation reports) can be an important part of a complete Medical Assistance in Dying eligibility assessment. However, such a review does not constitute 'consultation' as a consultation requires direct contemporaneous communication with the Practitioner with expertise.

--AND--

iii. Assessment Period

- If determined by the Assessing Practitioner that a shorter Assessment Period is necessary and it has been agreed to by the patient, the Consulting Practitioner must also assess the patient to confirm that the patient is at imminent risk of losing capacity to provide consent to receive Medical Assistance in Dying. If the Consulting Practitioner agrees, they must record agreement with the shortened Assessment Period as requested by the Assessing Practitioner (see Section 10 – Assessment Period where Natural Death is not Reasonably Foreseeable (Track 2), below).

[3] 'Community services' must be interpreted as including housing and income supports.
[4] 'Serious consideration' must be understood to mean: a) exercising capacity, not merely having it; b) exhibiting careful thought; and c) not being impulsive.

C. Results of Assessment

If the Consulting Practitioner determines the patient **does not** meet the established Eligibility Criteria, the Consulting Practitioner, Assessing Practitioner, other health and social services professional, patient, or any other person on the patient's behalf may contact the Central Coordinating Service to request that another Consulting Practitioner assess the patient.

There is no limit on the number of assessments that a patient can undergo. If a Practitioner finds a patient ineligible for Medical Assistance in Dying upon completion of an assessment, nothing prevents the Practitioner from finding the patient eligible for Medical Assistance in Dying at a later date.

The Consulting Practitioner is responsible for ensuring that **Form 3 – *Assessment of Patient by Consulting Practitioner*** is completed, included in the patient's medical record, and that copies are provided to the Review Committee **within 72 hours** of the Consulting Practitioner's assessment, regardless of whether the Consulting Practitioner determines the patient is eligible for Medical Assistance in Dying.

10. Assessment Period where Natural Death is not Reasonably Foreseeable (Track 2)

For greater clarity, definitions for terms in this section can be found in Appendix A.

Before a Practitioner provides Medical Assistance in Dying to a patient whose natural death is not reasonably foreseeable, an **Assessment Period** must pass, regardless of whether the Medical Assistance in Dying medications will be provided by the Practitioner or if the patient will self-administer.

The Assessment Period is at least **90 clear days** (i.e., 90 full days) between the day on which the assessment by the Assessing Practitioner began and the day on which 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 can be provided in a shorter period of time at the request of the patient if the Assessing Practitioner and the Consulting Practitioner are both of the opinion that the patient's loss of capacity to provide Informed Consent *is imminent.*

Where it has been determined by both the Assessing Practitioner and the Consulting Practitioner that a patient is at imminent risk of losing capacity to provide consent to receive Medical Assistance in Dying, the Assessing Practitioner must inform the patient of such risk and of the various options available, including the option to shorten the Assessment Period.

If the patient requests a shortened Assessment Period, the **Assessing Practitioner** is responsible for determining the appropriate length of the Assessment Period in the circumstances and coordinate agreement respecting the appropriateness of a shorter Assessment Period with the patient and the Consulting Practitioner. Agreement to the shortened Assessment Period is to be recorded in **Form 2 – *Assessment of Patient by Assessing Practitioner*** and **Form 3 – *Assessment of Patient by Consulting Practitioner***.

11. Patient Withdrawal

For greater clarity, definitions for terms in this section can be found in Appendix A.

For greater certainty, a patient may withdraw from the Medical Assistance in Dying process at any time and in any manner, including at any time other than during the assessments by an Assessing Practitioner or Consulting Practitioner, or immediately before the provision of Medical Assistance in Dying.

Any Practitioner who has received a patient's request for Medical Assistance in Dying, whether verbal or written, including a **Form 1 – *Formal Written Request*** at any stage in the Medical Assistance in Dying Process, and subsequently becomes aware of a patient's decision to withdraw, must complete **Form 4 – *Withdrawal of Request***, unless a Form 4 has already been completed to withdraw the same patient request.

A Practitioner who completes a **Form 4 – *Withdrawal of Request*** is responsible for ensuring the form is included in the patient's medical record and that a copy is provided to the Review Committee **within 72 hours** of becoming aware of the patient's decision to withdraw their request.

12. Death of Patient from Other Cause

For greater clarity, definitions for terms in this section can be found in Appendix A.

A Practitioner who has received any form of request for Medical Assistance in Dying, whether verbal or written, including but not limited to a Formal Written Request, and becomes aware that the patient has died from a cause other than Medical Assistance in Dying:

- **within 90 days of receiving the request from a Track 1 patient; or**
- **within two (2) years of receiving the request from a Track 2 patient**

must complete **Form 9 – *Death of Patient from Other Cause.*** No reporting is required if the Practitioner became aware of the patient's death more than 90 days after receiving a request for Medical Assistance in Dying from a Track 1 patient or more than two (2) years after receiving a request for Medical Assistance in Dying from a Track 2 patient.

A Practitioner who completes a **Form 9 – *Death of Patient from Other Cause*** is responsible for ensuring that the completed form is included in the patient's medical record and that a completed copy is provided to the Review Committee **within 30 days** of the Practitioner becoming aware that the patient has died.

13. Medical Assistance in Dying Medication(s)

For greater clarity, definitions for terms in this section can be found in Appendix A.

The *Medical Assistance in Dying Medication Protocols for the Northwest Territories,* as amended from time to time, is recognized as the NWT standard for all Medical Assistance in Dying medications.

14. Waiver of Final Consent

For greater clarity, definitions for terms in this section can be found in Appendix A.

Only a patient whose natural death is reasonably foreseeable (Track 1) may provide **Advance Consent** to receive Medical Assistance in Dying. To be eligible to provide Advance Consent, the patient must also:

- be at risk of losing capacity to provide final consent before the date on which they wish to receive Medical Assistance in Dying;
- have the capacity to provide the Advance Consent to Medical Assistance in Dying; and
- have been assessed and found eligible for Medical Assistance in Dying by both an Assessing Practitioner and Consulting Practitioner.

If the Providing Practitioner(s) is (are) of the opinion that the patient is at risk of losing capacity to provide final consent to Medical Assistance in Dying prior to the date on which the patient wishes to receive it, the Providing Practitioner(s) must inform the patient of such risk and of the various options available, including the option to provide Advance Consent.

To provide Advance Consent to Medical Assistance in Dying, all potential Providing Practitioner(s) and the patient must enter into a written agreement by completing **Form 5 – *Waiver of Final Consent***, indicating the patient's consent that the Providing Practitioner(s) will administer a substance to cause the patient's death (i.e., Practitioner-administered Medical Assistance in Dying) on or before a specified day if the patient loses their capacity to consent to receiving Medical Assistance in Dying prior to that day. The **Form 5 – *Waiver of Final Consent*** must indicate all potential Practitioner(s) that may be

involved in the provision of Medical Assistance in Dying as the Providing Practitioner, and any other terms the patient may have for receiving Medical Assistance in Dying.

In completing the **Form 5 – *Waiver of Final Consent*** with the patient, each potential Providing Practitioner must discuss with the patient what would invalidate the patient's Advance Consent, and discuss what words, sounds, or gestures might constitute refusal to having the substance administered or resistance to its administration. It should be made clear that it is ultimately up to the Providing Practitioner to make this determination.

NOTE: A patient **cannot** provide Advance Consent for self-administration.

The Advance Consent is invalidated under the following circumstances:

- If the patient has capacity to provide final consent on the date indicated in **Form 5 – *Waiver of Final Consent***. The patient may then choose to:
    - Still receive Medical Assistance in Dying on that date, but must provide final consent at the time Medical Assistance in Dying is being provided by completing **Form 7 – *Express Consent by Patient to Receive Medical Assistance in Dying***; or
    - Complete a new **Form 5 – *Waiver of Final Consent*** indicating a new date upon which Medical Assistance in Dying is to be provided in the event of capacity loss.
- If, at the time of providing Medical Assistance in Dying, the patient demonstrates, by words, sounds, or gestures, refusal to have the substance administered or resistance to its administration. This does not include involuntary words, sounds, or gestures made in response to contact. For Medical Assistance in Dying to be provided, the patient must regain capacity and provide valid consent:
    - At the time Medical Assistance in Dying is provided by completing **Form 7 – *Express Consent by Patient to Receive Medical Assistance in Dying*;** or
    - By completing a new **Form 5 – *Waiver of Final Consent*** indicating a new date upon which Medical Assistance in Dying is to be provided in the event of capacity loss.

For greater certainty:

- It is ultimately the Providing Practitioner that must obtain the patient's final consent for Medical Assistance in Dying, whether it is express consent at the time Medical Assistance in Dying is provided, or Advance Consent. This means that the Providing Practitioner must assess the patient's eligibility to provide Advance Consent and capacity to provide Advance Consent, and complete the **Form 5 – *Waiver of Final Consent*** with the patient, if applicable;
- The Providing Practitioner must ensure that the patient has been found eligible for Medical Assistance in Dying by both an Assessing Practitioner and Consulting Practitioner prior to provision; otherwise, the Advance Consent is invalid;
- The patient does not need to be found eligible for Medical Assistance in Dying by both the Assessing Practitioner and Consulting Practitioner before **Form 5 – *Waiver of Final Consent*** is completed, (ex. **Form 5 – *Waiver of Final Consent*** may be completed during the patient's assessment by an Assessing Practitioner who intends to be a potential Providing Practitioner, prior to the patient being found eligible for Medical Assistance in Dying by the Consulting Practitioner);
- There are no restrictions regarding how far in advance the patient may provide their advance consent, so long as the patient's natural death remains reasonably foreseeable;
- There is no limit on the number of potential Providing Practitioners that can complete Part B of **Form 5 – *Waiver of Final Consent*;**

- Only mandatory terms of the agreement for receiving Medical Assistance in Dying should be included on **Form 5 – *Waiver of Final Consent*,** for example, if there are any conditions in which the patient would NOT want to proceed with Medical Assistance in Dying as soon as possible once they had lost capacity, (ex. until certain family/friends are able to say goodbye). If stipulations are added on **Form 5 – *Waiver of Final Consent*,** the patient must understand that if these stipulations cannot be met, (ex. a family member is unable to travel to be present), the Providing Practitioner cannot proceed with Medical Assistance in Dying;
- Any additional wishes of the patient that are flexible, (i.e., if these stipulations cannot be met, the Providing Practitioner may still proceed with Medical Assistance in Dying), should NOT be included on **Form 5 – *Waiver of Final Consent,*** and should instead be clearly outlined in the patient's electronic chart (ex. "I want my brother, Jim, in attendance, if possible"). Consider printing out for the patient's paper chart if this would assist with local team communication;
- There is no limit on the number of times a new **Form 5 – *Waiver of Final Consent*** may be completed;
- If a change is made to Part A of **Form 5 – *Waiver for Final Consent***, (ex. if the agreed upon date has passed and the patient still retains capacity), a new written agreement is required, (i.e., new Part B portions of **Form 5 – *Waiver for Final Consent*** will need to be completed by all potential Providing Practitioners); and
- Only updated Part A and Part B portions of the **Form 5 – *Waiver for Final Consent*** must be submitted to the Review Committee, (i.e., it is not necessary to resubmit the older Part A or Part B portions).

For further guidance, please refer to "Guidance on the Use of a Waiver of Final Consent" (Canadian Association of MAID Assessors and Providers). In the event of a conflict or inconsistency, the *Guidelines* prevail.

15. Medical Assistance in Dying—Administered by Practitioner

For greater clarity, definitions for terms in this section can be found in Appendix A.

A. Role of Providing Practitioner

Safeguard review: The Providing Practitioner is not required to be the same Practitioner as the Assessing Practitioner or Consulting Practitioner. However, prior to providing Medical Assistance in Dying, the Providing Practitioner must:

- Ensure all required forms are completed in full in accordance with the *Guidelines* and are in the patient's medical record:
  - **Form 1 – *Formal Written Request***
  - **Form 2 – *Assessment of Patient by Assessing Practitioner***
  - **Form 3 – *Assessment of Patient by Consulting Practitioner***
  - **Form 5 – *Waiver of Final Consent*** (if applicable) OR
    Form 7 – *Express Consent by Patient to Receive Medical Assistance in Dying* (if applicable)

- Confirm that **Form 1 – *Formal Written Request*** was:
  - Made in writing and signed and dated by the patient, or the patient's proxy, after the patient was informed by a Practitioner that the patient has a Grievous and Irremediable Medical Condition; and
  - Signed and dated by the patient, or the patient's proxy, before an independent witness who then also signed and dated the request;

- Ensure that the patient was informed that they may, at any time and in any manner, withdraw their request for Medical Assistance in Dying by both the Assessing Practitioner and the Consulting Practitioner, as recorded in **Form 2 – *Assessment of Patient by Assessing Practitioner*** and **Form 3 – *Assessment of Patient by Consulting Practitioner***;

- Where different, be satisfied that they are independent from the Assessing Practitioner and/or Consulting Practitioner; and

- Review **Form 2 – *Assessment of Patient by Assessing Practitioner*** and **Form 3 – *Assessment of Patient by Consulting Practitioner*** and be satisfied that the patient meets the Eligibility Criteria, and:

i. Where the patient's natural death is NOT reasonably foreseeable (Track 2)

  - Be in agreement with that opinion;
  - Ensure the patient has been provided with information on means to relieve suffering by:
    - Ensuring that the patient has been informed of the reasonable and available means to relieve the patient's suffering, including, where appropriate under the circumstances, counselling services, mental health and disability support services, community services, and palliative care;
    - Ensuring the patient has been offered consultations with relevant professionals who provide such services or care;

        - Discussing with the patient the available means that are reasonable and recognized to relieve the patient's suffering; and
        - Agreeing with the Assessing Practitioner and Consulting Practitioner (where different), and the patient, that the patient has given serious consideration to those means;
    - Ensure that the Assessing Practitioner or Consulting Practitioner has expertise in the condition that is causing the patient suffering, or that a Practitioner with that expertise was consulted; and
    - Ensure that:
        - At least 90 clear days (i.e., 90 full days) between when the assessment of the patient by the Assessing Practitioner began and the day Medical Assistance in Dying is being provided has elapsed; OR
        - Where a shorter Assessment Period was considered appropriate in the circumstances, they agree with that determination and that the shorter Assessment Period as specified in **Form 2 – *Assessment of Patient by Assessing Practitioner*** and **Form 3 – *Assessment of Patient by Consulting Practitioner*** has elapsed.

--OR--

ii. Where the patient's natural death is reasonably foreseeable (Track 1):

- If applicable, review **Form 5 – *Waiver of Final Consent*** and determine if the patient has lost the capacity to provide consent to receive Medical Assistance in Dying and ensure any terms set out by the patient in Part A of **Form 5 – *Waiver of Final Consent*** have been met.

Provision: Medical Assistance in Dying must be provided with reasonable knowledge, care, and skill. The Providing Practitioner must exercise professional judgement in determining the appropriate medication protocol to follow in order to achieve Medical Assistance in Dying. The goals for any medication protocol for Medical Assistance in Dying include ensuring the patient is comfortable and ensuring pain and anxiety are controlled.

The Providing Practitioner must inform the Pharmacist, in writing, that the medication is intended for Medical Assistance in Dying before the Pharmacist dispenses the medication.

The medications may be administered at whatever location is deemed suitable by the Providing Practitioner and patient.

Immediately before administering the medication, the Providing Practitioner must ensure the patient gives consent to receive Medical Assistance in Dying:

i. Where the patient has <u>LOST</u> capacity to provide final consent:

- Ensuring a valid **Advance Consent** (**Form 5 – *Waiver of Final Consent***) has been completed and is in the patient's medical record;
- Ensuring that any terms set out in the form and as agreed to by the patient and the Providing Practitioner have been met;
- In the process of providing Medical Assistance in Dying, if at any time the patient demonstrates, by words, sounds, or gestures, refusal to have the substance administered

or resistance to its administration (not including involuntary words, sounds, or gestures made in response to contact), the patient's consent to the procedure is invalidated and Medical Assistance in Dying can no longer be provided to the patient on the basis of that consent. For Medical Assistance in Dying to be provided, the patient must regain capacity and provide consent again by:

- Providing final consent at the time Medical Assistance in Dying is provided by completing **Form 7 – *Express Consent by Patient to Receive Medical Assistance in Dying***; or
- Completing a new **Form 5 – *Waiver of Final Consent*** indicating a new date upon which Medical Assistance in Dying is to be provided in the event of capacity loss.

--OR--

ii. Where the patient has capacity to provide final consent:

- First giving the patient the opportunity to withdraw their request. This opportunity must be documented in the patient's medical record.
- If the patient:
  - Withdraws their request, the Providing Practitioner must complete a **Form 4 – *Withdrawal of Request***. The completed form must be included in the patient's medical record; or
  - Wishes to proceed with Medical Assistance in Dying, the patient must complete **Form 7 – *Express Consent by Patient to Receive Medical Assistance in Dying***. The completed form must be included in the patient's medical record. In obtaining the patient's express consent, the practitioner must inform the patient about the medications that will be used and the potential side effects, including the potential for involuntary muscle movements. The Providing Practitioner must discuss with the patient what words, sounds, or gestures might constitute refusal to having the substance administered or resistance to its administration. It should be made clear that it is ultimately up to the Providing Practitioner to make this determination. The practitioner should also inform any others that may be present at the time of administration.

Following the administration of the medication and death of the patient, the Providing Practitioner must complete **Form 8 – *Record of Provision*** and include the completed form in the patient's medical record.

The Providing Practitioner is responsible for ensuring the following forms are completed, included the patient's medical record, and that completed copies are provided to the Review Committee **within 72 hours** of providing Medical Assistance in Dying or the patient's withdrawal:

- **Form 5 – *Waiver of Final Consent*** OR **Form 7 – *Express Consent by Patient to Receive Medical Assistance in Dying***
- **Form 8 – *Record of Provision***
- **Form 4 – *Withdrawal of Request*** (if applicable)

NOTE: Practitioners are **NOT** to notify the Coroner of Medical Assistance in Dying deaths, as they are not reportable deaths under the NWT's *Coroners Act*.

B. Role of Pharmacist

Only a Pharmacist is permitted to dispense medication for the purposes of Medical Assistance in Dying. Medications must only be dispensed from a hospital pharmacy and must only be provided to a Practitioner or Nurse.

The Pharmacist must complete **Form 6 – *Dispensing of Medication***. The Pharmacist is responsible for ensuring the form is included in the patient's medical record and that a copy of the completed form is provided to the Review Committee **within 72 hours** of dispensing the medication.

C. Role of Nurse

A Nurse must ensure they provide care that is within their scope of practice for the purpose of aiding a Practitioner to provide Medical Assistance in Dying to a patient.

A Nurse must be aware of any applicable employer policies, guidelines, procedures and/or processes that are in place to guide their assistance in the provision of Medical Assistance in Dying.

A Nurse may assist a Practitioner in providing Medical Assistance in Dying to a patient, only when under the direction of the Practitioner; however, a Nurse is **not** to administer the substance prescribed. The Providing Practitioner is required to administer the substance which will bring about the patient's death.

Nurses are encouraged to be familiar with:

- The Medical Assistance in Dying information provided by their regulatory body, the College and Association of Nurses of the Northwest Territories and Nunavut (https://cannn.ca/professional-practice/medical-assistance-in-dying-maid/); and
- The Canadian Nurses Protective Society's "Medical Assistance in Dying: What Every Nurse Should Know" (http://cnps.ca/MAID).

16. Medical Assistance in Dying—Administered by Patient ('self-administration')

For greater clarity, definitions for terms in this section can be found in Appendix A.

Practitioners must help patients determine whether self-administration is a manageable option. Considerations include, but are not limited to, whether the patient is too sick for self-administration, or no longer capable of swallowing, holding down food, or absorbing oral medication, and whether others may attempt to impede the patient's self-administration process. Part of the discussion with a patient considering self-administration must include informing the patient that:

- the Providing Practitioner must be present when the patient self-administers the medication; and
- consent to self-administration requires consent to the Providing Practitioner administering IV medications in the event that the self-administration is unsuccessful.

The patient is responsible for determining when / if they are ready to proceed with Medical Assistance in Dying and may contact the Central Coordinating Service to access a Providing Practitioner who will provide the medication to the patient for self-administration and who will be present for the self-administration.

A. Role of Providing Practitioner

Safeguard review: The Providing Practitioner is not required to be the same Practitioner as the Assessing Practitioner or Consulting Practitioner. However, prior to providing Medical Assistance in Dying, the Providing Practitioner must:

- Ensure all required forms are completed in full in accordance with the *Guidelines* and in the patient's medical record:
  - **Form 1 –** ***Formal Written Request***
  - **Form 2 –** ***Assessment of Patient by Assessing Practitioner***
  - **Form 3 –** ***Assessment of Patient by Consulting Practitioner***
  - **Form 7 –** ***Express Consent by Patient to Receive Medical Assistance in Dying***

- Confirm that **Form 1 –** ***Formal Written Request*** was:
  - Made in writing and signed and dated by the patient, or the patient's proxy, after the patient was informed by a Practitioner that the patient has a Grievous and Irremediable Medical Condition; and
  - Signed and dated by the patient, or the patient's proxy, before an independent witness who then also signed and dated the request;

- Ensure that the patient was informed that they may, at any time and in any manner, withdraw their request for Medical Assistance in Dying by both the Assessing Practitioner and the Consulting Practitioner, as recorded in **Form 2 –** ***Assessment of Patient by Assessing Practitioner*** and **Form 3 –** ***Assessment of Patient by Consulting Practitioner***;

- Where different, be satisfied that they are independent from the Assessing Practitioner and/or Consulting Practitioner; and

- Review **Form 2 –** ***Assessment of Patient by Assessing Practitioner*** and **Form 3 –** ***Assessment of Patient by Consulting Practitioner*** and be satisfied that the patient meets

the Eligibility Criteria, and **where the patient's natural death is NOT reasonably foreseeable (Track 2):**

- Be in agreement with that opinion;
- Ensure the patient has been provided with information on means to relieve suffering by:
  - Ensuring that the patient has been informed of the reasonable and available means to relieve the patient's suffering, including, where appropriate under the circumstances, counselling services, mental health and disability support services, community services, and palliative care;
  - Ensuring the patient has been offered consultations with relevant professionals who provide such services or care;
  - Discussing with the patient the available means that are reasonable and recognized to relieve the patient's suffering; and
  - Agreeing with the Assessing Practitioner and Consulting Practitioner (where different), and the patient, that the patient has given serious consideration to those means;

- Ensure that the Assessing Practitioner or Consulting Practitioner has expertise in the condition that is causing the patient suffering, or that a Practitioner with that expertise was consulted; and
- Ensure that:
  - At least 90 clear days (i.e., 90 full days) between when the assessment of the patient by the Assessing Practitioner began and the day Medical Assistance in Dying is being provided has elapsed; OR
  - Where a shorter Assessment Period was considered appropriate in the circumstances, they agree with that determination and that the shorter Assessment Period as specified in **Form 2 – *Assessment of Patient by Assessing Practitioner*** and **Form 3 – *Assessment of Patient by Consulting Practitioner*** has elapsed.

Provision: Medical Assistance in Dying must be provided with reasonable knowledge, care, and skill. The Providing Practitioner must exercise professional judgement in determining the appropriate medication protocol to follow in order to achieve Medical Assistance in Dying. The goals for any medication protocol for Medical Assistance in Dying include ensuring the patient is comfortable and ensuring pain and anxiety are controlled.

The Providing Practitioner must inform the Pharmacist, in writing, that the medication is intended for Medical Assistance in Dying before the Pharmacist dispenses the medication. The Providing Practitioner must make the necessary arrangements with the pharmacy to ensure the IV protocol is also available should it be needed.

<u>The Providing Practitioner must be present when a patient self-administers the medication(s) for Medical Assistance in Dying.</u> The medications may be administered at whatever location is deemed suitable by the Providing Practitioner and patient.

Immediately before providing the patient with the medication, the Providing Practitioner must first give the patient the opportunity to withdraw their request. This opportunity must be documented in the patient's medical record. If the patient:

- Withdraws their request, the Providing Practitioner must complete a **Form 4 – *Withdrawal of Request***. The completed form must be included in the patient's medical record; or

- Wishes to proceed with Medical Assistance in Dying, the Providing Practitioner must obtain the patient's express consent to receive Medical Assistance in Dying:
    - In obtaining the patient's express consent, the Providing Practitioner must:
        - Inform the patient that, in the event of intolerance to the medications, an extended dying period, or failure to die after self-administration of the oral protocol, the decision may need to be made to proceed with the IV protocol (practitioner-administered Medical Assistance in Dying), and that consent to do so is part of the consent to the procedure; and
        - Determine a specified period, as agreed to by the patient, within which the IV protocol will be administered should the oral protocol be unsuccessful and ensure that the Practitioner and Patient's agreement to the specified period is included in **Form 7 – *Express Consent by Patient to Receive Medical Assistance in Dying***.
        - Inform the patient about the medications that will be used and the potential side effects, including the potential for involuntary muscle movements. The practitioner must discuss with the patient what words, sounds, or gestures might constitute refusal to having the substance administered or resistance to its administration. It should be made clear that it is ultimately up to the Providing Practitioner to make this determination.
    - The patient must complete **Form 7 – *Express Consent by Patient to Receive Medical Assistance in Dying***. The completed form must be included in the patient's medical record.

Following the provision of the medication and death of the patient, the Providing Practitioner must complete **Form 8 – *Record of Provision*** and include the completed form in the patient's medical record.

The Providing Practitioner is responsible for ensuring the following forms are completed, included in the patient's medical record, and that completed copies are provided to the Review Committee **within 72 hours** of providing Medical Assistance in Dying or the patient's withdrawal:

- **Form 7 – *Express Consent by Patient to Receive Medical Assistance in Dying***
- **Form 8 – *Record of Provision***
- **Form 4 – *Withdrawal of Request*** (if applicable)

NOTE: Practitioners are **NOT** to notify the Coroner of Medical Assistance in Dying deaths, as they are not reportable deaths under the NWT's *Coroners Act*.

B. Role of Pharmacist

Only a Pharmacist is permitted to dispense medication for the purposes of Medical Assistance in Dying. Medications must only be dispensed from a hospital pharmacy and must only be provided to a Practitioner or Nurse.

The Pharmacist must complete **Form 6 – *Dispensing of Medication***. The Pharmacist is responsible for ensuring the form is included in the patient's medical record and that a copy of the completed form is provided to the Review Committee **within 72 hours** of dispensing the medication.

C. Role of Nurse

A Nurse must ensure they provide care that is within their scope of practice for the purpose of aiding a Practitioner to provide Medical Assistance in Dying to a patient.

A Nurse must be aware of any applicable employer policies, guidelines, procedures and/or processes that are in place to guide their assistance in the provision of Medical Assistance in Dying.

A Nurse may assist a Practitioner in providing Medical Assistance in Dying to a patient, only when under the direction of the Practitioner; however, a Nurse is **not** to administer the substance prescribed. In the event that the self-administration is unsuccessful, the Providing Practitioner is required to administer the substance which will bring about the patient's death.

Nurses are encouraged to be familiar with:

- The Medical Assistance in Dying information provided by their regulatory body, the College and Association of Nurses of the Northwest Territories and Nunavut (https://cannn.ca/professional-practice/medical-assistance-in-dying-maid/); and
- The Canadian Nurses Protective Society's "Medical Assistance in Dying: What Every Nurse Should Know" (http://cnps.ca/MAID).

17. Medical Certificate of Death

For greater clarity, definitions for terms in this section can be found in Appendix A.

Following the provision of Medical Assistance in Dying, the Providing Practitioner must ensure that the Medical Certificate of Death portion of the Death Registration Statement is completed according to Statistics Canada guidance, as follows:

- Section 26 – Cause of Death - Part 1 of the Medical Certificate of Death should be completed such that:
    - The immediate cause is recorded in Part 1 line (a) as the toxicity of the drugs administered for purposes of a medically assisted death; and
    - The underlying cause of death is recorded in Part 1 line (b) as the disease or condition motivating the request for Medical Assistance in Dying.
- Section 26 – Cause of Death - Part 2 of the Medical Certificate of Death should be completed such that:
    - Medical Assistance in Dying is recorded along with other significant conditions that may have contributed to the death but were not part of the sequence of events leading to it; and
    - It is specified whether Medical Assistance in Dying was provider-administered or self-administered.
- Manner of death should be certified as "natural" if such an option exists.

SAMPLE - Cause of death

SAMPLE *Cause of death*		Approximate interval between onset and death
Part I ***Immediate Cause*** *Disease or condition directly leading to death*	(a) **Administration of midazolam, lidocaine, propofol and rocuronium**	
	DUE TO or as a consequence of	
Antecedent Cause(s) *Morbid conditions, if any, giving rise to the above case, stating the Underlying Cause last*	(b) **End stage small cell lung cancer**	
	DUE TO or as a consequence of	
	(c)	
Part 2 *Other Significant Conditions* *Conditions contributing to the death, but not related to the disease or condition causing it*	**MAID – provider administered** **Multiple sclerosis**	

A person may apply to the Registrar General of Vital Statistics for a copy of a death certificate or a Death Registration Statement in accordance with the NWT *Vital Statistics Act*.

18. Medical Assistance in Dying Review Committee

For greater clarity, definitions for terms in this section can be found in Appendix A.

A Medical Assistance in Dying Review Committee (Review Committee) has been established in the NWT to:

- Maintain Medical Assistance in Dying records sent to the Review Committee as part of reporting requirements;
- Review, audit, and investigate Medical Assistance in Dying cases; and
- Fulfill reporting requirements under federal and territorial legislation, and any other pan-Canadian reporting requirements, including reporting requirements under the *Criminal Code* and its regulations.

The Review Committee is responsible for filing all information required under the *Criminal Code* and *Regulations for the Monitoring of Medical Assistance in Dying* directly to federal Minister of Health. Completed forms are to be provided to the Review Committee within the specified timeframes to ensure the federal reporting timelines can be adhered to.

Contact information for the Review Committee:

Department of Health and Social Services
Government of the Northwest Territories
Phone: 1(867) 767-9062 ext. 49190
Secure Fax: 1(867) 873-2315
Email*: MAID_ReviewCommittee@gov.nt.ca

** Completed forms being sent by email are to be sent via Secure File Transfer (see: https://sft.gov.nt.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.

Appendix A – Definitions

Advance Consent

Consent that may be provided in advance of receiving Medical Assistance in Dying by a patient whose natural death is reasonably foreseeable (Track 1) and is at risk of losing capacity to provide final consent at the time that they wish to receive Medical Assistance in Dying. Advance Consent is recorded through the completion of a **Form 5 – *Waiver of Final Consent.***

Note: *Advance Consent differs from an advance request for Medical Assistance in Dying. An advance request refers to a request for Medical Assistance in Dying made by a person before all the eligibility criteria for Medical Assistance in Dying, as defined in the Criminal Code, are met. Advance requests for Medical Assistance in Dying are not currently legally permissible in Canada.*

Assessment Period

The requirement when a patient whose natural death is NOT reasonably foreseeable (Track 2), where at least 90 clear days (i.e., 90 full days) have passed between the day on which an assessment by an Assessing Practitioner begins and the day on which the 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

Note: *Medical Assistance in Dying can be provided in a shorter period of time at the request of the patient if the Assessing Practitioner and the Consulting Practitioner are both of the opinion that the patient's loss of capacity to provide Informed Consent is imminent.*

If it is agreed that the request for a shorter Assessment Period is necessary, Medical Assistance in Dying can be provided within any shorter period that the ***Assessing Practitioner*** *considers appropriate in the circumstances, as recorded in* ***Form 2 – Assessment of Patient by Assessing Practitioner****.*

Canadian Association of MAID Assessors and Providers (CAMAP)

An organization made up of Medical Assistance in Dying experts that provide nationally recognized guidance and education to Medical Assistance in Dying clinicians across Canada.

All Practitioners involved in Medical Assistance in Dying in the Northwest Territories are strongly encouraged to be members of the Canadian Association of MAID Assessors and Providers, complete the **Canadian MAID Curriculum** and any other relevant training, and be familiar with their resources; however, these are recommendations and not requirements. Information can be found at www.camapcanada.ca.

Canadian MAID Curriculum

A nationally accredited, comprehensive, bilingual educational program to support the practice of Medical Assistance in Dying in Canada. The training is delivered by the Canadian Association of MAID Assessors and Providers through a combination of online and in-person formats. The

curriculum is fully accredited by the Royal College of Physicians and Surgeons of Canada (RCPSC), the College of Family Physicians of Canada (CFPC), and the Canadian Nurses Association (CNA). Information can be found at www.camapcanada.ca/curriculum.

Central Coordinating Service

A service that has been established in the Northwest Territories as a main point of contact for individuals, families, and health and social services professionals who have inquiries related to Medical Assistance in Dying.

This service is managed by the Territorial Specialist for MAID, a Registered Nurse who can answer questions, provide resources, and facilitate access to Practitioners who are willing to assess, and if applicable, provide Medical Assistance in Dying.

Contact information for the Central Coordinating Service:

Monday to Friday: 9:00am – 5:00pm
Toll Free: 1 (833) 492-0131
Email: maid_careteam@gov.nt.ca
Website: www.gov.nt.ca/maid

Cultural Humility

A process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience.

Cultural Safety

An outcome where people, including Indigenous people, feel safe and respected, free of racism and discrimination, when accessing health and social services.

Eligibility Criteria

Criteria a patient must meet in order to be eligible for Medical Assistance in Dying. The Eligibility Criteria includes ALL of the following:

(a) The patient is eligible or, but for any applicable minimum period of residence or waiting period, would be eligible for health services funded by a government in Canada, such as a provincial/territorial health care plan or a federal health care plan for those in the Canadian Armed Forces;
(b) The patient is at least 18 years of age and capable of making decisions with respect to their health;
(c) The patient has a Grievous and Irremediable Medical Condition;
(d) The patient has made a voluntary request for Medical Assistance in Dying that, in particular, was not made as a result of external pressure; and
(e) The patient gives Informed Consent to receive Medical Assistance in Dying after having been informed of the means that are available to relieve their suffering, including palliative care.

Formal Written Request

A written request for Medical Assistance in Dying that must be made by a patient by completing **Form 1 – *Formal Written Request*** in order to formally request Medical Assistance in Dying and be assessed for eligibility.

Forms (Medical Assistance in Dying)

- **Form 1 – *Formal Written Request*** — must be completed by a patient in order to make a Formal Written Request for Medical Assistance in Dying. It must be completed prior to the patient being assessed by a Practitioner for eligibility for Medical Assistance in Dying.

- **Form 2 – *Assessment of Patient by Assessing Practitioner*** — must be completed when an Assessing Practitioner assesses a patient to determine their eligibility for Medical Assistance in Dying.

- **Form 3 – *Assessment of Patient by Consulting Practitioner*** — must be completed when a Consulting Practitioner assesses a patient to determine their eligibility for Medical Assistance in Dying.

- **Form 4 – *Withdrawal of Request*** — must be completed by a Practitioner who received any form of request for Medical Assistance in Dying, whether verbal or written, after becoming aware that the patient has withdrawn their request for Medical Assistance in Dying.

- **Form 5 – *Waiver of Final Consent*** — must be completed by an eligible patient and any potential Providing Practitioner(s) when the patient wishes to provide Advance Consent for Medical Assistance in Dying in the event of capacity loss.

- **Form 6 – *Dispensing of Medication*** — must be completed by a Pharmacist who dispenses medication(s) for Medical Assistance in Dying.

- **Form 7 – *Express Consent by Patient to Receive Medical Assistance in Dying*** — must be completed by a patient prior to the Providing Practitioner providing Medical Assistance in Dying (i.e., prior to the administration or providing of medication(s) for Medical Assistance in Dying).

- **Form 8 – *Record of Provision*** — must be completed by the Providing Practitioner after providing Medical Assistance in Dying.

- **Form 9 – *Death of Patient from Other Cause*** — must be completed by a Practitioner who received a patient's written request for Medical Assistance in Dying and subsequently became aware that the patient died from a cause other than Medical Assistance in Dying.

Grievous and Irremediable Medical Condition

A patient has a Grievous and Irremediable Medical Condition only if they meet <u>all</u> of the following:

(a) The patient has a serious and incurable illness, disease, or disability*;
(b) The patient is in an advanced state of irreversible decline in capability; and

(c) The illness, disease, or disability or that state of decline causes the patient enduring physical or psychological suffering that is intolerable to them and that cannot be relieved under conditions that they consider acceptable.

*** Note:** ***For the purposes of Medical Assistance in Dying, mental illness is currently excluded as a serious and incurable illness, disease, or disability.***

(Independent) Practitioner

A medical practitioner, who is entitled to practice under the NWT *Medical Profession Act*, or a nurse practitioner, who is licensed to practice under the NWT *Nursing Profession Act*. For greater certainty, a Practitioner does not include a Registered Nurse, Registered Psychiatric Nurse, or Licensed Practical Nurse.

A Practitioner is considered **independent** if they meet ALL of the following:

(a) Is not a mentor to the other Practitioners or responsible for supervising their work;
(b) Does not know or believe 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 patient's death, other than standard compensation for their services to the request; and
(c) Does not know or believe they are connected to the other Practitioners (including Psychiatrists, if applicable) involved in the assessment of the same patient in any other way that would affect their objectivity or to the patient making the request in any other way that would affect their objectivity.

The Practitioner may further fall under one of three specific categories:

Assessing Practitioner: An independent Practitioner responsible for completing an assessment of the patient and determining whether or not the patient meets the Eligibility Criteria for Medical Assistance in Dying.

Consulting Practitioner: An independent Practitioner responsible for completing a consultation assessment and confirming the Assessing Practitioner's finding that the patient meets the Eligibility Criteria for Medical Assistance in Dying.

Providing Practitioner: An independent Practitioner responsible for providing Medical Assistance in Dying to a patient who has been found eligible for Medical Assistance in Dying by both an Assessing Practitioner and Consulting Practitioner. This may or may not be the same Practitioner as the Assessing Practitioner or Consulting Practitioner.

Practitioners who choose to assess eligibility for or provide Medical Assistance in Dying must have sufficient training, experience, and qualifications to safely and competently do so in the circumstances of each case. Recommended training may include, but is not limited to, training in capacity assessment, **trauma-informed services**, and **cultural safety** and **humility**.

Informed Consent

Consent provided by a person who has the capacity to make the decision and has been given an adequate explanation about the nature of the proposed intervention and its anticipated

outcome(s) as well as the potential benefits and material risks involved and alternatives available.

Medical Assistance in Dying

Medical Assistance in Dying means:

(a) The administering by a Providing Practitioner of medication(s) to a patient, at their request, that causes their death; or

(b) The prescribing or providing by a Providing Practitioner of medication(s) to a patient, at their request, so that they may self-administer the substance and in doing so cause their own death ('self-administration').

Medical Assistance in Dying Review Committee (Review Committee)

Person(s) responsible for maintaining Medical Assistance in Dying records, fulfilling reporting requirements, and for reviewing, auditing, and investigating Medical Assistance in Dying cases.

Contact information for the Review Committee:

Department of Health and Social Services
Government of the Northwest Territories
Phone: 1(867) 767-9062 ext. 49190
Secure Fax: 1(867) 873-2315
Email*: MAID_ReviewCommittee@gov.nt.ca

** Completed forms being sent by email are to be sent via Secure File Transfer (see: https://sft.gov.nt.ca/)*

Nurse

Includes a Registered Nurse, Licensed Practical Nurse, or Registered Psychiatric Nurse licensed to practice under the NWT *Nursing Profession Act*. For greater certainty, for the purpose of the *Guidelines,* a Nurse does not include a Nurse Practitioner.

Patient

A person who has requested, or is requesting, Medical Assistance in Dying.

Pharmacist

A Pharmacist licensed to practice under the NWT *Pharmacy Act*.

Track 1

Refers to the procedural safeguards applicable to a request for Medical Assistance in Dying made by a patient whose natural death is reasonably foreseeable.

Track 2

Refers to the procedural safeguards applicable to a request for Medical Assistance in Dying made by a patient whose natural death is not reasonably foreseeable.

Trauma-Informed Services

Services that integrate an understanding of trauma and prioritize the patient's safety, choice, and control in service delivery. Such services create a treatment culture of nonviolence, learning, and collaboration. Utilizing a trauma-informed approach does not necessarily require disclosure of trauma. Rather, services are provided in ways that recognize the need for physical and emotional safety, as well as choice and control in decisions affecting one's treatment. A key aspect of trauma-informed services is to create an environment where service users do not experience re-traumatization and where they can learn coping or self-regulation skills and make decisions about their treatment needs at a pace that feels safe to them.

Waiver of Final Consent

An arrangement in writing between the person (on Track 1) requesting Medical Assistance in Dying who is deemed to be at risk of losing capacity and their Providing Practitioner, that the Providing Practitioner would administer substances to cause their death on or after a pre-determined date chosen by that person, if they have lost decision-making capacity.

Appendix B – Additional Considerations

A. Suicidality

Practitioners must take steps to ensure that the patient's request for Medical Assistance in Dying is consistent with the patient's values and beliefs, is unambiguous, and enduring. They must ensure it is rationally considered during a period of stability, and not during a period of crisis. This may require continual assessments by Practitioners over time.

A request for Medical Assistance in Dying by a patient with a mental disorder in the absence of any criteria for involuntary admission as enumerated in the NWT *Mental Health Act*, is not grounds for involuntary psychiatric assessment or admission.

Practitioners must consider making a referral for suicide prevention supports and services for patients who are found ineligible for Medical Assistance in Dying if, in the opinion of the Practitioner, the finding increases the patient's risk of suicide.

B. Challenging Interpersonal Dynamics

Practitioners must be alert to challenging interpersonal dynamics such as threatening behaviours of Medical Assistance in Dying requesters or their family members. If these challenging dynamics compromise the ability to carry out the assessment in accordance with professional norms, Practitioners should seek information and/or advice from mentors and colleagues, and/or discontinue involvement in the assessment.

C. Structural Vulnerability

Practitioners should strive to be aware of structural vulnerability and how associated systemic barriers and biases against patients requesting Medical Assistance in Dying may have affected their interactions in the healthcare system and their ability to access appropriate resources. For example, certain groups such as people living with disabilities, and racialized and Indigenous persons have been subject to long-standing discrimination in and by the health system. In their assessments of patients requesting Medical Assistance in Dying, Practitioners must work to keep systemic biases out of their assessment.

D. Additional Guidance

See "Medical Assistance in Dying – Information for Health and Social Services Professionals" and Canadian Association of MAID Assessors and Providers (CAMAP) Publications and Guidelines for further guidance. In the event of a conflict or inconsistency, the *Guidelines* prevail.

Appendix C – Checklist

Practitioners and Pharmacists may use the following checklist to ensure all the safeguards are being met and that Medical Assistance in Dying is being provided in accordance with the *Criminal Code* and the *Medical Assistance in Dying Guidelines for the Northwest Territories*.

STEP 1: ASSESSMENT OF PATIENT BY ASSESSING PRACTITIONER

A) ASSESSMENT

☐ A completed Form 1 – *Formal Written Request* is received by a Practitioner that is signed and dated in accordance with the *Guidelines* after the patient has been informed by a Practitioner that the patient has a **Grievous and Irremediable Medical Condition**.

☐ Assessment is performed by an independent **Assessing Practitioner** to ensure the patient meets the **Eligibility Criteria**. The assessment is documented on Form 2 – *Assessment of Patient by Assessing Practitioner*.

i. <u>Where the patient is deemed ineligible:</u>

☐ The Assessing Practitioner, other health or social services professional, patient, or other person on the patient's behalf may contact the Central Coordinating Service to request that another Practitioner assess the patient.

ii. <u>Where the patient is deemed eligible:</u>

☐ A second assessment by a Consulting Practitioner is requested to confirm the patient meets the Eligibility Criteria (see step 2).

☐ All applicable procedural requirements and safeguards are completed (see steps 1.B. and 1.C.).

B) ALL ELIGIBLE PATIENTS: PROCEDURAL REQUIREMENTS

☐ The Assessing Practitioner ensured all procedural requirements have been followed, as outlined in the *Guidelines,* and document in Form 2 – *Assessment of Patient by Assessing Practitioner*:

- ☐ Provided the patient with information on the feasible alternatives to Medical Assistance in Dying (ex. palliative care, pain management, etc.);
- ☐ Provided the patient with information on the risks of taking the medication(s) for Medical Assistance in Dying;
- ☐ Provided the patient with information on the probable outcome of taking medication for Medical Assistance in Dying;

- ☐ Recommended to the patient that they seek legal advice with respect to estate planning and life insurance implications;

- ☐ Offered to discuss the patient's Medical Assistance in Dying choice with the patient and the patient's family;

- ☐ Assessed the patient to determine if their natural death is reasonably foreseeable, taking into account all of the patient's medical circumstances;

- ☐ Ensured the patient is capable of providing Informed Consent to receive Medical Assistance in Dying, consulting with other health and social services professionals as required; and

- ☐ Informed the patient of their ability to withdraw their request for Medical Assistance in Dying at any time and in any manner (see "Other: Withdrawal of Request" below).

C) ELIGIBLE PATIENTS: ADDITIONAL SAFEGUARDS WHERE NATURAL DEATH IS <u>NOT</u> REASONABLY FORESEEABLE (TRACK 2)

☐ Where the Assessing Practitioner has determined that the patient's natural death is NOT reasonably foreseeable, the Assessing Practitioner ensured all additional safeguards have been followed, as outlined in the *Guidelines,* and documented in Form 2 – *Assessment of Patient by Assessing Practitioner*:

- ☐ Provided information on means to relieve suffering:
  - Ensured patient has been informed of the reasonable and available means to relieve the patient's suffering, including, where appropriate under the circumstances, counselling services, mental health and disability support services, community care, and palliative care;
  - Discussed with the patient the available means that are reasonable and recognized to relieve the patient's suffering;
  - Ensured that the patient has been offered consultations with relevant professionals who provide such services; and
  - Agreed with the patient that the patient has given serious consideration to those means.

- ☐ Ensured that the Assessing Practitioner or Consulting Practitioner has expertise in the condition causing the patient's suffering, or where neither has that expertise, that another Practitioner with that expertise was consulted and shared the results of that assessment with both the Assessing Practitioner and Consulting Practitioner;

- ☐ Informed the patient that a mandatory 90-day Assessment Period must pass before Medical Assistance in Dying can be provided, unless the patient is at imminent risk of losing capacity to provide Informed Consent to receive Medical Assistance in Dying;

- ☐ Assessed the patient to determine if the patient is at imminent risk of losing capacity to provide Informed Consent, and where determined in consultation with the patient and Consulting Practitioner that such risk is present:

- Informed the patient of the risks and various options available, including the ability to shorten the Assessment Period;
- Determined a shortened Assessment period that is appropriate in the circumstances.

☐ The following forms are completed, included in the patient's medical record, and copies are provided to the Review Committee **within 72 hours** of the Assessing Practitioner's assessment:
- ☐ Form 1 – *Formal Written Request*
- ☐ Form 2 – *Assessment of Patient by Assessing Practitioner*
- ☐ Form 4 – *Withdrawal of Request* (if applicable)

STEP 2: ASSESSMENT OF PATIENT BY CONSULTING PRACTITIONER

A) ASSESSMENT

☐ Assessment is performed by an independent **Consulting Practitioner** to confirm they meet the **Eligibility Criteria**. The assessment is documented on Form 3 – *Assessment of Patient by Consulting Practitioner*.

i. Where the patient is deemed ineligible:

☐ The Assessing Practitioner, Consulting Practitioner, other health and social services professional, patient, or other person on the patient's behalf may contact the Central Coordinating Service to request that another Practitioner assess the patient.

ii. Where the patient is deemed eligible:

☐ All applicable procedural requirements and safeguards are completed (see steps 2.B. and 2.C.).

B) ALL ELIGIBLE PATIENTS: PROCEDURAL REQUIREMENTS

☐ The Consulting Practitioner ensured all procedural requirements have been followed, as outlined in the *Guidelines,* and document in Form 3 – *Assessment of Patient by Consulting Practitioner*:

- ☐ Assessed the patient to determine if their natural death is reasonably foreseeable, taking into account all of the patient's medical circumstances;

  Ensured the patient is capable of providing Informed Consent to receive Medical Assistance in Dying, consulting with other health and social services professionals as required; and

- ☐ Informed the patient of their ability to withdraw their request for Medical Assistance in Dying at any time and in any manner (see "Other: Withdrawal of Request" below).

C) ELIGIBLE PATIENTS: ADDITIONAL SAFEGUARDS WHERE NATURAL DEATH IS NOT REASONABLY FORESEEABLE (TRACK 2)

☐ Where the Consulting Practitioner has determined that the patient's natural death is NOT reasonably foreseeable, the Consulting Practitioner ensured all additional safeguards have been followed, as outlined in the *Guidelines,* and documented in Form 2 – *Assessment of Patient by Assessing Practitioner*:

- ☐ Provided information on means to relieve suffering:
  - Ensured patient has been informed of the reasonable and available means to relieve the patient's suffering, including, where appropriate under the circumstances, counselling services, mental health and disability support services, community care, and palliative care;
  - Discussed with the patient the available means that are reasonable and recognized to relieve the patient's suffering;
  - Ensured that the patient has been offered consultations with relevant professionals who provide such services; and
  - Agreed with the patient that the patient has given serious consideration to those means.

- ☐ Ensured that the Assessing Practitioner or Consulting Practitioner has expertise in the condition causing the patient's suffering, or where neither has that expertise, that another Practitioner with that expertise was consulted and shared the results of that assessment with both the Assessing Practitioner and Consulting Practitioner;

- ☐ Informed the patient that a mandatory 90-day Assessment Period must pass before Medical Assistance in Dying can be provided, unless the patient is at imminent risk of losing capacity to provide Informed Consent to receive Medical Assistance in Dying;

- ☐ Assessed the patient to determine if the patient is at imminent risk of losing capacity to provide Informed Consent, and where determined in consultation with the patient and Assessing Practitioner that such risk is present, agreed that a shortened Assessment period is appropriate in the circumstances.

☐ The following forms are completed, included in the patient's medical record, and copies are provided to the Assessing Practitioner and the Review Committee **within 72 hours** of the Consulting Practitioner's assessment:

- ☐ Form 3 – *Assessment of Patient by Consulting Practitioner*
- ☐ Form 4 – *Withdrawal of Request* (if applicable)

WAIVER OF FINAL CONSENT (IF APPLICABLE)

☐ The patient has been deemed eligible for Medical Assistance in Dying by both an Assessing Practitioner and a Consulting Practitioner who have determined that the patient's natural death is reasonably foreseeable (Track 1).

- ☐ A Practitioner has determined that the patient is at risk of losing capacity to provide final consent before the date on which they wish to receive Medical Assistance in Dying and has determined that the patient has the capacity to provide Advance Consent.

- ☐ Where the patient wishes to provide Advance Consent, each potential Providing Practitioner:

    - ☐ Informed the patient of their risk of losing capacity to provide final consent before the date on which they wish to receive Medical Assistance in Dying;

    - ☐ Provided the patient with information on available options, including the option to provide Advance Consent;

    - ☐ Entered into a written agreement in Form 5 – *Waiver of Final Consent* indicating the patient's consent that the Providing Practitioner(s) will administer a substance that causes the patient's death on or before a specified date if the patient loses capacity to consent to receive Medical Assistance in Dying before that date; and

    - ☐ Discussed with the patient what would invalidate the patient's Advance Consent.

- ☐ A patient who wishes to provide Advance Consent has completed form 5 – *Waiver of Final Consent* with all potential Providing Practitioners. The form is included in the patient's medical record and a copy has been provided to the Review Committee **within 72 hours** of completion.

- ☐ The Form 5 – *Waiver of Final Consent* is completed by the patient and each potential Providing Practitioner, included in the patient's medical record, and copies are provided to the Review Committee **within 72 hours** of completion.

STEP 3: MEDICAL ASSISTANCE IN DYING

A) SAFEGUARD/PROCEDURAL REQUIREMENT REVIEW (to be done BEFORE providing Medical Assistance in Dying)

The **Providing Practitioner** is responsible for ensuring that all of the following safeguards are met, as outlined in the *Guidelines,* and documented in Form 8 – *Record of Provision*:

- ☐ The patient's request for Medical Assistance in Dying was (documented in Form 1 – *Formal Written Request*):

    - ☐ Made in writing and signed and dated by the patient or, if applicable, by another person;

    - ☐ Signed and dated after the patient was informed by a Practitioner that the patient has a Grievous and Irremediable Medical Condition; and

- ☐ Signed and dated before an independent witness who then also signed and dated the request.

☐ Agree with the opinions of the Assessing Practitioner and Consulting practitioner that the patient meets all of the **Eligibility Criteria**, as informed by:

- ☐ The **Assessing Practitioner's** written opinion confirming that the patient meets all of the **Eligibility Criteria** (documented in Form 2 – *Assessment of Patient by Assessing Practitioner*); and

- ☐ The **Consulting Practitioner's** written opinion confirming that the patient meets all of the **Eligibility Criteria** (documented in Form 3 – *Assessment of Patient by Consulting Practitioner*);

☐ The patient has been informed by both the **Assessing Practitioner** and **Consulting Practitioner** that they may, at any time and in any manner, withdraw their request (documented in Form 2 – *Assessment of Patient by Assessing Practitioner* and Form 3 – *Assessment of Patient by Consulting Practitioner*);

☐ The Assessing Practitioner, Consulting Practitioner, and Providing Practitioner, where different, are independent;

☐ If the patient has difficulty communicating, the Practitioners have taken all necessary measures to provide a reliable means by which the patient may understand the information that is provided to them and communicate their decision;

☐ Where the patient's natural death is NOT reasonably foreseeable (Track 2):

- ☐ The Assessing Practitioner, Consulting Practitioner, and Providing Practitioner (where different):

  - ☐ Are all in agreement that the patient's natural death is not reasonably foreseeable;

  - ☐ Provided information on means to relieve suffering:
    - Ensured patient has been informed of the reasonable and available means to relieve the patient's suffering, including, where appropriate under the circumstances, counselling services, mental health and disability support services, community care, and palliative care;
    - Discussed with the patient the available means that are reasonable and recognized to relieve the patient's suffering;
    - Ensured that the patient has been offered consultations with relevant professionals who provide such services; and
      Agreed with the patient that the patient has given serious consideration to those means.

- ☐ At least one of the Assessing Practitioner or Consulting Practitioner has expertise in the condition that is causing the patient suffering, or a Practitioner with that expertise was consulted; and

- ☐ The Assessment Period has elapsed, where either:

  - ☐ At least 90 clear days (i.e., 90 full days) between when the assessment of the patient by the Assessing Practitioner began and the day Medical Assistance in Dying is being provided has elapsed; or

  - ☐ A shorter time period was deemed necessary and was requested and agreed to by the patient, and the time period specified in Form 2 – *Assessment of Patient by Assessing Practitioner* has elapsed.

B) PROVIDING MEDICAL ASSISTANCE IN DYING

☐ The Providing Practitioner informed the Pharmacist, in writing, that the medication is intended for Medical Assistance in Dying before the Pharmacist dispensed the medication.

i. <u>Where the Providing Practitioner administers the medications:</u>

☐ If the patient lost capacity to provide final consent, the Providing Practitioner:

- ☐ Ensured the patient met the criteria for providing **Advance Consent:**

  - ☐ The patient was deemed by the Providing Practitioner to be at risk of losing capacity to provide final consent before the date on which they wished to receive Medical Assistance in Dying;

  - ☐ The patient had the capacity to provide Advance Consent and the patient's medical record contains a valid Form 5 – *Waiver of Final Consent* that was completed with the Providing Practitioner;

  - ☐ The patient had since lost capacity to provide final consent to receive Medical Assistance in Dying; and

  - ☐ The patient did not demonstrate, by words, sounds, or gestures, refusal to have the substance administered or resistance to its administration; and

- ☐ The Providing Practitioner provided Medical Assistance in Dying in accordance with the arrangements set out in the Form 5 – *Waiver of Final Consent.*

-- OR--

☐ If the patient had capacity to provide final consent, immediately before the Providing Practitioner administers the medication:

☐ The Providing Practitioner provided the patient the opportunity to withdraw their request for Medical Assistance in Dying (see "Other: Withdrawal of Request" below); and

☐ The patient chose to:

☐ Proceed with Medical Assistance in Dying and completed Form 7 – *Express Consent by Patient to Receive Medical Assistance in Dying.*

--OR--

☐ Withdraw their request for Medical Assistance in Dying (see "Other: Withdrawal of Request" below).

ii. **<u>Where the patient administers the medications (Self-Administration):</u>**

Immediately before the Providing Practitioner provides the medication to the patient:

☐ The Providing Practitioner provided the patient the opportunity to withdraw their request for Medical Assistance in Dying (see "Other: Withdrawal of Request" below).

☐ The patient chose to:

☐ Proceed with Medical Assistance in Dying and completed Form 7 – *Express Consent by Patient to Receive Medical Assistance in Dying.*
--OR--

☐ Withdraw their request for Medical Assistance in Dying (see "Other: Withdrawal of Request" below).

☐ Following the administration or provision of the medication, and death of the patient, the following forms are completed, included in the patient's medical record, and copies are provided to the Review Committee **within 72 hours** of providing Medical Assistance in Dying:

- ☐ Form 4 – *Withdrawal of Request* (if applicable)
- ☐ Form 5 – *Waiver of Final Consent* **OR** Form 7 – *Express Consent by Patient to Receive Medical Assistance in Dying*
- ☐ Form 8 – *Record of Provision*

NOTE: Practitioners are **<u>NOT</u>** to notify the Coroner of Medical Assistance in Dying deaths, as they are not reportable deaths under the NWT's *Coroners Act*.

PHARMACY REQUIREMENTS

☐ The Pharmacist receives prescription from the Providing Practitioner and is informed, in writing, that the prescription is for Medical Assistance in Dying.

☐ Medications are dispensed in a hospital in accordance with the *Medical Assistance in Dying Medication Protocols for the Northwest Territories* to a Practitioner or Nurse.

☐ The Pharmacist completes Form 6 – *Dispensing of Medication*. A copy of the completed form is included in the patient's medical record and provided to the Review Committee **within 72 hours** of dispensing the medication.

OTHER: WITHDRAWAL OF REQUEST

☐ The patient was informed of their ability to withdraw their request for Medical Assistance in Dying at the following times:

- ☐ By the **Assessing Practitioner** as part of their assessment of the patient, as documented in Form 2 – *Assessment of Patient by Assessing Practitioner;*
- ☐ By the **Consulting Practitioner** as part of their assessment of the patient, as documented in Form 3 – *Assessment of Patient by Consulting Practitioner;* and
- ☐ By the **Providing Practitioner** as part of obtaining the patient's Express Consent to receive Medical Assistance in Dying (where valid Advance Consent has not been given, as documented in Form 7 – *Express Consent by Patient to Receive Medical Assistance in Dying.*

☐ Where a Practitioner received a Form 1 – *Formal Written Request* at any stage in the Medical Assistance in Dying Process, including the Assessing Practitioner(s), Consulting Practitioner(s), and any potential Providing Practitioner(s), and becomes aware of the patient's decision to withdraw their request for Medical Assistance in Dying, the Practitioner completed a Form 4 – *Withdrawal of Request* included the form in the patient's medical record, and provided a copy to the Review Committee **within 72** hours of becoming aware of the patient's withdrawal (unless a Form 4 has already been completed to withdraw the same patient request).

OTHER: DEATH OF PATIENT FROM OTHER CAUSE (IF APPLICABLE)

☐ **Practitioner** becomes aware that patient has died from a cause other than Medical Assistance in Dying within 90 days of having received any form of request, whether written or verbal, for Medical Assistance in Dying from a Track 1 patient or within two (2) years of having received any form of request for Medical Assistance in Dying from a Track 2 patient.

- **Form 9 – *Death of Patient from Other Cause*** is completed by the Practitioner, included in the patient's medical record, and a copy provided to the Review Committee **within 30 days** of the Practitioner becoming aware of the patient's death.

Appendix D – Contact Information

Central Coordinating Service

Monday to Friday: 9:00am – 5:00pm
Toll Free: 1 (833) 492-0131
Email: maid_careteam@gov.nt.ca
Website: www.gov.nt.ca/maid

Medical Assistance in Dying Review Committee

Department of Health and Social Services
Government of the Northwest Territories
Phone: 1(867) 767-9062 ext. 49190
Secure Fax: 1(867) 873-2315
Email: MAID_ReviewCommittee@gov.nt.ca

Appendix E – Process Map