

Medical Assistance in Dying – Checklist

Extracted from the Medical Assistance in Dying Guidelines for the Northwest Territories

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. Where the patient is deemed ineligible:

- ☐ 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. Where the patient is deemed eligible:

- ☐ 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 NOT 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. Where the Providing Practitioner administers the medications:

- ☐ 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. **Where the patient administers the medications (Self-Administration):**

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 **NOT** 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.