

AH1300 – Medical Assistance in Dying (MAID)

1.0 PURPOSE

To provide a consistent, compassionate, person-centered approach when responding to a request for medical assistance in dying (MAiD) in accordance with the Canadian Federal Legislation, Government of British Columbia, professional health care providers' college standards, and organizational standards.

Scope: Interior Health and publicly funded contracted partner organizations (non-faith based) will allow the assessment and provision of medical assistance in dying.

2.0 DEFINITIONS

TERM	DEFINITION
Conscientious Objection	A health care provider who chooses not to provide medical assistance in dying as a matter of conscience, religion, values and beliefs ^{1, 2, 3}
Contracted Partner Organization	A contracted organization (or facility) with an independent board that receives public funding from a health authority, for operating setting(s) where end-of-life services are normally offered (Ministry of Health, Policy Communiqué, July 2018).
Eligibility Criteria	<p>In order to be eligible to receive medical assistance in dying, a person must meet all of the following criteria:</p> <ol style="list-style-type: none"> 1. Be eligible for health services publicly funded by a government in Canada, such as being registered or eligible for B.C.'s Medical Services Plan; 2. Be at least 18 years of age and capable of making decisions about their health; 3. Have made a voluntary request for medical assistance in dying that, in particular, was not made as a result of external pressure; 4. Have given informed consent to receive medical assistance in dying after being informed of the means that are available to relieve their suffering, including palliative care; and 5. Have a grievous and irremediable medical condition, which means: <ul style="list-style-type: none"> • they have a serious and incurable illness, disease or disability • they are in an advanced state of decline that cannot be reversed; and • that illness, disease or disability or that state of decline causes them enduring physical or psychological suffering that is intolerable to them and cannot be relieved under conditions that they consider acceptable.

AH1300 – Medical Assistance in Dying (MAiD)

Faith-based Organization	<p>An organization that is a party to the Master Denominational Health Agreement or otherwise in its constitution declares itself as being an organization based on religion or spirituality (Ministry of Health, Policy Communiqué, July 2018).</p> <p><i>Note: Faith-based organizations will provide supporting documentation to Interior Health.</i></p>
Health Care Provider	<p>A licensed, certified, or registered professional providing health care under the Health Care Professions Act and the Social Workers Act.</p>
Independent Witness	<p>Any person who is at least 18 years of age and who understands the nature of the request for MAiD except, if they:</p> <ol style="list-style-type: none"> 1. 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; 2. are an owner or operator of any health care facility where the person making the request is being treated or lives; 3. provide health care services or personal care to the person making the request (unless this is as their primary occupation for which they are paid); or 4. are a doctor or nurse practitioner who is involved in assessing the person's eligibility for medical assistance in dying or providing the person with medical assistance in dying.
Interior Health Staff	<p>For the purpose of this policy, Interior Health staff refers to all employees, physicians, health professionals, students, volunteers, contracted partners and other service providers engaged by Interior Health.</p>
MAiD Coordination Centre (MCC)	<p>An end of life service that offers support to requestors, families and health care providers in the coordination of care and services related to MAiD, and; provides connection to education, information and resource material.</p>
MAiD Assessment	<p>The formal assessment of the requestor eligibility for MAiD by a physician or nurse practitioner.</p> <p><i>Assessor:</i> A physician or nurse practitioner who is responsible for completing an eligibility assessment of the requestor.</p> <p><i>Prescriber:</i> A physician or nurse practitioner who is responsible for completing both an eligibility assessment and providing medical assistance in dying by prescribing and (when applicable) administering the substance to be used in MAiD.</p>

AH1300 – Medical Assistance in Dying (MAiD)

MAiD Medical Assistance in Dying	Medical assistance in dying occurs when an authorized physician or nurse practitioner provides or administers medication that intentionally brings about an eligible person’s death, at that person’s request.
MAiD Provision	MAiD provision is the procedure in which the physician or nurse practitioner administers medication to intentionally end the person’s life at their request or when a person chooses self-administration through oral route of medication under a physician or nurse practitioner’s supervision.
Most Responsible Practitioner (MRP)	The physician or nurse practitioner on record as responsible for the patient’s care.
Nurse	For the purpose of this policy, the term refers to a Registered Nurse, Licensed Practical Nurse, and Registered Psychiatric Nurse.
Requestor/Person	For the purpose of this policy: 1. a person aged 18 years and older; and, 2. the person requesting MAiD.
Proxy	For the purpose of this policy, if a requestor is physically unable to sign, a proxy may sign on their behalf and under their expressed direction. The proxy: 1. cannot be the witness identified on the Requestor Record; 2. must be at least 18 years old; 3. must understand the nature of the request; 4. does not believe they are a beneficiary in the requestor’s will or recipient of financial or other material benefit resulting from the death of the requestor; and, 5. must sign in the presence of the requestor and witness.
Transfer of Request	When a physician or nurse practitioner receives a person’s written request for medical assistance in dying and does not intend to be the Assessor or Provider for the person, and transfers the written request or care to another practitioner or MAiD Coordination Centre for medical assistance in dying.

3.0 POLICY

3.1 Interior Health is committed to supporting capable person’s request for MAiD:

- 3.1.1 Staff has an ethical and regulatory obligation to respond to a person’s inquiry or request for MAiD whenever it may occur within their health care journey.

Policy Sponsor: VP Clinical Operations IH South	3 of 11
Policy Steward: Director, Palliative Care and End of Life Services	
Date Approved: November 2020	Date(s) Reviewed-r/Revised-R: July 2021(R)

AH1300 – Medical Assistance in Dying (MAiD)

- 3.1.2 Staff will not discriminate against a person requesting MAiD, will not delay, impede or block access to information or a request for MAiD.
 - 3.1.3 MAiD is authorized in circumstances where a person meets all the eligibility criteria as determined by two independent physicians or nurse practitioners in accordance with the [Canadian Federal Legislation and Government of British Columbia Provincial Policy](#).
 - 3.1.4 Health care providers, in relation to MAiD, must follow legislation, respective guidelines/practice standards and advice documents from regulatory bodies, colleges and health authority.
- 3.2 Only Physicians and Nurse Practitioners (NP) have a professional obligation to initiate a discussion about MAiD, based on the clinical context and if a person might be eligible for MAiD.

Note: Any health care provider may share information in relation to all end-of-life care options, including MAiD, in accordance with their respective regulatory body. Health care providers must not discuss MAiD with a person with the aim of inducing, persuading, or convincing the person to request MAiD.

3.3 Acting as an Independent Witness

- 3.3.1 IH staff, who provide health care services or personal care to the requestor as their primary occupation and are paid to do so can be considered an independent witness, and if they satisfy the conditions outlined by legislative requirements
- 3.3.2 The independent witness must sign on the same day and in the presence of the requestor
- 3.3.3 An assessor, prescriber, or consultant involved in the requestor's assessment for MAiD cannot function as an independent witness

3.4 Acting as a Proxy

- 3.4.1 IH staff may act as a proxy for the Requestor if they satisfy the conditions outlined by legislative requirements (see definitions).
- 3.4.2 Proxy: [Request for Medical Assistance in Dying](#) (HLTH 1632). The proxy must sign in the physical presence of the requestor and in front of the independent witness on the same date
- 3.4.3 Proxy: [Assessment Record \(Prescriber\)](#), HLTH 1634). In exceptional circumstances, the nurse assisting with MAiD may act as a proxy for the requestor if they can provide consent but cannot physically sign their confirmation of consent immediately prior to the provision of MAiD, and no other present individual meets the proxy requirement.

Policy Sponsor: VP Clinical Operations IH South	4 of 11
Policy Steward: Director, Palliative Care and End of Life Services	
Date Approved: November 2020	Date(s) Reviewed-r/Revised-R: July 2021(R)



Administrative Policy
Code: Client/Patient Relations/Care

AH1300 – Medical Assistance in Dying (MAiD)

3.5 Acting as a Virtual Witness

- 3.5.1 Regulated health professionals, when in physical attendance with the requestor, may act as a witness during a telemedicine assessment of eligibility.

3.6 Conscientious Objection by Health Care Providers Directly Related to MAiD

- 3.6.1 Interior Health respects and supports the rights of health care providers to opt out of participation in the MAiD process, including acting as an independent witness or proxy.

- 3.6.1.1 All staff must continue to provide care other than that directly related to MAiD.

- 3.6.1.2 Staff has a duty to transfer care to another staff who is able to provide support for MAiD related care needs.

- 3.6.2 A physician/nurse practitioner who receives a person's written request for MAiD, does not intend to be the Assessor or Provider for the person and transfers the request to another practitioner must complete the [Transfer of Request](#) (HLTH 1642) form.

3.7 Conscientious Objection by Faith-based Organizations

- 3.7.1 Interior Health respects that faith-based organizations may decide not to allow provision of medical assistance in dying on the organization's property but expects that these non-participating organizations will:

- 3.7.1.1 Ensure the person has full information of the end of life care options available to them, including medical assistance in dying.

- 3.7.1.2 Respect and do not impede the person's request for information concerning medical assistance in dying, including IH's role in care coordination.

- 3.7.1.3 Allow MAiD eligibility assessments onsite.

- 3.7.1.4 Continue to provide comprehensive care for the person other than assessment for or provision of medical assistance in dying.

- 3.7.1.5 Support timely transfers from the person's current location to another health care setting for the provision of MAiD.

3.8 Service Provided in Location of Requestor's Choice

- 3.8.1 There is no designated location for persons receiving MAiD. Every effort must be made by care teams to facilitate the assessment and provision of MAiD in the appropriate location of choice for each person.

3.9 Per diem for a short stay bed is waived when admission is solely for a MAiD provision.

Policy Sponsor: VP Clinical Operations IH South	5 of 11
Policy Steward: Director, Palliative Care and End of Life Services	
Date Approved: November 2020	Date(s) Reviewed-r/Revised-R: July 2021(R)



Administrative Policy
Code: Client/Patient Relations/Care

AH1300 – Medical Assistance in Dying (MAiD)

4.0 PROCEDURES

4.1 Leadership (Interior Health and Contracted Partner) Responsibilities

- 4.1.1 Ensure all Staff, Contracted Partners, Physicians and Nurse Practitioners are aware of this policy.
- 4.1.2 Clinical operational teams to establish a local, primary contact, e.g. MAiD Lead, to assist in the coordination of MAiD services within the health facility or community setting.
- 4.1.3 Clinical operational teams to establish standard work to respond to requests for MAiD information, formal requests, planned provisions and after-death care based on the organization's processes and related policies.
- 4.1.4 Maintain knowledge of staff who are conscientious objectors in order to ensure support of staff and the persons requesting MAiD.
- 4.1.5 Consider the impact of MAiD on care teams and provide support to staff as may be appropriate.

4.2 All Staff Responsibilities

- 4.2.1 Inform themselves of their role, as well as all applicable organizational policies, practice standards, information, resources, and support in relation to MAiD. Review iLearn #3155: Introduction to Medical Assistance in Dying.
- 4.2.2 Consider personal beliefs and notify supervisor of any conscientious objection.
- 4.2.3 Respect the privacy of the person and maintain strict confidentiality concerning any aspect of a person's personal information and their request for MAiD.
- 4.2.4 May act as an independent witness/proxy for the [Request for Medical Assistance in Dying](#) (HLTH 1632) form if they satisfy the conditions outlined by legislative requirements and organizational policy.

4.3 Health Care Provider

- 4.3.1 Prior to participating in any aspect of care in relation to MAiD, shall review all legislative requirements and applicable information and guidance developed by their respective regulatory body and organization.
- 4.3.2 Respond to a person's request for information about MAiD (informal or formal) in accordance with their respective regulatory body requirements and organizational policies.

Policy Sponsor: VP Clinical Operations IH South	6 of 11
Policy Steward: Director, Palliative Care and End of Life Services	
Date Approved: November 2020	Date(s) Reviewed-r/Revised-R: July 2021(R)

AH1300 – Medical Assistance in Dying (MAiD)

- 4.3.3 With the requestor's consent, notify the person's MRP about the request for MAiD (informal or formal). If the person does not have a MRP or does not wish for their MRP to learn of the request, then staff shall direct the person to the IH MAiD Coordination Centre for further information and assistance.
- 4.3.4 Ensure documentation in the person's health record complies with legislative requirements, regulatory body and organizational policy.

4.4 Physician/Nurse Practitioner Role

- 4.4.1 Review and follow advice documents and standards of practice set out by their respective regulatory bodies regarding their participation in aspects of care related to MAiD and consult with their insurers/protective associations as necessary.

4.4.2 Assessor Role

Physicians: Physicians may act as a MAiD assessor.

Nurse Practitioners: To be eligible to act as an assessor, nurse practitioners must have completed additional education and a preceptorship under the guidance of a qualified practitioner with expertise in medical assistance in dying in order to acquire the needed competencies for eligibility assessment in MAiD.

4.4.3 Assessor/Prescriber Role

Physicians: Physicians must have the appropriate competencies, qualifications, experience and training to render a diagnosis and prognosis of the person's condition, together with the appropriate technical knowledge and competency to provide MAiD in a manner that is respectful to the person.

Non-Core MAiD Privileging and Credentialing

Review:

- CPSBC Practice Standard: [Medical Assistance in Dying](#)
- Ministry of Health: [Medical Assistance in Dying](#)

Complete:

Education: [Learning Hub](#):

- Medical Assistance in Dying (MAiD): Roles and Responsibilities Assessors and Prescribers
- [Medical Assistance in Dying Clinical Privileges](#) form

Submit Certificate of Completion and Privileging form to:

- Palliative Care and End of Life Services Senior Medical Director for a subsequent interview

Nurse Practitioners: To be eligible to act as an assessor-prescriber, nurse practitioners must have completed additional education and a preceptorship

Policy Sponsor: VP Clinical Operations IH South	7 of 11
Policy Steward: Director, Palliative Care and End of Life Services	
Date Approved: November 2020	Date(s) Reviewed-r/Revised-R: July 2021(R)

AH1300 – Medical Assistance in Dying (MAiD)

under the guidance of a qualified physician or nurse practitioner with expertise in medical assistance in dying in order to acquire the needed competencies for both eligibility assessment and the provision of MAiD.

Non-Core MAiD Privileging and Credentialing

Review:

BCCNM: Medical Assistance in Dying: [Standards, Limits and Conditions](#)

- Ministry of Health: [Medical Assistance in Dying](#)

Complete:

Education: [Learning Hub](#):

- Medical Assistance in Dying (MAiD): Roles and Responsibilities Assessors and Prescribers
- [Medical Assistance in Dying Clinical Privileges](#) form
- MAiD Preceptorship through IH MAiD Nurse Practitioner Lead
- NP Competency Validation (complete with MAiD NP lead)

Contact:

- NP Clinical Director and IH MAiD NP Lead

Submit Certificate of Completion and Privileging form to:

- Palliative Care and End of Life Services Senior Medical Director for a subsequent interview

4.4.4 Although not required, MAiD nursing support is available upon request. It is highly recommended that Physician/NPs who do not request nursing support send the MAiD documents to the MCC. This ensures accurate data collection, guides quality improvement initiatives and allows for the MCC to support the provider in urgent situations.

4.4.5 Although not mandatory, it is highly recommended that physicians/nurse practitioners functioning as prescribers contact the MCC for a brief orientation.

4.5 Pharmacist

4.5.1 Prior to participating in any aspect of care in relation to MAiD, shall review all legislative requirements and applicable information and guidance developed by their respective regulatory body ([College of Pharmacists of British Columbia](#), [CPBC], MAiD).

4.5.2 Pharmacist will follow the CPBC Health Profession Act Bylaws, [Schedule F](#): Dispensing drugs for the purposes of medical assistance in dying Standards, Limits and Conditions.

4.5.3 Only a Pharmacist shall dispense drugs for MAiD consistent with the list of drugs developed and approved by the Ministry of Health and CPBC, and comply with any legal, regulatory body and IH reporting obligations.

Policy Sponsor: VP Clinical Operations IH South	8 of 11
Policy Steward: Director, Palliative Care and End of Life Services	
Date Approved: November 2020	Date(s) Reviewed-r/Revised-R: July 2021(R)

AH1300 – Medical Assistance in Dying (MAiD)

- 4.5.4 Dispensed drugs for the purpose of MAiD must be transported between the pharmacist and the prescriber only. In the exceptional circumstances, this transport can be completed by a safe and secure courier in compliance with federal legislation.
- 4.5.5 Prepare and dispense medications directly to Prescriber.
- 4.5.6 Complete and submit the [Dispensing Record](#) (HLTH 1641) in compliance with BC Pharmacy protocols for MAiD.
- 4.5.7 For Interior Health Pharmacy staff please refer to the Pharmacy Clinical Practice Standard for [Medical Assistance in Dying \(MAiD\): Full Pharmacist Preparation and Dispensing](#)

Note: Pharmacist may delegate to pharmacy technician any aspect of preparation of drugs for MAiD that is within a pharmacy technician's scope of practice.

4.6 MAiD Nursing Role

4.6.1 iLearn Modules:

- Introduction to Medical Assistance in Dying (#3155)
- Medical Assistance in Dying (MAiD): Roles and Responsibilities of Health Care Professionals (HCP)
 - Modules (#3113), (#3114) and, (#3115)
- Competency validation (iLearn course, 1417), and

4.6.1.1 Orientation with the MAiD Coordination Centre.

- 4.6.2 Nurses may aide in the provision of MAiD, within their scope of practice and in compliance with legislation, guidance documents and [BCCNM](#) practice standards, and applicable organizational policies.
- 4.6.3 Nurses aiding in the provision of MAiD must possess clinical skills required (e.g. insert a peripheral IV) and be able to identify holistic needs of the person and family and refer to the appropriate health care provider(s).

4.7 MAiD Coordination Centre

- 4.7.1 Respond to all information requests.
- 4.7.2 Complete intake process for formal MAiD requests and confirm physicians/NP support for eligibility assessments.
- 4.7.3 Coordinate the person-specific provision planning needs identified by person, family, MAiD prescribers and health care providers, as required.

Policy Sponsor: VP Clinical Operations IH South	9 of 11
Policy Steward: Director, Palliative Care and End of Life Services	
Date Approved: November 2020	Date(s) Reviewed-r/Revised-R: July 2021(R)



Administrative Policy
Code: Client/Patient Relations/Care

AH1300 – Medical Assistance in Dying (MAiD)

- 4.7.4 Facilitate post-provision follow-up and debriefing where required for the MAiD care team.
- 4.7.5 Maintain MAiD specific documentation in accordance with organizational policy.
- 4.7.6 Complete required provincial and IH reporting, as well as data and document management.
- 4.7.7 Provide MAiD education as required.

Policy Sponsor: VP Clinical Operations IH South	10 of 11
Policy Steward: Director, Palliative Care and End of Life Services	
Date Approved: November 2020	Date(s) Reviewed-r/Revised-R: July 2021(R)



Administrative Policy
Code: Client/Patient Relations/Care

AH1300 – Medical Assistance in Dying (MAID)

5.0 REFERENCES

- BC Ministry of Health. (2021): [Medical Assistance in Dying](#)
- BC College of Nurses and Midwives. (2021). [The Nurse's Role in MAiD](#)
- [BC College of Nurses and Midwives. \(2021\). Nurse Practitioners Standards, Limits and Conditions: Medical Assistance in Dying](#)
- College of Pharmacists of BC. (2021): [Medical Assistance in Dying \(MAiD\)](#)
- College of Physicians and Surgeons of BC. (2021): [MAiD FAQs](#)
- College of Physicians and Surgeons of BC. (2020): [MAiD Practice Standard](#)
- Government of Canada. (March 17, 2021): [Canada's New Medical Assistance in Dying](#)
- Government of Canada. (March 17, 2021): [Medical Assistance in Dying](#)
- Government of Canada. (2019): [The Canadian Charter of Rights and Freedoms](#)
- Interior Health. (2019): [insideNet MAiD Clinical Care Resources](#)
- Interior Health. (2019): [Medical Assistance in Dying \(MAiD\): Nurses Aiding a Physician or Nurse Practitioner in Provision of](#)
- Interior Health. (2019): [Memorandum: An update on Medical Assistance in Dying \(MAiD\) Revised Clinical Practice Standard and Patient Information Brochure](#)
- Interior Health. (Feb 2020 (R)): [Policy AL0500-Legal/Court Documents and Legal Proceedings](#)
- Royal College of Physicians and Surgeons of Canada (2020): [Conscientious Objection to Medical Assistance in Dying](#)

Policy Sponsor: VP Clinical Operations IH South	11 of 11
Policy Steward: Director, Palliative Care and End of Life Services	
Date Approved: November 2020	Date(s) Reviewed-r/Revised-R: July 2021(R)