MEDICAL ASSISTANCE IN DYING
INTERIM GUIDELINES FOR THE NORTHWEST TERRITORIES
Effective November 1, 2018

Contents

Purpose

The *Medical Assistance in Dying Interim Guidelines* establish the rules and safeguards around the request and provision of Medical Assistance in Dying in the Northwest Territories. The purpose of the *Interim Guidelines* is to protect patients, Health Care Providers, and pharmacists throughout the Medical Assistance in Dying process.

Unless otherwise stated, existing procedures, protocols, or standards for Health Care Providers, health care facilities, health care programs, and medications are to be used in conjunction with the *Interim Guidelines*.

For greater certainty, both Medical Practitioners and Nurse Practitioners may provide Medical Assistance in Dying under the *Interim Guidelines*.

Guiding Principles

The *Medical Assistance in Dying Interim Guidelines* are 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 or advice.

2. A patient may change his/her 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 his/her request, including immediately prior to the provision of Medical Assistance in Dying.

3. Health Care Providers and pharmacists 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 Care Providers and pharmacists to participate in the Medical Assistance in Dying process must be respected.

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

6. Health Care Providers and pharmacists 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. Definitions

Central Coordinating Service

Service that is responsible for facilitating access to Practitioners who are willing to provide information on, assess and, if applicable, provide Medical Assistance in Dying.

Where Medical Assistance in Dying is administered by the patient (i.e. self-administered), the Central Coordinating Service will also facilitate a patient's access to a Practitioner who must be present when the patient is ready to proceed with the Medical Assistance in Dying self-administration process.

Contact information for the Central Coordinating Service can be found in Appendix B.

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) s/he 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) s/he is at least 18 years of age and capable of making decisions with respect to his/her health;
(c) s/he has a 'Grievous and Irremediable Medical Condition' (as defined in the *Interim Guidelines*);
(d) s/he has made a voluntary request for Medical Assistance in Dying that, in particular, was not made as a result of external pressure; and
(e) s/he gives informed consent to receive Medical Assistance in Dying.

Formal Written Request

A written request for Medical Assistance in Dying that is made by a patient by completing **Form 2 –*Formal Written Request by Patient***.

Forms (Medical Assistance in Dying)

- **Form 1 – *Record of Patient Referral*** — must be completed when a Practitioner receives a written request for Medical Assistance in Dying and subsequently refers or transfers the care of the patient.

- **Form 2 – *Formal Written Request by Patient*** — 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 Medical Assistance in Dying.

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

- **Form 4 – *Assessment of Patient by Consulting Practitioner*** — must be completed when a Consulting Practitioner assesses a patient to confirm they meet the Eligibility Criteria.

- **Form 5 – *Withdrawal Option*** — must be completed by a patient during his/her assessment by a Practitioner **and** his/her assessment by a Consulting Practitioner. Must

also be completed by patient if he/she withdraws her request after having completed Form 10 - *Express Consent by Patient to Receive Medical Assistance in Dying.*

- **Form 6 – *Psychiatric Opinion*** — must be completed by a Psychiatrist if their opinion is requested by a Practitioner and/or Consulting Practitioner to assess whether the patient is capable of making decisions about his/her health.

- **Form 7 – *Reflection Period Amendment—Practitioner*** — must be completed by a Practitioner if Medical Assistance in Dying will be provided in a shorter period of time than the established Reflection Period.

- **Form 8 – *Reflection Period Amendment—Consulting Practitioner*** — must be completed by a Consulting Practitioner if Medical Assistance in Dying will be provided in a shorter period of time than the established Reflection Period.

- **Form 9 – *Dispensing of Medication*** — must be completed by a pharmacist who dispenses medication(s) for Medical Assistance in Dying.

- **Form 10 – *Express Consent by Patient to Receive Medical Assistance in Dying*—** must be completed by a patient prior to the Practitioner providing Medical Assistance in Dying (i.e. prior to the administration or providing of medication(s) for Medical Assistance in Dying).

- **Form 11 – *Record of Provision*** — must be completed by the Practitioner after providing Medical Assistance in Dying.

- **Form 12 – *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) s/he has a serious and incurable illness, disease or disability;
(b) s/he is in an advanced state of irreversible decline in capability;
(c) the illness, disease or disability or that state of decline causes him/her enduring physical or psychological suffering that is intolerable to them and that cannot be relieved under conditions that they consider acceptable; and
(d) his/her natural death has become reasonably foreseeable, taking into account all of their medical circumstances, without a prognosis necessarily having been made as to the specific length of time that they have remaining.

Health Care Provider

A Registered Nurse or an "independent" Practitioner (Medical Practitioner or Nurse Practitioner), as defined by the *Interim Guidelines*.

(Independent) Consulting Practitioner

A Medical Practitioner, who is licensed under the NWT's *Medical Profession Act*, or a Nurse Practitioner, who is licensed under the NWT's *Nursing Profession Act*, who is responsible for

assessing the patient and confirming they meet the Eligibility Criteria for Medical Assistance in Dying.

A Consulting Practitioner is considered independent if s/he meets ALL of the following:

(a) is not a mentor to the other Practitioners (including the Psychiatrists, if applicable) 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 involved in the assessment of the same patient (including the Psychiatrists, if applicable), or to the patient making the request in any other way that would affect their objectivity.

(Independent) Practitioner

A Medical Practitioner, who is licensed under the NWT's *Medical Profession Act*, or a Nurse Practitioner, who is licensed under the NWT's *Nursing Profession Act*, who is responsible for assessing the patient and ensuring they meet the Eligibility Criteria for Medical Assistance in Dying.

A Practitioner is considered independent if s/he meets ALL of the following:

(a) is not a mentor to the other Practitioners (including the Psychiatrists, if applicable) 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 Practitioners involved in the assessment of the same patient (including the Psychiatrists, if applicable) or to the patient making the request in any other way that would affect their objectivity.

(Independent) Psychiatrist

A Psychiatrist, who is a Medical Practitioner licensed under the NWT's *Medical Profession Act*, who is responsible for assessing the patient and providing an opinion on whether patient is capable of making decisions with respect to his/her health upon the request of the Practitioner and/or the Consulting Practitioner.

A Psychiatrist is considered independent if s/he meets ALL of the following:

(a) is not a mentor to the Practitioners or other Psychiatrist (if applicable) 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 Practitioners involved in the assessment of the same patient or the other Psychiatrist (if applicable) or to the patient making the request in any other way that would affect their objectivity.

Information Package

Information that may be provided by a Health Care Provider when a patient requests information on Medical Assistance in Dying.

Medical Assistance in Dying

Medical Assistance in Dying means:

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

(b) the prescribing or providing by a 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.

Reflection Period

The requirement where at least 10 clear days have passed between the day on which the patient signed and dated **Form 2 – *Formal Written Request by Patient***, and the day on which the Medical Assistance in Dying is provided:

Day 1 = Patient signs Form 2 – *Formal Written Request by Patient*
Day 2-11 = Reflection period
Day 12 = Medical Assistance in Dying can be provided

Note: *Medical Assistance in Dying can be provided in a shorter period of time if the Practitioner and the Consulting Practitioner are both of the opinion that the patient's death, or the loss of their capacity to provide informed consent, is imminent.*

If a shorter period of time is agreed upon, the Practitioner and the Consulting Practitioner must complete ***Form 7 – Reflection Period Amendment—Practitioner****, and* ***Form 8 – Reflection Period Amendment—Consulting Practitioner****.*

Registered Nurse

A Registered Nurse, who is licensed under the NWT's *Nursing Profession Act*.

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.

2. *Medical Assistance in Dying* Defined

Medical Assistance in Dying means:

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

(b) the prescribing or providing by a 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.

The *Medical Assistance in Dying Interim Guidelines* include both instances in which the Practitioner provides the patient with the means to end his/her own life ('self-administration'), and voluntary euthanasia, where the Practitioner is directly involved in administering medication(s) to end the patient's life.

3. Privacy and Confidentiality

The collection, use, disclosure, management, retention, and disposal of information related to Medical Assistance in Dying, including a patient's request for information, must adhere to existing privacy legislation, standards, and policies.

4. Providing Information on Medical Assistance in Dying

Social workers, psychologists, psychiatrists, medical practitioners, nurse practitioners, and other regulated health care professionals are permitted to provide information on the lawful provision of Medical Assistance in Dying. 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 professional may provide and/or review with the patient an **Information Package**. The Information Package includes an information sheet and a questions and answers document.

When information on the lawful provision of Medical Assistance in Dying is provided to a patient, health care professionals must exercise extreme caution to ensure they do not recommend, incite, or encourage Medical Assistance in Dying.

If a patient chooses to make a request for Medical Assistance in Dying, s/he 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*.

5. Required and Optional Information

If a **Health Care Provider** (medical practitioner, nurse practitioner, or registered nurse) is asked for information on Medical Assistance in Dying, the Health Care Provider must provide the patient with the **Central Coordinating Service's** contact card.

The Health Care Provider may also provide an **Information Package** to the patient. The Information Package includes an information sheet and a questions and answers document. The Health Care Provider is not required to review the Information Package with the patient. If a Health Care Provider chooses to review the Information Package with the patient, s/he must ensure they follow the requirements under "Providing Information on Medical Assistance in Dying" (above).

6. Conscientious Objection

For greater certainty, other than providing the Central Coordinating Service contact card to a patient who requests information on Medical Assistance in Dying, no part of the *Medical Assistance in Dying Interim Guidelines* compels a Practitioner to provide Medical Assistance in Dying or a Health Care Provider or a Pharmacist to aid a Practitioner in providing Medical Assistance in Dying to a patient.

A Central Coordinating Service has been established to facilitate access to a Practitioner who is willing to provide more information, assess a patient, and/or provide Medical Assistance in Dying.

7. Central Coordinating Service

A **Central Coordinating Service** is established for the Northwest Territories. The Central Coordinating Service is responsible for facilitating access to Practitioners who are willing and able to provide information, assess and, if applicable, provide Medical Assistance in Dying.

A patient, a Practitioner, or another Health Care Provider, located anywhere in the Northwest Territories, may contact the Service.

8. Communicating with Patient

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.

9. Independent Practitioner

The opinions of two **Independent Practitioners** are required to confirm the patient meets the established Eligibility Criteria for Medical Assistance in Dying.

A **Practitioner** is a **Medical Practitioner**, who is licensed under the NWT's *Medical Profession Act,* or a **Nurse Practitioner**, who is licensed under the NWT's *Nursing Profession Act*.

A Practitioner is considered '**independent**' if s/he:

(a) is not a mentor to the other Practitioners (including the Psychiatrists, if applicable) involved in the assessment of a patient or responsible for supervising their work;
(b) does not know or believe that 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 relating to the request; and
(c) does not know or believe they are connected to the other Practitioners (including the Psychiatrists, if applicable) involved in the assessment of a patient or to the patient making the request in any other way that would affect their objectivity.

10. Request for Medical Assistance in Dying

Formal Written Request Required

A **Formal Written Request**, made in the form of **Form 2 – *Formal Written Request by Patient,*** 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 must:

- Provide the patient with **Form 2 – *Formal Written Request by Patient*** to make a Formal Written Request for Medical Assistance in Dying; or
- If the practitioner is not willing, provide the patient with the Central Coordinating Service contact card to access a Practitioner who can provide more information on how to make a Formal Written Request for Medical Assistance in Dying.

Referral or Transfer of Care

A Practitioner who receives any written request for Medical Assistance in Dying, including a Formal Written Request, and subsequently refers the patient to the Central Coordinating Service or transfers the patient's care to another Practitioner at **any point**, must complete **Form 1 – *Record of Patient Referral*** in order to document their referral of the patient. The Practitioner must include the completed form in the patient's medical record and provide a copy to the **Review Committee within 72 hours** of the referral or transfer of care. Form 1 is not required if the request is verbal.

Formal Written Request Process

The patient must not sign and date the **Form 2 – *Formal Written Request by Patient*** until after s/he is informed by a Practitioner that s/he has a **Grievous and Irremediable Medical Condition**. A Practitioner may only complete the appropriate section of **Form 2 – *Formal Written Request by Patient*** on the specific request of a patient. A Practitioner may complete the appropriate section by distance and fax, email, or mail the form to the patient to complete.

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 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 Care Provider may sign on behalf of the patient, as long as the requirements listed above are met.

The patient must sign and date the form before two **independent witnesses**. A witness is considered independent if s/he:

(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.

11. Eligibility Criteria

In order to be eligible for Medical Assistance in Dying, the patient must meet all of the following criteria ('**Eligibility Criteria**'):

(a) s/he 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) s/he is at least 18 years of age and capable of making decisions with respect to his/her health;
(c) s/he has a **Grievous and Irremediable Medical Condition**;
(d) s/he has made a voluntary request for Medical Assistance in Dying that, in particular, was not made as a result of external pressure; and
(e) s/he gives informed consent to receive Medical Assistance in Dying.

A patient has a **Grievous and Irremediable Medical Condition** only if they meet all of the following:

(a) s/he has a serious and incurable illness, disease or disability;
(b) s/he is in an advanced state of irreversible decline in capability;
(c) the illness, disease or disability or that state of decline causes him/her enduring physical or psychological suffering that is intolerable to them and that cannot be relieved under conditions that they consider acceptable; and
(d) his/her natural death has become reasonably foreseeable, taking into account all of their medical circumstances, without a prognosis necessarily having been made as to the specific length of time that they have remaining.

12. Assessment of Patient by Practitioner

Review of Formal Written Request

The Practitioner must review Form 2 – *Formal Written Request by Patient*, and ensure it was:

(a) signed and dated by the patient or, if applicable, by another person;
(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 two independent witnesses who then also signed and dated the form.

The Practitioner who informs the patient that s/he has a Grievous and Irremediable Medical Condition can be the same Practitioner or Consulting Practitioner who performs the assessment of the patient, so long as the Practitioner or Consulting Practitioner remain 'independent' (as defined by the *Interim Guidelines*).

Assessment Requirements

After reviewing Form 2 – *Formal Written Request by Patient*, the Practitioner must assess the patient **in person** to ensure s/he meets the established **Eligibility Criteria**.

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

The Practitioner may consult with other health or social care professionals to inform his/her assessment, so long as the Practitioner remains 'independent' (as defined by the *Interim Guidelines*). This consultation **does not** include the assessment by the Consulting Practitioner.

As part of the assessment, the 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;
  - the probable outcome of taking the medication(s) for Medical Assistance in Dying;
- recommend to the patient that s/he 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 his/her family;
- seek the opinion of a **Psychiatrist** if s/he is unable to determine whether the patient is capable of making decisions with respect to his/her health; and
- inform the patient of his/her ability to withdraw the request for Medical Assistance in Dying at any time and in any manner and provide the patient with **Form 5 – *Withdrawal Option***, and include the completed form in the patient's medical record.

The Practitioner is responsible for providing copies of the following completed forms to the **Review Committee within 72 hours** of the Practitioner's assessment, regardless of whether the Practitioner determines the patient is eligible for Medical Assistance in Dying:

- Form 2 – *Formal Written Request by Patient*
- Form 3 – *Assessment of Patient by Practitioner*
- Form 5 – *Withdrawal Option* (first)
- Form 6 – *Psychiatric Opinion* (if applicable)

<u>Patient Ineligible</u>

If the Practitioner determines the patient does not meet the established Eligibility Criteria, the Practitioner or the patient may contact the Central Coordinating Service to request that a different Practitioner assess the patient.

<u>Patient Eligible</u>

If the patient was deemed eligible, the Practitioner must ensure another Practitioner (i.e. the '**Consulting Practitioner'**) provides a written opinion confirming the patient meets the Eligibility Criteria, and also informs the patient of his/her ability to withdraw the request for Medical Assistance in Dying at any time and in any manner, by ensuring the following completed forms are in the patient's medical record:

- Form 4 – *Assessment of Patient by Consulting Practitioner*
- Form 5 – *Withdrawal Option* (second)
- Form 6 – *Psychiatric Opinion* (if applicable)

The Practitioner must further determine whether or not the required Reflection Period is appropriate, or if a shorter Reflection Period will need to be granted, and coordinate the agreement to any shorter Reflection Period with the Consulting Practitioner (see "15. Reflection Period", below).

13. Psychiatric Opinion (if applicable)

The Psychiatrist must be **independent**. A Psychiatrist is considered independent if s/he:

(a) is not a mentor to the Practitioners or other Psychiatrist (if applicable) involved in the assessment of a patient or responsible for supervising their work;

(b) does not know or believe that 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 relating to the request; or

(c) does not know or believe they are connected to the Practitioners or other Psychiatrist (if applicable) involved in the assessment of a patient or to the patient making the request in any other way that would affect their objectivity.

The Psychiatrist may assess the patient by distance (ex. videoconference, etc.). The Psychiatrist may consult with other health or social care professionals to inform his/her assessment, so long as the Psychiatrist remains 'independent' (as defined by the *Interim Guidelines*).

The same Psychiatrist may provide an opinion for both the assessment of the patient by the Practitioner and the Consulting Practitioner, as long as the Psychiatrist remains independent (as defined by the *Interim Guidelines*).

Where applicable and as long as it does not affect a Consulting Practitioner's independence (as defined by the *Interim Guidelines*), a Consulting Practitioner may review the psychiatric opinion requested by the Practitioner in order to assist in his/her assessment of the patient.

The psychiatric opinion on whether the patient is capable of making decisions with respect to their health can include, but is not limited to, information on whether the patient is:

- fully informed;
- understands the information given;
- appreciates the foreseeable consequences of the decision; and
- is able to communicate a decision based on that understanding.

The Psychiatrist must complete **Form 6 – *Psychiatric Opinion*** and provide the completed form to the requesting Practitioner as soon as possible. The requesting Practitioner is responsible for including the completed form in the patient's medical record and providing a copy to the Review Committee.

14. Assessment of Patient by Consulting Practitioner

A Consulting Practitioner must assess the patient and ensure s/he meets the established Eligibility Criteria.

Assessment Requirements

The Consulting Practitioner may assess the patient by distance (ex. videoconference, etc.). The Consulting Practitioner must complete **Form 4 – *Assessment of Patient by Consulting Practitioner*** to document his/her 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 care professionals to inform his/her assessment, so long as the Consulting Practitioner remains 'independent' (as defined by the *Interim Guidelines*);
- where applicable, review information related to the Practitioner's assessment of the patient, including Form 3 – *Assessment of Patient by Practitioner,* as long as it does not affect the Consulting Practitioner's independence (as defined by the *Interim Guidelines*),

As part of the assessment, the Consulting Practitioner must:

- seek the opinion of a Psychiatrist if s/he is unable to determine whether the patient is capable of making decisions with respect to his/her health; and
- inform the patient of his/her ability to withdraw the request for Medical Assistance in Dying at any time and in any manner and provide the patient with a second **Form5 – *Medical Assistance in Dying Withdrawal Option***, and include the completed form in the patient's medical record.

Patient Ineligible

If the Consulting Practitioner determines the patient does not meet the established criteria, the Consulting Practitioner, Practitioner, or patient may contact the Central Coordinating Service to request that a different Consulting Practitioner assess the patient.

Patient Eligible

The Consulting Practitioner is responsible for ensuring 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 Consulting Practitioner's assessment, regardless of whether the Consulting Practitioner determines the patient is eligible for Medical Assistance in Dying:

- Form 4 – *Assessment of Patient by Consulting Practitioner*
- Form 5 – *Withdrawal Option* (second)
- Form 6 – *Psychiatric Opinion* (if applicable)

The Consulting Practitioner must further determine whether or not the required Reflection Period is appropriate, or if a shorter Reflection Period will need to be granted, and coordinate the agreement to any shorter Reflection Period with the Practitioner (see "15. Reflection Period", below).

15. Reflection Period

The **Reflection Period** must pass before the Practitioner provides Medical Assistance in Dying, regardless of whether the Medical Assistance in Dying will be provided through voluntary euthanasia or if the patient will self-administer.

The Reflection Period is at least **10 clear days** between the day on which the request was signed by the patient and the day on which the Medical Assistance in Dying is provided.

Day 1 = Patient signs Form 2 – *Formal Written Request by Patient*
Day 2-11 = Reflection period
Day 12 = Medical Assistance in Dying can be provided

A shorter Reflection Period is permitted if the Practitioner and the Consulting Practitioner are both of the opinion that the patient's death, or the loss of their capacity to provide informed consent, is imminent.

If a shorter Reflection Period is agreed upon, the Practitioner and Consulting Practitioner must complete, respectively, **Form 7 – *Reflection Period Amendment—Practitioner***, and **Form 8 – *Reflection Period Amendment—Consulting Practitioner***, and include the completed forms in the patient's medical record.

If applicable, the Practitioner is responsible for ensuring 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 completion or receipt by the Practitioner:

- Form 7 – *Reflection Period Amendment—Practitioner*
- Form 8 – *Reflection Period Amendment—Consulting Practitioner*

16. Patient Withdrawal

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

A Practitioner who becomes aware of a patient's decision to withdraw must provide the patient with the opportunity to complete **Form 5 – *Withdrawal Option***.

In the event that the patient is unable or unwilling to complete Form 5 – *Withdrawal Option,* the Practitioner must complete the Practitioner section of **Form 5 – *Withdrawal Option.***

A Practitioner who receives or completes a Form 5 – *Withdrawal Option* 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.

17. Change in Eligibility

In the event that a Practitioner determines that a patient has become ineligible for Medical Assistance in Dying after having been previously found eligible by a Practitioner AND Consulting Practitioner, the Practitioner must complete **Form 3 –*Assessment of Patient by Practitioner*** to document the patient's change in eligibility, include the completed form in the patient's medical record, and provide a completed copy to the **Review Committee within 72 hours** of the assessment.

The Practitioner or the patient may contact the Central Coordinating Service to request that a different Practitioner re-assess the patient for eligibility.

18. Death of Patient from Other Cause

A Practitioner who has received any form of written request for Medical Assistance in Dying and becomes aware that the patient has died from a cause other than Medical Assistance in Dying **within 90 days of receiving the request**, must complete **Form 12 – *Death of Patient from Other Cause.*** The Practitioner 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. Form 12 is not required if the request was verbal.

19. Medical Assistance in Dying Medication(s)

The *Medical Assistance in Dying Interim 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.

20. Medical Assistance in Dying—Administered by Practitioner ('Voluntary Euthanasia')

Role of Practitioner

Safeguard review: The Practitioner who provides Medical Assistance in Dying is not required to be the same Practitioner as the Practitioner or Consulting Practitioner who assessed the patient. However, prior to providing Medical Assistance in dying, the Practitioner must:

- ensure all previously required forms are completed and in the patient's medical record:
  - Form 1 – *Record of Patient Referral* (if applicable)
  - Form 2 – *Formal Written Request by Patient*
  - Form 3 – *Assessment of Patient by Practitioner*
  - Form 4 – *Assessment of Patient by Consulting Practitioner*
  - Form 5 – *Withdrawal Option* (first)
  - Form 5 – *Withdrawal Option* (second)
  - Form 6 – *Psychiatric Opinion*(s) (if applicable)
  - Form 7 – *Reflection Period Amendment—Practitioner* (if applicable)
  - Form 8 – *Reflection Period Amendment—Consulting Practitioner* (if applicable)
- review Form 3 – *Assessment of Patient by Practitioner* and Form 4 – *Assessment of Patient by Consulting Practitioner* and be satisfied that the patient meets the Eligibility Criteria;
- confirm that Form 2 – *Formal Written Request by Patient* was:
  - made in writing and signed and dated by the patient, or another person on the patient's behalf, after the patient was informed by a Practitioner that s/he has a Grievous and Irremediable Medical Condition; and
  - signed and dated by the patient, or another eligible person on the patient's behalf, before two independent witnesses who then also signed and dated the request;
- where different, be satisfied that he/she is independent from the Practitioner and/or Consulting Practitioner who completed the assessment and/or consulting assessment of the patient; and
- ensure that at least 10 clear days between the day Form 2 – *Formal Written Request by Patient* was signed and the day Medical Assistance in Dying is being provided has elapsed, or be satisfied that a shorter time period is necessary and ensure that the time period specified in Form 7 – *Reflection Period Amendment—Practitioner* and Form 8 – *Reflection Period Amendment—Consulting Practitioner* has elapsed.

Provision: Medical Assistance in Dying must be provided with reasonable knowledge, care, and skill. The 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 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 Practitioner and patient.

Immediately before administering the medication, the Practitioner must:

- Ensure the patient gives express consent to receive Medical Assistance in Dying and have the patient complete **Form 10 – *Express Consent by Patient to Receive Medical Assistance in Dying***, and include the completed form in the patient's medical record; and

- Give the patient the opportunity to withdraw his/her request. This opportunity must be documented in the patient's medical record.

  Only if the patient withdraws his/her request and if s/he is able to do so, s/he must complete a third **Form 5 – *Withdrawal Option***. The completed form must be included in the patient's medical record.

Following the administration of the medication and death of the patient, the Practitioner must complete **Form 11 – *Record of Provision***, and include the completed form in the patient's medical record.

The 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 10 – *Express Consent by Patient to Receive Medical Assistance in Dying*
- Form 11 – *Record of Provision*
- Form 5 – *Withdrawal Option* (third – 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*.

Role of Pharmacist

Medication(s) for Medical Assistance in Dying should only be dispensed in a hospital.

A pharmacist must only dispense medication(s) for Medical Assistance in Dying to a Health Care Provider.

The pharmacist must complete **Form 9 – *Dispensing of Medication***. The pharmacists must provide a copy of the completed form to the **Review Committee within 72 hours** of dispensing the medication.

Role of Registered Nurse

A Registered 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 Registered 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.

If a Registered Nurse is aiding a Practitioner in providing Medical Assistance in Dying to a patient, it must be done so under the direct order of the Practitioner and documented in the patient's medical record. The Practitioner is required to administer the substance which will bring about the patient's death; a Registered Nurse is **not** to administer the substance prescribed.

Registered Nurses are encouraged to be familiar with:

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

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

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 this discussion must include informing the patient that consent to self-administration includes consent to the Practitioner administering IV medications in the event that the self-administration is unsuccessful.

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

Role of Practitioner

Safeguard review: The Practitioner who provides Medical Assistance in Dying is not required to be the same Practitioner as the Practitioner or Consulting Practitioner who assessed the patient. However, prior to providing Medical Assistance in dying, the Practitioner must:

- ensure all previously required forms are completed and in the patient's medical record:
  - Form 1 – *Record of Patient Referral* (if applicable)
  - Form 2 – *Formal Written Request by Patient*
  - Form 3 – *Assessment of Patient by Practitioner*
  - Form 4 – *Assessment of Patient by Consulting Practitioner*
  - Form 5 – *Withdrawal Option* (first)
  - Form 5 – *Withdrawal Option* (second)
  - Form 6 – *Psychiatric Opinion(s)* (if applicable)
  - Form 7 – *Reflection Period Amendment—Practitioner* (if applicable)
  - Form 8 – *Reflection Period Amendment—Consulting Practitioner* (if applicable)
- review Form 3 – *Assessment of Patient by Practitioner* and Form 4 – *Assessment of Patient by Consulting Practitioner* and be satisfied that the patient meets the Eligibility Criteria;
- confirm that Form 2 – *Formal Written Request by Patient* was:
  - made in writing and signed and dated by the patient, or another person on the patient's behalf, after the patient was informed by a Practitioner that s/he has a Grievous and Irremediable Medical Condition; and
  - signed and dated by the patient, or another person on the patient's behalf, before two independent witnesses who then also signed and dated the request;
- where different, be satisfied that he/she is independent from the Practitioner and/or Consulting Practitioner who completed the assessment and/or consulting assessment of the patient; and
- ensure that at least 10 clear days between the day the Formal Written Request was signed and the day Medical Assistance in Dying is being provided has elapsed, or be satisfied that a shorter time period is necessary and ensure that the time period specified in Form 7 – *Reflection Period Amendment—Practitioner* and Form 8 – *Reflection Period Amendment—Consulting Practitioner* has elapsed.

Provision: Medical Assistance in Dying must be provided with reasonable knowledge, care, and skill. The 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 Practitioner must inform the pharmacist, in writing, that the medication is intended for Medical Assistance in Dying before the pharmacist dispenses the medication.

The Practitioner must be present when a patient self-administers the medication(s) for Medical Assistance in Dying. The medications may be administered at whatever location is deemed suitable by the Practitioner and patient. Immediately before providing the patient with the medication, the Practitioner must:

- Ensure the patient gives express consent to receive Medical Assistance in Dying and have the patient complete **Form 10 – *Express Consent by Patient to Receive Medical Assistance in Dying***. The Practitioner must include the completed form in the patient's medical record.

  In obtaining the patient's express consent, the 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 voluntary euthanasia), and that consent to do so is part of the consent to the procedure. The Practitioner must make the necessary arrangements with the pharmacy in advance to ensure the IV protocol is available should it be needed; and

- Give the patient the opportunity to withdraw his/her request. This opportunity must be documented in the patient's medical record.

  Only if the patient withdraws his/her request and if s/he is able to do so, s/he must complete a third **Form 5 – *Withdrawal Option***. The form must be included in the patient's medical record.

Following the provision of the medication and death of the patient, the Practitioner must complete **Form 11 – *Record of Provision***, and include the completed form in the patient's medical record.

The 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 10 – *Express Consent by Patient to Receive Medical Assistance in Dying*
- Form 11 – *Record of Provision*
- Form 5 – *Withdrawal Option* (third – 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*.

Role of Pharmacist

Medication(s) for Medical Assistance in Dying should only be dispensed in a hospital.

A pharmacist must only dispense medication(s) for Medical Assistance in Dying to a Health Care Provider.

The pharmacist must complete **Form 10 – *Dispensing of Medication***. The pharmacist must provide a copy of the completed form to the **Review Committee within 72 hours** of dispensing the medication.

Role of Registered Nurse

A Registered 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 Registered 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.

If a Registered Nurse is aiding a Practitioner in providing Medical Assistance in Dying to a patient, it must be done so under the direct order of the Practitioner and documented in the patient's medical record. The Practitioner is required to administer the substance which will bring about the patient's death; a Registered Nurse is **not** to administer the substance prescribed.

Registered Nurses are encouraged to be familiar with:

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

22. Review Committee

A Review Committee is established for the Northwest Territories.

The Review Committee is responsible for:

- Maintaining Medical Assistance in Dying records;
- Reviewing, auditing and investigating Medical Assistance in Dying cases;
- Fulfilling reporting requirements under federal and territorial legislation, and any other pan-Canadian reporting requirements, including reporting requirements under the *Criminal Code* and its regulations.

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 - 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 *Medical Assistance in Dying Interim Guidelines for the Northwest Territories*.

STEP 1: ASSESSMENT OF PATIENT BY PRACTITIONER

A) PATIENT REFERRAL (WHERE APPLICABLE)

☐ Practitioner receives any written request for Medical Assistance in Dying, including a complete or incomplete Form 2 – *Formal Written Request by Patient*, and refers the patient to the Central Coordinating Service or transfers the care of the patient to another Practitioner.

☐ Form 1 – *Record of Patient Referral* is completed by the referring Practitioner, included in the patient's medical record, and a copy is provided to the Review Committee **within 72 hours** of the referral.

B) ASSESSMENT

☐ A completed Form 2 – *Formal Written Request by Patient*, is received by a Practitioner that is signed and dated in accordance with the *Interim 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 Practitioner** in person to ensure they meet the **Eligibility Criteria**. The assessment is documented on Form 3 – *Assessment of Patient by Practitioner*.

☐ The Practitioner requests the opinion of a **Psychiatrist** if s/he is unable to determine whether the patient is capable of making decisions with respect to their health (Psychiatrist see step 1C).

☐ The patient is informed of their ability to withdraw from the Medical Assistance in Dying process at any time and in any manner and provided with Form 5 – *Withdrawal Option* to complete and return to the Practitioner.

☐ 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 Practitioner's assessment:
- ☐ Form 2 – *Formal Written Request by Patient*
- ☐ Form 3 – *Assessment of Patient by Practitioner*
- ☐ Form 5 – *Withdrawal Option* (first)
- ☐ Form 6 – *Psychiatric Opinion* (if applicable)

☐ If 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).

☐ If the patient is deemed eligible, and the Practitioner determines that a shortened Reflection Period is necessary, the Practitioner completes Form 7 – *Reflection Period Amendment – Practitioner* and ensures that a corresponding completed Form 8 – *Reflection Period Amendment – Consulting Practitioner* is received from the Consulting Practitioner. Both forms are included in the patient's medical record, and copies provided to the Review Committee **within 72 hours** of completion or receipt by the Practitioner (see step 3).

C) PSYCHIATRIC OPINION (WHERE APPLICABLE) FOR ASSESSMENT BY PRACTITIONER

☐ Opinion is provided by an **Independent Psychiatrist.**

☐ Psychiatrist assesses the patient, either in person or by distance, and provides an opinion on whether the patient is capable of making decisions with respect to their health. The opinion is documented in Form 6 – *Psychiatric Opinion*.

☐ **Psychiatrist** provides Form 6 – *Psychiatric Opinion* to the **Practitioner** provides. The **Practitioner** includes the completed form in the patient's medical record and provides a completed copy to the Review Committee **within 72 hours** of the Practitioner's assessment.

D) CHANGE IN ELIGIBILIY (IF APPLICABLE)

☐ Assessment is performed by an **Independent Practitioner.**

☐ The patient is assessed, either in person or by distance, to confirm they no longer meet the **Eligibility Criteria**. The assessment is documented on Form 3 – *Assessment of Patient by Practitioner*.

☐ Form 3 –*Assessment of Patient by Practitioner*, is included in the patient's medical record and a copy is provided to the Review Committee **within 72 hours** of the Practitioner's assessment.

STEP 2: ASSESSMENT OF PATIENT BY CONSULTING PRACTITIONER

A) ASSESSMENT

☐ Assessment is performed by an **Independent Consulting Practitioner**.

☐ The patient is assessed, either in person or by distance, to confirm they meet the **Eligibility Criteria**. The assessment is documented on Form 4 – *Assessment of Patient by Consulting Practitioner*.

- ☐ The Practitioner requests the opinion of a **Psychiatrist** if s/he is unable to determine whether the patient is capable of making decisions with respect to their health (Psychiatrist see step 1C).

- ☐ The patient is informed of their ability to withdraw from the Medical Assistance in Dying process at any time and in any manner and provided with a second Form 5 – *Withdrawal Option* to complete and return to the Consulting Practitioner.

- ☐ 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 Consulting Practitioner's assessment:
  - ☐ Form 4 – *Assessment of Patient by Consulting Practitioner*
  - ☐ Form 5 – *Withdrawal Option* (second)
  - ☐ Form 6 – *Psychiatric Opinion* (if applicable)

- ☐ The Consulting Practitioner informs the Practitioner if the patient meets the **Eligibility Criteria** for Medical Assistance in Dying.

- ☐ If the patient is deemed eligible, and the Consulting Practitioner determines that a shortened Reflection Period is necessary, the Consulting Practitioner completes Form 8 – *Reflection Period Amendment – Consulting Practitioner*, includes a copy in the patient's medical record, and provides a completed copy to the Practitioner (see step 3).

B) PSYCHIATRIC OPINION (WHERE APPLICABLE) FOR ASSESSMENT BY CONSULTING PRACTITIONER

- ☐ Opinion is provided by an **Independent Psychiatrist**.

- ☐ Psychiatrist assesses the patient, either in person or by distance, and provides an opinion on whether the patient is capable of making decisions with respect to their health. The opinion is documented in Form 6 – *Psychiatric Opinion*.

- ☐ **Psychiatrist** provides Form 6 – *Psychiatric Opinion* to the **Consulting Practitioner.** The **Consulting Practitioner** includes the completed form in the patient's medical record and provides a completed copy to the Review Committee **within 72 hours** of the Consulting Practitioner's assessment.

STEP 3: REFLECTION PERIOD

☐ At least 10 clear days have passed between the day on which Form 2 –*Formal Written Request by Patient* was completed and the day on which Medical Assistance in Dying is provided.

--OR--

☐ Fewer than 10 clear days have passed between the day on which Form 2 – *Formal Written Request by Patient* was completed and the day on which Medical Assistance in Dying is provided, and:

- ☐ Form 7 – *Reflection Period Amendment—Practitioner* is completed, included in the patient's medical record, and the Practitioner provides a copy to the Review Committee **within 72 hours** of completion by the Practitioner; and
- ☐ Form 8 – *Reflection Period Amendment—Consulting Practitioner* is completed by the Consulting Practitioner, included in the patient's medical record, and provided to the Practitioner, and the Practitioner provides a copy to the Review Committee **within 72 hours** of receipt by the Practitioner.

STEP 4: MEDICAL ASSISTANCE IN DYING

A) PRACTITIONER

Safeguard Review

☐ The **Practitioner** providing Medical Assistance in Dying ensures all the following safeguards are met:

(a) Patient meets all of the **Eligibility Criteria**:
   i. s/he 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;
   ii. s/he is at least 18 years of age and capable of making decisions with respect to their health;
   iii. s/he has a **Grievous and Irremediable Medical Condition**;
   iv. s/he has made a voluntary request for Medical Assistance in Dying that, in particular was not made as a result of external pressure; and
   v. s/he gives informed consent to receive Medical Assistance in Dying.

(b) The patient's request for Medical Assistance in Dying was:
   i. made in writing and signed and dated by the patient or, if applicable, by another person;
   ii. signed and dated after the patient was informed by a Practitioner that s/he has a Grievous and Irremediable Medical Condition; and
   iii. signed and dated before two independent witnesses who then also signed and dated.

(c) The patient has been informed by the Practitioner who conducted the assessment that they may, at any time and in any manner, withdraw their request;
(d) Another Practitioner (i.e. the **Consulting Practitioner**) has provided a written opinion confirming that the patient meets all of the **Eligibility Criteria**;
(e) The patient has been informed by the Consulting Practitioner that they may, at any time and in any manner, withdraw their request;
(f) The assessing, consulting, and providing Practitioners, where different, are independent;
(g) At least 10 clear days between the day on which the request was signed by the patient and the day on which the Medical Assistance in Dying is provided or—if they and the Practitioner and/or Consulting Practitioner who completed the assessment and/or consulting assessment (where different) are all of the opinion that the patient's death, or the loss of their capacity to provide informed consent, is imminent—any shorter period that the Practitioners consider appropriate in the circumstances; and
(h) 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.

<u>Provision</u>

☐ The Practitioner providing Medical Assistance in Dying informs the pharmacist, in writing, that the medication is intended for Medical Assistance in Dying before the pharmacist dispenses the medication.

☐ Immediately before the Practitioner administers the medication ('voluntary euthanasia') or provides the medication to the patient ('self-administration'):

- The patient completes Form 10 – *Express Consent by Patient to Receive Medical Assistance in Dying.* The form is included in the patient's medical record and a copy is provided to the Review Committee **within 72 hours** of providing Medical Assistance in Dying; and
- The Practitioner provides the patient the opportunity to withdraw his/her request for Medical Assistance in Dying. This opportunity is documented in the patient's medical record.

☐ Whichever is applicable:

☐ If the patient withdraws his/her request and if s/he is able to do so, s/he completes a third Form 5 – *Withdrawal Option*. The form is included in the patient's medical record and provided to the Review Committee **within 72 hours** of the patient's withdrawal.

-- OR –

☐ Following the administration or provision of the medication and death of the patient, Practitioner completes Form 11 – *Record or Provision,* includes the completed form in the patient's medical record, and provides a copy to the Review Committee **within 72 hours** of providing Medical Assistance in Dying.

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) PHARMACIST

- ☐ Pharmacist receives prescription from 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 Interim Medication Protocols for the Northwest Territories* to a Health Care Provider.

- ☐ Pharmacist completes Form 9 – *Dispensing of Medication*. A copy of the completed form is provided to the Review Committee **within 72 hours** of dispensing the medication.

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 a written request for Medical Assistance in Dying from the patient.

- ☐ **Practitioner** completes **Form 12 – *Death of Patient from Other Cause*,** includes the completed form in the patient's medical record, and provides a copy to the **Review Committee within 30 days** of becoming aware of the patient's death.

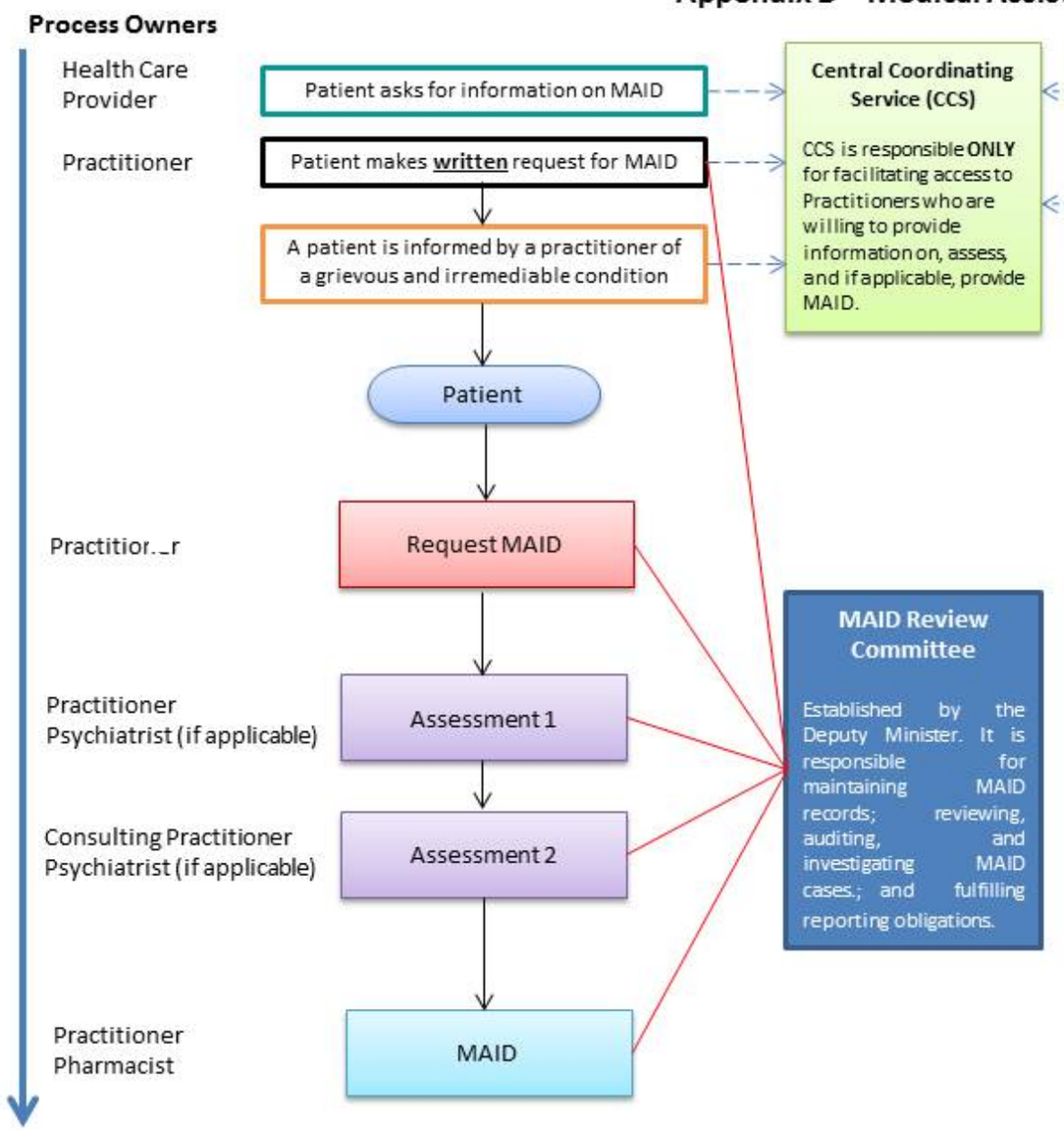
Appendix B – Central Coordinating Service Contact Information

Monday to Friday: 8:30am – 5:00pm
Toll Free: 1 (855) 846-9601
Direct: 1 (867) 767-9050 ext. 49008

Appendix C – Review Committee Contact Information

Director, Territorial Health Services
Department of Health and Social Services
Government of the Northwest Territories
Phone: 1(867) 767-9062 ext. 49190
Secure Fax: 1(867) 873-2315

Appendix D – Medical Assistance in Dying (MAID) Process Map



Functions

Health Care Provider must provide the patient with the **CCS contact card**, and may also provide and review an **Information Package** with the patient.

Patient makes any form of **written request**. Practitioner who refers or transfers care of patient **at any point** completes Form 1 – ***Record of Patient Referral***. Completed form is included in patient's medical record and **copy FAXED to Review Committee within 72 hours** of referral.

Patient and Practitioner complete Form 2 – ***Formal Written Request by Patient***. Completed form is included in patient's medical record and a **copy FAXED to Review Committee within 72hrs** of Practitioner Assessment.

Practitioner completes Form 3 – ***Assessment of Patient by Practitioner*** and has patient complete Form 5 – ***Withdrawal Option.*** Completed forms are included in patient's medical record and a **copy is FAXED to Review Committee within 72 hours** of Practitioner Assessment.

Psychiatrist (if applicable) may be requested by Practitioner and/or Consulting Practitioner to assist in their assessment of the patient. The Psychiatrist completes Form 6 – ***Psychiatric Opinion.*** Requesting Practitioner includes completed form in patient's medical record and ensures a **copy is FAXED to Review Committee within 72hrs** of Practitioner Assessment.

Consulting Practitioner is responsible for assessing the patient and confirming the eligibility criteria is met. The Consulting Practitioner completes Form 4 – ***Assessment of Patient by Consulting Practitioner*** and has patient complete a **second** Form 5 – ***Withdrawal Option***. Completed forms are included in patient's medical record and a **copy is FAXED to the Review Committee within 72hrs** of Consulting Practitioner Assessment.

A **Reflection Period** of a least 10 days between the day the Form 2 - ***Formal Written Request by Patient*** is complete and the day on which MAID is provided is required, unless the Practitioner and Consulting Practitioner agree that the patient's death or the loss of their capacity to provide informed consent is imminent.

For cases of imminent death or loss of capacity, Form 7 – ***Reflection Period Amendment – Practitioner*** and Form 8 – ***Reflection Period – Consulting Practitioner*** must be completed by the appropriate providers. Completed forms are included in patient's medical record and a **copies are FAXED to the Review Committee within 72hrs** of the assessments.

Practitioner informs Pharmacist, in writing, that medication is required for MAID. Pharmacist completes Form 9 – ***Dispensing of Medication*** and **a copy is FAXED to the Review Committee within 72hrs** of dispensing medications.

Patient completes Form 10 – ***Express Consent by Patient to Receive MAID.*** Completed form is included in patient's medical record and a **copy is sent by FAX to MAID Review Committee.**

Patient is given a final opportunity to withdraw his/her request for MAID by Practitioner immediately before the Practitioner administers/provides the medication. The opportunity is documented on the patient's medical record. If the patient withdraws consent and is able, the patient completes a **third** Form 5 – ***Withdrawal Option***. The completed form is included in the patient's medical record and a **copy is FAXED to the Review Committee within 72hrs** of providing MAID.

Following patient's death, Practitioner completes Form 11 – ***Record of Provision***. The completed form is included in the patient's medical record and a **copy is FAXED to the Review Committee within 72hrs** of providing MAID

*** **NOTE:** Practitioner does **NOT** notify the Coroner of MAID death, as they are not reportable under the* Coroners Act.