



MEDICAL ASSISTANCE IN DYING QUESTIONS AND ANSWERS FOR PATIENTS AND FAMILIES

General Questions

Q. What is medical assistance in dying?

- Medical assistance in dying is one of a number of choices that can be considered in end-of-life care. It is a process where a medical practitioner or nurse practitioner ('Practitioner') helps a patient who wants to voluntarily and intentionally end their life.

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

- You can ask your health care provider for more information on medical assistance in dying. They can provide you with the contact information for the Central Coordinating Service and may also provide you with an information package.
- Your health care provider is not required to review the information package with you if they do not feel comfortable doing so.
- You can also contact the Central Coordinating Service to find a practitioner who is willing to provide information on medical assistance in dying, assess you for eligibility, and if applicable, provide medical assistance in dying.

NWT Central Coordinating Service

Toll-free at 1-855-846-9601
or direct at 1-867-767-9050 Ext. 49008
Monday - Friday: 8:30am - 5:00pm

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

- The Central Coordinating Service links patients with Practitioners who are willing to provide information on medical assistance in dying, assess a patient, and if applicable, provide medical assistance in dying.
- The Central Coordinating Service does not provide information on medical assistance in dying.
- Anyone can call the Central Coordinating Service, including a patient, someone on a patient's behalf, or a Practitioner.

Q. Who pays for medical assistance in dying?

- This is an insured service. The patient will not have to pay to access or receive medical assistance in dying.
- The medications for medical assistance in dying are also covered.



Other End-of-Life Care Options

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

- Palliative and end-of-life care are important parts of comprehensive care for patients diagnosed with life limiting illness.
- For patients to make an informed decision, they must first be fully aware of all their end of life options, including palliative care, as well as pain and symptom management.
- **Palliative care** can be provided at any time to control symptoms and to provide support for patients and families during an advanced illness. It includes end-of-life care, but also plans for the weeks and months before anticipated death.
- In the NWT, palliative care is provided in hospitals, Long Term Care facilities, and in people's homes.
- **End-of-life care** is compassionate care that focuses on comfort, quality of life, respect for personal health care treatment decisions, support for family, and support for psychological and spiritual concerns for patients who are dying and for their families.

Accessing and Requesting Medical Assistance in Dying in the NWT

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

- A person interested in medical assistance in dying should first talk with their health care provider about any concerns or questions. Their health care provider can provide the contact information for the Central Coordinating Service, and may choose to provide an information package on medical assistance in dying.
- Health care providers are not required to review the information package with the patient if they do not feel comfortable doing so.
- If you need to find a practitioner who is willing to provide more information on medical assistance in dying, assess you for eligibility, and if applicable, provide medical assistance in dying, you can contact the Central Coordinating Service:

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- To formally request medical assistance in dying, a patient must complete Form 2- *Formal Written Request*. Any health care provider, including a physician, nurse practitioner, or community health nurse can provide this form to a person who requests it.
- To complete the *Formal Written Request* form, the patient will first need a Practitioner to sign the form to show that the patient has a "grievous and irremediable medical condition". Once this is done, the patient can complete the



form and must sign and date it in front of an “independent witness”, who must also sign and date the form.

- Once the *Formal Written Request* form is completed, the patient would proceed through a process which includes a number of steps to make sure they are eligible, informed, making a voluntary request, and consenting to an assisted death.

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

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

Q. Am I eligible for medical assistance in dying?

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

Q. I have a mental illness. Can I still receive medical assistance in dying?

- The federal law currently excludes mental illness as a serious and incurable illness, disease, or disability for the purposes of medical assistance in dying.
- This does not mean that a person with a mental illness can never receive medical assistance in dying.
- A patient with mental illness may still be eligible for medical assistance in dying if they also have another serious illness, disease, or disability and meet all of the other



criteria listed in the law, including having the ability to make medical decisions for themselves.

Q. Can I write down my wishes in case I lose capacity, or request medical assistance in dying through an advance directive or substitute decision maker?

- A patient who has been found eligible for medical assistance in dying by two practitioners, and whose natural death is near, may provide advance consent to receive medical assistance in dying if their Practitioner considers them to be at risk of losing capacity to provide final consent at the time that they wish to receive medical assistance in dying.
- If you wish to provide advance consent, you should talk to your Practitioner to determine if you are eligible and to help you complete a Form 6 – *Waiver of Final Consent*.
- Other forms of advance consent, such as advance directives or substitute decision makers, cannot currently be used to consent to medical assistance in dying.
- A patient whose natural death is not considered to be near is not currently able to provide advance consent to receive medical assistance in dying.

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

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

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

- Another person, including a health care provider, can complete the Form 2 - *Formal Written Request* form on your behalf. This person must:
 - Be at least 18 years of age;
 - Understand that you are requesting assisted dying; and
 - Not know or believe they will benefit from your will.
- You must personally ask the person to sign the form and be present when they sign it.



Q. What if I have difficulty communicating?

- Difficulty with communication does not prevent anyone from accessing medical assistance in dying. Your health care provider will ensure that someone is there to help you communicate and understand the process and information provided to you.

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

- Often the person considering medical assistance in dying is farther ahead in their decision-making process than their family members may be expecting.
- It is important to have open and honest discussions with your loved ones.
- It can help to have another person, such as your health care provider, there to help support you in these discussions.

Q: I live in a remote area. Can I still access medical assistance in dying?

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

Medical Assistance in Dying Process

Q. What methods of assisted dying are there?

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



Q. What assessments will be required?

- The assessments will include:
 - A diagnosis and prognosis of the patient’s condition, including an assessment of options available to provide relief (e.g. palliative or end of life care);
 - Assessment of the patient’s eligibility for medical assistance in dying; and
 - A second assessment to confirm the patient’s eligibility.
- Additional assessments may be required if one or both of the Practitioners need further advice and expertise about the patient’s condition or decision making capacity.

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

- Like with other medical procedures, you have the right to ask for a second opinion.
- If a Practitioner finds that you do not meet the eligibility criteria, the Practitioner or the patient can contact the Central Coordinating Service for access to another willing practitioner to receive an additional assessment.

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

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

Q: If I am eligible, do I have to proceed? Do I have to proceed right away?

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

Q. Is there a reflection period?

- There is a mandatory reflection period for patients whose natural death is not near. The reflection period consists of at least 90 clear calendar days between when the first Practitioner’s assessment begins and when medical assistance in dying is provided:

Day 1 = Assessment of patient by Assessing Practitioner begins

Day 2-91 = Reflection period



Day 92 = Medical Assistance in Dying can be provided

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

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

- Planning for end of life is important and requires consideration of many details that are unique to each individual.
- It may be helpful to have family members or others help you find the resources needed to ensure that your wishes are known, such as:
 - Health care decisions;
 - Religious and cultural considerations for all appropriate rituals/ceremonies;
 - Care after death;
 - Financial matters and estate;
 - Funeral arrangements; and
 - All other personal considerations.

Additional Resources

- Information Sheet for Patients and Families: <http://www.hss.gov.nt.ca/en/node/2030/>
- Medical Assistance in Dying Interim Guidelines for the Northwest Territories: <http://www.hss.gov.nt.ca/sites/hss/files/interim-guidelines-medical-assistance-dying.pdf>
- Government of the Northwest Territories' Medical Assistance in Dying webpage: www.maidnwt.com
- Dying with Dignity Canada: <https://www.dyingwithdignity.ca/>

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