# MEDICAL ASSISTANCE IN DYING
# INTERIM GUIDELINES FOR THE NORTHWEST TERRITORIES
# Effective March 17, 2021*

** **TRANSITIONAL NOTE:** The provision of Medical Assistance in Dying following the receipt of a completed Form 2 -* Formal Written Request *prior to March 17, 2021 is to be completed in accordance with the November 2018 Guidelines, with the following exceptions:*

- *The 10 day reflection period is not required; and*
- *The requirement for a patient's final consent may be waived in accordance with these Guidelines.*

## Contents

## Purpose

The *Medical Assistance in Dying Interim Guidelines* set out the rules and safeguards around the request and provision of Medical Assistance in Dying in the Northwest Territories (NWT). The purpose of the *Interim Guidelines* is to assist health care professionals in providing Medical Assistance in Dying in accordance with the federal *Criminal Code* and *Regulations for the Monitoring of Medical Assistance in Dying.*

Health care professionals must ensure compliance with federal and territorial legislation throughout the Medical Assistance in Dying process, including 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 *Interim 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 *Interim 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 *Interim Guidelines*.

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

## Guiding Principles

The *Medical Assistance in Dying Interim 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 or advice.

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 care 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 care 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 care 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. 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 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 6 –** ***Waiver of Final Consent.***

**Central Coordinating Service**

An office that has been established in the NWT to help patients and health care professionals access Practitioners who are willing to provide information on, assess, and if applicable, provide Medical Assistance in Dying.

Contact information for the Central Coordinating Service:

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

**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** (as defined in the *Interim Guidelines*);
(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 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 Assessing Practitioner*** — must be completed when an Assessing 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*** — to be completed by a patient who has submitted a Formal Written Request for Medical Assistance in Dying and subsequently wishes to withdraw their request. Patients must also be given the opportunity to complete a Form 5 during the patient's assessment by an Assessing Practitioner AND assessment by a Consulting Practitioner to indicate their decision to proceed with the Medical Assistance in Dying Process or withdraw their request.

  In the event that the patient is unable or unwilling to complete the form, the Practitioner must complete the Practitioner section of the form to record the patient's decision.

- **Form 6 – *Waiver of Final Consent*** — must be completed by an eligible patient and a Practitioner when the patient wishes to provide Advance Consent for Medical Assistance in Dying in the event of capacity loss.

- **Form 7 – *Reflection Period Amendment—Assessing Practitioner*** — must be completed by an Assessing Practitioner if Medical Assistance in Dying will be provided in a shorter period of time than the established 90 day 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 90 day 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 Providing 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 Providing 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 all 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 excluded as a serious and incurable illness, disease, or disability.*

**(Independent) Practitioner**

A medical practitioner, who is licensed under the NWT *Medical Profession Act*, or a nurse practitioner, who is licensed under the NWT *Nursing Profession Act*. For greater certainty, a Practitioner does not include a Registered 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 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.

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.

**Information Package**

Documents that may be provided when a patient requests information on Medical Assistance in Dying. Documents can be accessed online at www.maidnwt.com and include:

- Medical Assistance in Dying – Information for Patients and Families
- Medical Assistance in Dying – Questions and Answers for Patients and Families

**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 ('voluntary euthanasia'); 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').

**Pharmacist**

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

**Reflection Period**

The requirement when a patient whose natural death is NOT reasonably foreseeable, where at least 90 clear 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 = Reflection 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 Refection Period is necessary, Medical Assistance in Dying can be provided within any shorter period that the* ***Assessing Practitioner*** *considers appropriate in the circumstances. Both the Assessing Practitioner and the Consulting Practitioner must complete, respectively,* ***Form 7 – Reflection Period Amendment—Assessing Practitioner*** *and* ***Form 8 – Reflection Period Amendment—Consulting Practitioner****.*

**Registered Nurse**

A Registered Nurse, who is licensed under the NWT *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.

Contact information for the Review Committee:

**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

## 2. Privacy and Confidentiality

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 *Interim 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.

## 3. Providing Information on Medical Assistance in Dying

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

Social workers, psychologists, psychiatrists, therapists, medical practitioners, nurse practitioners, Registered Nurses, and other health care professionals are permitted, but not required, 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 health care professional may provide and/or review with the patient the **Information Package**. The Information Package includes an information sheet and a questions and answers document and can be found at **www.maidnwt.com**.

**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, 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*.**

## 4. 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 another Practitioner, Registered Nurse, or 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.

## 5. Central Coordinating Service

A **Central Coordinating Service** has been established for the NWT to facilitate access to Practitioners who are willing and able to provide information, assess and, if applicable, provide Medical Assistance in Dying.

A patient, another person on the patient's behalf, a Practitioner, or another health care professional located anywhere in the NWT may contact the Central Coordinating Service.

The Central Coordinating Service cannot provide information about Medical Assistance in Dying and does not the coordinate provision of Medical Assistance in Dying.

Contact information for the Central Coordinating Service:

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

## 6. 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.

## 7. Request for Medical Assistance in Dying

**Referral or Transfer of Care**

A Practitioner who receives any form of 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.

**NOTE: Form 1 is not required if the request is verbal.**

**Formal Written Request Required**

A Practitioner cannot complete an assessment respecting a patient's potential eligibility for Medical Assistance in Dying until the patient has made a Formal Written Request.

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 to provide Form 2, 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. The Practitioner must ensure they follow the applicable requirements set out above respecting referral or transfer of care.

**Formal Written Request Process**

The patient must not sign and date the **Form 2 – *Formal Written Request by Patient*** until after the patient is informed by a Practitioner that they have a **Grievous and Irremediable Medical Condition**. A Practitioner may only complete the Practitioner section of Form 2 – *Formal Written Request by Patient* on the specific request of a patient. A Practitioner may complete the appropriate section in person or 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 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 care 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, 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, or the Providing Practitioner.

## 8. Assessment of Patient by Assessing Practitioner

**Review of Formal Written Request**

The Assessing Practitioner must review **Form 2 – *Formal Written Request by Patient***, 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 *Interim Guidelines*).

**Assessment Requirements**

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

The Assessing Practitioner must complete **Form 3 – *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 *Interim Guidelines*). 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 care 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;
- provide the patient with **Form 5 – *Withdrawal Option*** (first) to complete in order to indicate their decision to proceed with the Medical Assistance in Dying process or withdraw their request, and include the completed form in the patient's medical record; 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.

## Additional Safeguards – Natural Death NOT Reasonably Foreseeable

If the patient's natural death is determined to NOT be reasonably foreseeable, the Assessing Practitioner **MUST** ensure that all of the following additional safeguards are satisfied:

### 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, 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 reasonable and available means to relieve the patient's suffering; and
- The Assessing Practitioner, Consulting Practitioner, and patient must agree that the patient has given serious consideration to those means;

**--AND--**

### Assessment Expertise

- The Assessing Practitioner or the Consulting Practitioner must have expertise in the condition that is causing the patient's suffering. If neither has that expertise, one must consult with another Practitioner who has that expertise and the results of that assessment must be shared with both the Assessing Practitioner and the Consulting Practitioner. For greater certainty, having expertise does not require that the Practitioner be licensed as a specialist for that condition;

**--AND--**

### Reflection Period

- The Assessing Practitioner must inform the patient that a mandatory Reflection Period must pass before Medical Assistance in Dying can be provided.

- The Assessing Practitioner must determine whether or not the required Reflection Period of 90 days is appropriate in the circumstances, or if a shorter Reflection 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 Reflection Period.
- If the patient requests a shortened Reflection Period, the Assessing Practitioner must:
    - determine the appropriate Reflection Period in the circumstances; and
    - coordinate agreement to the shorter Reflection Period with the patient and the Consulting Practitioner (see Section 10 – Reflection Period where Natural Death is not Reasonably Foreseeable, below).

The Assessing Practitioner is responsible for providing copies of the following completed forms 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 2 – *Formal Written Request by Patient*
- Form 3 – *Assessment of Patient by Assessing Practitioner*
- Form 5 – *Withdrawal Option* (first)
- Form 7 – *Reflection Period Amendment – Assessing Practitioner* (if applicable)

**Results of Assessment**

If the patient was deemed 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 reflection period.

The Assessing Practitioner must confirm that the above requirements have been satisfied 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 8 – *Reflection Period Amendment – Consulting Practitioner* (if applicable)

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

## 9. Assessment of Patient by Consulting Practitioner

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.

**Assessment Requirements**

The Consulting Practitioner must complete **Form 4 – *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 *Interim Guidelines*);
- where applicable, review information related to the Assessing 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**:

- ensure the patient is capable of providing informed consent to receive Medical Assistance in Dying, consulting with other health care 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;
- provide the patient with **Form 5 – *Medical Assistance in Dying Withdrawal Option*** (second) to complete in order to indicate their decision to proceed with the Medical Assistance in Dying process or withdraw their request, and include the completed form in the patient's medical record; 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.

**Additional Safeguards – Natural Death NOT Reasonably Foreseeable**

If the patient's natural death is determined to NOT be reasonably foreseeable, the Consulting Practitioner **MUST** ensure that all of the following additional safeguards are satisfied:

**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, 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 reasonable and available means to relieve the patient's suffering; and

- The Consulting Practitioner, Assessing Practitioner, and patient must agree that the patient has given serious consideration to those means;

  **--AND--**

**Assessment Expertise**

- The Assessing Practitioner or the Consulting Practitioner must have expertise in the condition that is causing the patient's suffering. If neither has that expertise, one must consult with another Practitioner who has that expertise and the results of that assessment must be shared with both the Assessing Practitioner and the Consulting Practitioner. For greater certainty, having expertise does not require that the Practitioner be licensed as a specialist for that condition;

  **--AND--**

**Reflection Period**

- If determined by the Assessing Practitioner that a shorter Reflection 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 Reflection Period as requested by the Assessing Practitioner (see Section 10 – Reflection Period where Natural Death is not Reasonably Foreseeable, below).

**Results of Assessment**

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 Assessing Practitioner and 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 8 – *Reflection Period Amendment – Consulting Practitioner* (if applicable)

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

## 10. Reflection Period where Natural Death is not Reasonably Foreseeable

Before a Practitioner provides Medical Assistance in Dying to a patient whose natural death is not reasonably foreseeable, a **Reflection Period** must pass 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 **90 clear days** between the day on which the assessment by the Assessing Practitioner began and the day on which the Medical Assistance in Dying is provided.

Day 1 = Assessment of patient by Assessing Practitioner begins
Day 2-91 = Reflection 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.*

The **Assessing Practitioner** is responsible for determining whether or not the required Reflection Period of 90 days is appropriate in the circumstances. Where it has been determined 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 Reflection Period.

If the patient requests a shortened Reflection Period, the **Assessing Practitioner** must determine the appropriate Reflection Period in the circumstances and coordinate agreement to the shorter Reflection Period with the patient and the Consulting Practitioner. Agreement to the shortened Reflection Period is to be recorded as follows:

- The Assessing Practitioner must complete **Form 7 – *Reflection Period Amendment—Assessing Practitioner***, include the completed form in the patient's medical record, and provide a copy of the completed form to the **Review Committee within 72 hours** of the Assessing Practitioner's assessment; and
- The Consulting Practitioner must complete **Form 8 – *Reflection Period Amendment—Consulting Practitioner***, include the completed form in the patient's medical record, and provide a copy of the completed form to the **Assessing Practitioner and the Review Committee within 72 hours** of the Consulting Practitioner's assessment.

## 11. Patient Withdrawal

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.

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 may complete the form on the patient's behalf.

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.

## 12. Death of Patient from Other Cause

A Practitioner who has received any form of written request for Medical Assistance in Dying, including but not limited to a Form 2 – *Formal Written Request by Patient*, 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 for Medical Assistance in Dying was only made verbally.

## 13. 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.

## 14. Waiver of Final Consent

Only a patient whose natural death is reasonably foreseeable 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 is 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 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, the Providing Practitioner and the Patient must enter into a written agreement by completing **Form 6 – *Waiver of Final Consent***, indicating the patient's consent that the Providing Practitioner 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 6 – *Waiver of Final Consent* must indicate which Practitioner(s) 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.

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

In completing the Form 6 – *Waiver of Final Consent* with the patient, the 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.

The Advance Consent is invalidated under the following circumstances:

- If the patient has capacity to provide final consent on the date indicated in Form 6 – *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 10 – *Express Consent by Patient to Receive Medical Assistance in Dying*; or
    - complete a new Form 6 – *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 10 – *Express Consent by Patient to Receive Medical Assistance in Dying*; or
    - by completing a new Form 6 – *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 be the Practitioner to assess the patient's eligibility and capacity to provide Advance Consent, and complete the Form 6 – *Waiver of Final Consent* with the patient;
- there is no limit on the number of times a new Form 6 – *Waiver of Final Consent* may be completed; and
- 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.

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

**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 previously required forms are completed in full in accordance with the Guidelines and are 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 Assessing Practitioner*
    - Form 4 – *Assessment of Patient by Consulting Practitioner*
    - Form 5 – *Withdrawal Option* (first)
    - Form 5 – *Withdrawal Option* (second)
    - Form 6 – *Waiver of Final Consent* (if applicable)
    - Form 7 – *Reflection Period Amendment—Assessing Practitioner* (if applicable)

  - Form 8 – *Reflection Period Amendment—Consulting Practitioner* (if applicable)

- confirm that Form 2 – *Formal Written Request by Patient* 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 5 – *Withdrawal Option* (first and second);

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

- review Form 3 – *Assessment of Patient by Assessing Practitioner* and Form 4 – *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**
  - 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 reasonable and available means 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 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 be satisfied that a shorter time period is necessary, has been agreed to by the patient, and that the time period specified in Form 7 – *Reflection Period Amendment—Assessing Practitioner* and Form 8 – *Reflection Period Amendment—Consulting Practitioner* has elapsed;

  **--OR--**

**Where the patient's natural death is reasonably foreseeable:**

- if applicable, review Form 6 – *Waiver of Final Consent* and determine if the patient has lost the capacity to provide consent to receive Medical Assistance in Dying.

**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 by:

- If the patient has LOST capacity to provide final consent:
  - ensuring a valid **Form 6 – *Waiver of Final Consent*** has been completed and is in the patient's medical record; and
  - ensuring that Medical Assistance in Dying is being provided in accordance with the arrangements set out in the form and as agreed to by the patient and the Providing Practitioner;

**--OR--**

- If 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 patient must complete a third **Form 5 – *Withdrawal Option***. 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 10 – *Express Consent by Patient to Receive Medical Assistance in Dying***. The completed form must be included in the patient's medical record. A third Form 5 – *Withdrawal Option* is NOT required at this stage if the patient wishes to proceed with Medical Assistance in Dying.

In the process of providing Medical Assistance in Dying for a patient who had provided **Advance Consent**, 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 10 – *Express Consent by Patient to Receive Medical Assistance in Dying*; or
- completing a new Form 6 – *Waiver of Final Consent* indicating a new date upon which Medical Assistance in Dying is to be provided in the event of capacity loss.

Following the administration of the medication and death of the patient, the Providing Practitioner must complete **Form 11 – *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 6 – *Waiver of Final Consent* OR 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 Practitioner or Registered Nurse.

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 Providing 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 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).

## 16. 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 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.

**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 previously required forms are completed in full in accordance with the Guidelines 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 Assessing Practitioner*
  - Form 4 – *Assessment of Patient by Consulting Practitioner*
  - Form 5 – *Withdrawal Option* (first)
  - Form 5 – *Withdrawal Option* (second)
  - Form 7 – *Reflection Period Amendment—Assessing Practitioner* (if applicable)
  - Form 8 – *Reflection Period Amendment—Consulting Practitioner* (if applicable)

- confirm that Form 2 – *Formal Written Request by Patient* 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 5 – *Withdrawal Option* (first and second);

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

- review Form 3 – *Assessment of Patient by Assessing Practitioner* and Form 4 – *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:**
    - 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 reasonable and available means 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 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 be satisfied that a shorter time period is necessary, has been agreed to by the patient, and that the time period specified in Form 7 – *Reflection Period Amendment—Assessing 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 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.

The Providing 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 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 patient must complete a third **Form 5 – *Withdrawal Option***. 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 voluntary euthanasia), 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 10 – *Express Consent by Patient to Receive Medical Assistance in Dying*.
    - The patient must complete **Form 10 – *Express Consent by Patient to Receive Medical Assistance in Dying***. The completed form must be included in the patient's medical record. A third Form 5 – *Withdrawal Option* is NOT required at this stage if the patient wishes to proceed with Medical Assistance in Dying.

Following the provision of the medication and death of the patient, the Providing Practitioner must complete **Form 11 – *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 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 Practitioner or Registered Nurse.

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 Providing 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).

## 17. Review Committee

A Review Committee has been established in the NWT to:

- 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.

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.

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 *Criminal Code* and the *Medical Assistance in Dying Interim Guidelines for the Northwest Territories*.

## STEP 1: PATIENT REFERRAL (WHERE APPLICABLE)

- ☐ Practitioner receives any written request for Medical Assistance in Dying, including but not limited to 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.

## STEP 2: ASSESSMENT OF PATIENT BY ASSESSING PRACTITIONER

### A) 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 **Assessing Practitioner** to ensure the patient meets the **Eligibility Criteria**. The assessment is documented on Form 3 – *Assessment of Patient by Practitioner*.

- ☐ 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 Assessing Practitioner.

- ☐ 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).

- ☐ Where the patient is deemed eligible, their natural death is NOT reasonably foreseeable, and the Assessing Practitioner has determined that a shortened Reflection Period is necessary in the circumstances, the Assessing Practitioner informed the patient of their risk of losing capacity to provide consent to receive Medical Assistance in Dying, and of the various options available, including the option to shorten the Reflection Period.

    - ☐ Where an eligible patient requests a shortened Reflection Period, the Assessing Practitioner determined the appropriate Reflection Period in the circumstances,

coordinated agreement to the shortened Reflection Period with the patient and the Consulting Practitioner, and the shortened Reflection Period is documented in Form 7 – *Reflection Period Amendment – Assessing Practitioner* (see step 3).

☐ 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 2 – *Formal Written Request by Patient*
- ☐ Form 3 – *Assessment of Patient by Assessing Practitioner*
- ☐ Form 5 – *Withdrawal Option* (first)
- ☐ Form 7 – *Reflection Period Amendment – Assessing Practitioner* (if applicable)

## STEP 2: ASSESSMENT OF PATIENT BY CONSULTING PRACTITIONER

### A) ASSESSMENT

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

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

☐ 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.

☐ Where the patient is deemed eligible, their natural death is NOT reasonably foreseeable, and the Assessing Practitioner has determined that a shortened Reflection Period is necessary and has been requested and agreed to by the patient, agreement with the shortened Reflection Period is recorded by the Consulting Practitioner in Form 8 – *Reflection Period Amendment – Consulting Practitioner* (see step 3).

☐ 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 4 – *Assessment of Patient by Consulting Practitioner*
- ☐ Form 5 – *Withdrawal Option* (second)
- ☐ Form 8 – *Reflection Period Amendment – Consulting Practitioner* (if applicable)

## STEP 3: REFLECTION PERIOD WHERE NATURAL DEATH IS NOT REASONABLY FORESEEABLE (IF APPLICABLE)

☐ At least 90 clear days have passed between the day on which the assessment by the Assessing Practitioner began and the day on which Medical Assistance in Dying is provided to a patient whose natural death is not reasonably foreseeable.

**--OR--**

☐ As requested and agreed to by the patient, fewer than 90 clear days have passed between the day on which the assessment by the Assessing Practitioner began and the day on which Medical Assistance in Dying is provided to a patient whose natural death is not reasonably foreseeable, and:

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

## STEP 4: 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.

☐ 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.

☐ The Practitioner has 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 and has provided the patient with information on available options, including the option to provide Advance Consent.

☐ A patient who wishes to provide advance consent has completed form 6 – *Waiver of Final Consent* with the Practitioner. 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.

## STEP 5: MEDICAL ASSISTANCE IN DYING

### A) SAFEGUARD 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:

- ☐ The patient's request for Medical Assistance in Dying was (documented in Form 2 – *Formal Written Request by Patient*):
  - ☐ 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.

- ☐ An **Assessing Practitioner** has provided a written opinion confirming that the patient meets all of the **Eligibility Criteria** (documented in Form 3 – *Assessment of Patient by Assessing Practitioner*);

- ☐ The patient has been informed by the **Assessing Practitioner** that they may, at any time and in any manner, withdraw their request (documented in Form 5 – *Withdrawal Option* (first));

- ☐ A **Consulting Practitioner** has provided a written opinion confirming that the patient meets all of the **Eligibility Criteria** (documented in Form 4 – *Assessment of Patient by Consulting Practitioner*);

- ☐ The patient has been informed by the **Consulting Practitioner** that they may, at any time and in any manner, withdraw their request (documented in Form 5 – *Withdrawal Option* (second));

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

- ☐ Where the patient's natural death is NOT reasonably foreseeable:

  - ☐ the Assessing Practitioner, Consulting Practitioner, and Providing Practitioner (where different):
    - ☐ are all in agreement that the patient's natural death is not reasonably foreseeable;
    - ☐ informed the patient of the reasonable and appropriate means available 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;

- ensured the patient was offered consultations with relevant professionals who provide such services; and
- are in agreement 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;

the Reflection Period has elapsed, where either:

- at least 90 clear 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 7 – *Reflection Period Amendment—Assessing Practitioner* and Form 8 – *Reflection Period Amendment—Consulting Practitioner* has elapsed; and

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.

## 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.

**Where the Providing Practitioner administers the medications (Voluntary Euthanasia):**

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 6 – *Waiver of Final Consent*;
- 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

Provided Medical Assistance in Dying in accordance with the arrangements set out in the Form 6 – *Waiver of Final Consent.* The form is included in the

patient's medical record and a copy provided to the Review Committee **within 72 hours** of providing Medical Assistance in Dying;

**-- 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. This opportunity is documented in the patient's medical record; and
  - the patient chose to:
    - proceed with Medical Assistance in Dying and completed 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 provided to the Review Committee **within 72 hours** of providing Medical Assistance in Dying;

      **--OR--**

    - withdraw their request for Medical Assistance in Dying and completed Form 5 – *Withdrawal Option* (third). The form is included in the patient's medical record and provided to the Review Committee **within 72 hours** of the patient's withdrawal.

- **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. This opportunity is documented in the patient's medical record.
  - The patient chose to:
    - Proceed with Medical Assistance in Dying and completed 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 provided to the Review Committee **within 72 hours** of providing Medical Assistance in Dying;

      **--OR--**

    - Withdraw their request for Medical Assistance in Dying and completed Form 5 – *Withdrawal Option* (third). The form is included in the patient's medical record and provided to the Review Committee **within 72 hours** of the patient's withdrawal.

- Following the administration or provision of the medication and death of the patient, Form 11 - *Record of Provision* is completed by the Providing Practitioner, included in the patient's

medical record, and copy provided 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*.

## PHARMACY REQUIREMENTS

- ☐ 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 Interim Medication Protocols for the Northwest Territories* to a Practitioner.
- ☐ 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.
- ☐ **Form 12 – *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 B – Contact Information

## Central Coordinating Service

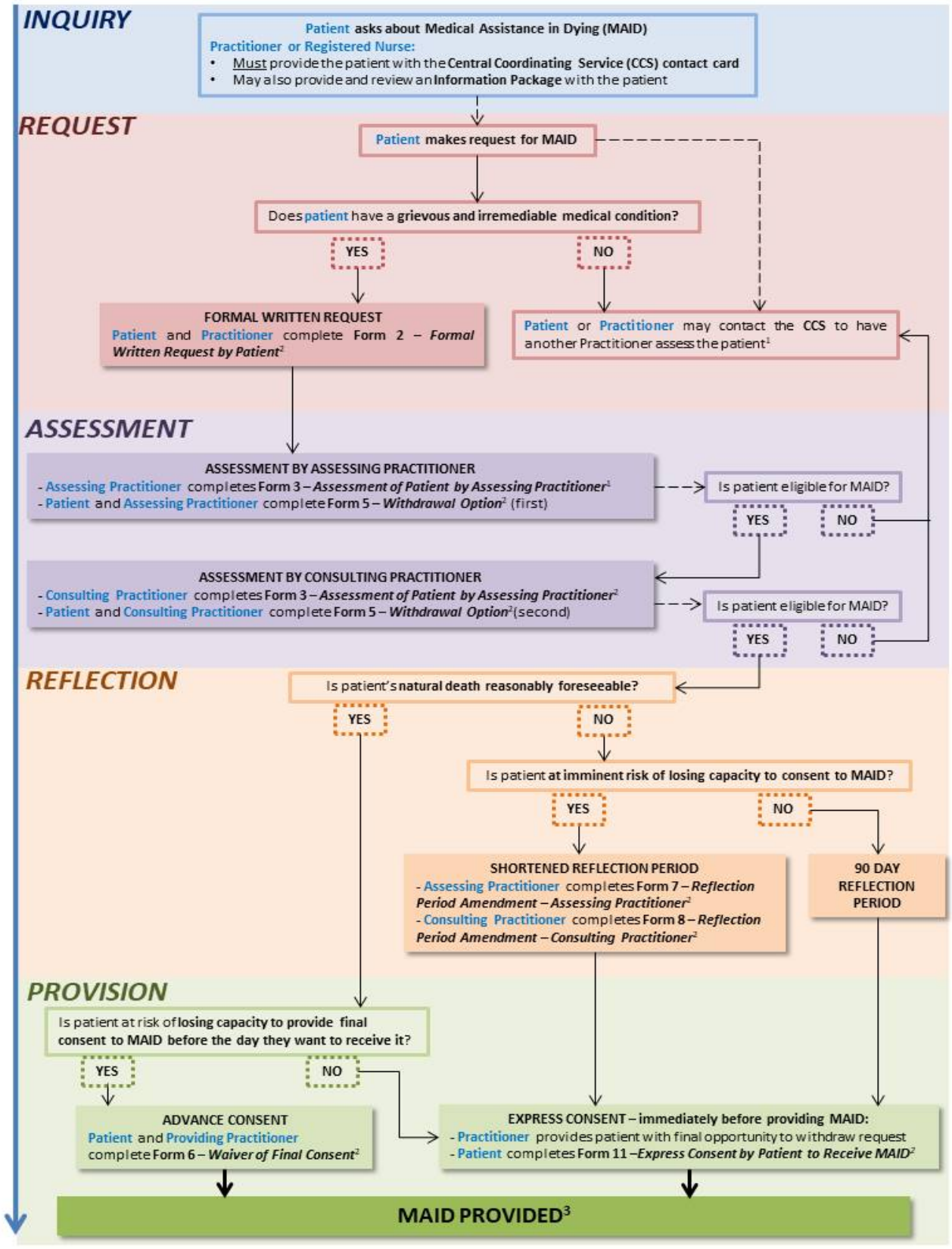
Monday to Friday: 8:30am – 5:00pm
Toll Free: 1 (855) 846-9601
Direct: 1 (867) 767-9050 ext. 49008

## Review Committee

**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 C – Process Map

**This process map is for illustrative purposes only and must be used in conjunction with the Guidelines.**



## Process Notes

**1.** Where a request for MAID has been made in writing and the Practitioner refers the patient to the CCS or transfers the care of the patient to another Practitioner AT ANY POINT, the **Practitioner** must complete **Form 1 – *Record of Patient Referral***. The form of the request can be in any written form, including a complete or incomplete Form 2 – *Formal Written Request by Patient*. This is not required if the request for MAID was only made verbally.

**2.** Completed forms are to be included in patient's medical record and a **copy FAXED to the Review Committee within 72hrs** in accordance with the *Guidelines*.

**3.** MAID may be provided by having the Providing Practitioner administer medications to the patient (voluntary euthanasia), or by having the Providing Practitioner prescribe or provide medications for the patient to take themselves in the presence of the Providing Practitioner (self-administration).