



Medical Assistance in Dying

FAQ for Patients and Families

PRHC

Peterborough Regional
Health Centre

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Medical assistance in dying: Frequently asked questions

This handout is about the personal decision to request medical assistance in dying.

Medical assistance in dying is intended for patients with a serious condition that causes long-term suffering.

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1. What is “Medical Assistance in Dying”?¹

Medical Assistance in Dying means:

Administration by a doctor or nurse practitioner of a substance to a person, at that person’s request, that causes their death;

or

Prescription or provision of a substance by a doctor or nurse practitioner to a person, at that person’s request, so that they may self-administer the substance and in doing so cause their own death.

Please note: Until further notice, there may be limitations on the prescription or provision of oral medications.

2. Who can provide medical assistance in dying?

Any physician (medical doctor) and or nurse practitioner (licensed in the province) can provide medical assistance in dying.

¹Bill C-14. An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying). S. 241.1
www.parl.gc.ca/LegisInfo/BillDetails.aspx?Language=E&Mode=1&billId=8177165

3. Who is eligible for medical assistance in dying?

A person qualifies for medical assistance in dying if they meet **all** the following criteria:

- a. Possess or are eligible for a provincial health card;
- b. At least 18 years of age;
- c. Capable of making decisions with respect to their health;
- d. Have a grievous and irremediable medical condition;
- e. Have made a voluntary request for medical assistance in dying that, in particular, was not made as a result of external pressure, and;
- f. Give 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.²

² Bill C-14. An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying). S. 241.2 (1)
www.parl.gc.ca/LegisInfo/BillDetails.aspx?Language=E&Mode=1&billId=8177165

4. What does “capable” mean?

A capable person has decision-making capacity.

You are able to understand the information that is relevant to making a decision about the treatment and appreciate the reasonably foreseeable consequences of a decision or lack of decision.³

Your healthcare team assesses capacity by asking you questions.

³ Health Care Consent Act, 1996, S.O. 1996, c.2 Sched. A, s. 4(1).

5. What does “grievous and irremediable medical condition” mean?

A person has a grievous and irremediable medical condition if:

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

6. What does it mean to give informed consent?

Before you request medical assistance in dying, you need to know about the options available to relieve suffering, including palliative care. Your healthcare team wants to make sure you have all the information you need to make this important decision.

Your team also wants to be certain you are making this decision voluntarily – that you are not being forced into it by someone.

7. What is enduring suffering?

Enduring suffering is physical or psychological pain or distress that you have lived with for a long time.

⁴ Carter v. Canada (Attorney General) 2015 SCC 5, [2015] 1 S.C.R. 331.[127]
scc-csc.lexum.com/scc-csc/scc-csc/en/item/14637/index.do.

8. What is intolerable suffering?

Intolerable suffering is physical or psychological pain or distress that you find unbearable.

9. How is medical assistance in dying different from stopping or not starting treatment?

Patients may choose to stop treatment or not to start treatment. These decisions, like medical assistance in dying, are each patient's decisions to make. Patients base these decisions on their values, beliefs and healthcare goals.

The key difference is the intent of the decision. Patients who choose to stop treatment or not to start treatment intend to avoid treatment that will not provide a benefit or that is too difficult. Their intent is not necessarily to bring about their own death. If death happens, the cause of death will be their disease.

With medical assistance in dying, the patient's death is intended.

10. Do I have to undergo treatment first?

No, you do not have to undergo treatment (e.g. chemotherapy, surgery) you find unacceptable.

The Supreme Court wrote that irremediable: "... does not require the patient to undertake treatments that are not acceptable to the individual."⁴

11. Is there a right decision?

This is a personal decision based on your values, beliefs and healthcare goals. You determine what is right or wrong for you.

12. Can others make the decision for me?

No, only you can make the decision to request assistance in dying. If you are not capable, others cannot make the decision for you.

⁴ Carter v. Canada (Attorney General) 2015 SCC 5, [2015] 1 S.C.R. 331.[127]
scc-csc.lexum.com/scc-csc/scc-csc/en/item/14637/index.do.

13. Can I change my mind?

Yes, you can change your mind at any time, for any reason. At every stage of the process, you will be reminded you may withdraw your request. If you change your mind, there will be no negative consequences; you will continue to receive high quality care.

14. Do I have to inform my family?⁵

It is usually a good idea to try to involve your family – getting medical assistance in dying may have a major impact on them. If it is difficult to talk with your family for any reason, you can ask for help from your healthcare team (e.g. social workers, spiritual care providers, or others).

15. Can I have family and friends with me when I die?

Yes, you can have anyone you choose with you during assisted dying. You should discuss this with them well in advance to make sure they are comfortable to be present. The healthcare team will help prepare you and them.

⁵ Family is defined as anyone important to the patient.

16. Where can I have medical assistance in dying?

Medical assistance in dying can be provided in hospital and at home. Your healthcare team will help you to review the options and discuss what is best for you.

17. What if I want to be an organ donor?

If you are considering medical assistance in dying and would like to be an organ and/or tissue donor, please speak to your healthcare team or Trillium Gift of Life Network, www.giftoflife.on.ca or 1-800-263-2833.

18. How do I obtain Medical Assistance in Dying?

- **Submit a referral to the MAID Team**

Speak with your physician or nurse practitioner about your possible interest in MAID. They can submit a referral to the PRHC MAID team on your behalf. If you do not have a regular practitioner, contact the MAID coordinator directly.

- **Meet with the MAID Coordinator**

At PRHC, referrals are sent to the MAID coordinator. The coordinator will contact you to answer your initial questions and arrange a time to meet with you.

- **Put your written request in writing**

If you meet preliminary criteria and wish to proceed with the process, the MAID coordinator will arrange for an independent witness to complete the written request with you.⁶

- **Undergo two medical assessments**

Your request for MAID must be assessed by two (2) independent practitioners who must make sure that you're eligible to receive MAID according to all of the listed criteria.⁷

- **Consider completing a Waiver of Final Consent**

If you or your practitioners are concerned you may lose capacity prior to your procedure, a Waiver of Final Consent can be completed.⁸

⁶ MOH Clinician Aid A Patient Request for Medical Assistance in Dying

⁷ MOH Clinician Aid B Primary Aid & C Secondary Aid

⁸ MOH Clinician Aid D-1 Waiver of Final Consent

19. Does my written request need to be witnessed?

Yes, your written request for assistance in dying must be signed and dated before an independent witness.

An independent witness:

- is at least 18 years old.
- understands the patient is requesting assisted dying.
- will not benefit or does not believe they will benefit under the will or in any other way from the patient's death.
- is not the owner or operator of a health facility in which the patient lives or is being treated.
- is not providing health care services to the patient making the request.

20. What happens if I cannot sign?

If you are not able to sign and date the request, another person may sign for you. This person must:

- be at least 18 years of age;
- understand that the patient is requesting medical assistance in dying, and
- not know or believe they will benefit under the patient's will.

The signing must be done in your presence, under your direction, and before the independent witness.

21. Is there a waiting period?

No. As of March 2021, there is no longer a legislated waiting period however the process to complete assessments may take days to weeks.

22. How long will the assessments take?

Generally, each assessment takes approximately one (1) hour. Please speak to your healthcare team if you have concerns.

23. Can my practitioner complete an assessment?

Maybe. Many healthcare professionals and some healthcare institutions will be unwilling to help with medical assistance in dying because it is not comfortable for them or goes against an institution's faith-based mission. It is a very personal choice for them, too.

24. Do two physician/nurse practitioners have to agree I meet the criteria?

Yes. You will be assessed by two (2) physicians or nurse practitioners. They will have to agree that you meet the criteria. If one or more feel you do not meet the criteria, you can ask to be assessed by another physician or nurse practitioner.

25. Can I write down my wishes in case I lose capacity?

Yes. As of March 2021, changes in legislation allow you to waive the requirement for giving final consent just before MAID is provided, only if:

- Your natural death is reasonably AND
- While you had decision-making capacity:
 - you were assessed and approved to receive MAID
 - your practitioner advised that you are at risk of losing capacity to provide final consent
 - you made a written arrangement with your practitioner in which you consent in advance to receive MAID on your chosen date or before if you no longer have capacity to consent on that date

26. What if my death isn't reasonably foreseeable?

As of March 2021, If the practitioners assessing your request for MAID determine that your death is not reasonably foreseeable, there are added safeguards that **must** be met to be eligible to receive MAID.

27. What if I have other questions?

If you have other questions, please ask a member of your healthcare team. Additional information can be obtained from the:

Ontario Ministry of Health and Long-Term Care
www.health.gov.on.ca/en/pro/programs/maid/

Medical Assistance in Dying (MAID) practical steps and checklist for patients and their families

<input type="checkbox"/>	I have explored treatment options and palliative care
<input type="checkbox"/>	I have spoken with my family/significant others about my wishes
<input type="checkbox"/>	I have decided I would like the procedure at home or in the hospital
<input type="checkbox"/>	I have considered organ donation
<input type="checkbox"/>	I have a valid Ontario health card
<input type="checkbox"/>	I have ensured that my will is current, and my executor is aware that I may want MAID
<input type="checkbox"/>	I have made funeral plans
<input type="checkbox"/>	I am aware that bereavement support is available for my family after my death

PRHC

Peterborough Regional
Health Centre

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Peterborough Regional Health Centre
1 Hospital Drive,
Peterborough, ON K9J 7C6

t: 705-743-2121 x. 3674

f: 705-876-5157

www.prhc.on.ca



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