Saskatoon Health Region	**POLICY** Number: 7311-60-033 Title: Medical Assistance in Dying
Authorization [X] SRHA	Source: Director, Practitioner Staff Affairs, SHR Legal Counsel and Ethics Services Cross Index: Date Approved: December 7, 2016 Date Revised: Date Effective: December 8, 2016 Date Reaffirmed: Scope: SHR and Affiliates

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OVERVIEW

On June 17, 2016 the Federal government passed Bill C-14 regulating Medical Assistance in Dying (MAID). Information regarding MAID is also available on Saskatoon Health Region's (SHR) public website.

DEFINITIONS

Capacity means the ability to understand information relevant to a health care decision [the cognitive element], the ability to appreciate the reasonably foreseeable consequences of making or not making a health care decision [the ability to exercise reasonable insight and judgment], and the ability to communicate the decision.

Conscientious Objection means when a Health Care Professional, due to matters of personal conscience, elects not to participate in MAID.

Consent means an autonomous authorization (without coercion or undue influence) from the Patient for a Medical Practitioner (MP)/Nurse Practitioner (NP) to carry out MAID.

Designate means an individual appointed by the Most Responsible Physician (MRP)/NP who does not have a Conscientious Objection to referring a Patient to the MAID Team and is acting within the scope of their professional practice and reports to the MRP/NP.[1]

Faith-Based Affiliates means Special-care Homes or acute care sites that uphold a particular faith as part of their missions and have a funding relationship with SHR.

Family means individuals who are connected by kinship, affection, dependency or trust. The patient defines their Family and how they will be involved in care, care planning and decision making.

Fiduciary Duties arise from the legal or ethical relationship of confidence or trust between two or more parties. Fiduciary Duties of Health Care Professionals include acting in good faith, having loyalty towards the Patient and never placing their own personal interest over that of the Patient.

Grievous and Irremediable Medical Condition means an illness, disease or disability that meets all of the following requirements:[2]

a) a serious and incurable illness, disease or disability; and
b) in an advanced state of irreversible decline in capability; and
c) that the 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) natural death has become Reasonably Foreseeable, taking into account all of their medical circumstances, without a prognosis necessarily having been made as to the specific length of time that they have remaining.

Health Care Providers and or Professionals means person(s) who has/have a provider-Patient relationship based on ethical, fiduciary and or employment duties towards the Patient. While Health Care Professionals are considered Health Care Providers, they are licensed to provide treatment/services within a defined scope of professional practice mandated by their

[1] College of Physicians and Surgeons of Saskatchewan, Medical Assistance in Dying, Policy, s 1
[2] Bill C-14, s 241.2 (2), June 17, 2016

professional organization and have a code of ethics. Whereas, Health Care Providers may not necessarily be licensed by a professional organization or have a code of ethics to adhere to.

Independent Assessment means an objective assessment provided by two (first and second) MPs/NPs who are not in any of the following relationships due to a potential of conflict of interest with the other MP/NP assessing the Patient or the referring MRP/NP or the Patient making the request:

a) Financial relationship:
   - Beneficiary: Do not know or believe that they are, a beneficiary under the will of the person making the request, or a recipient, in any other way, of a financial or other material benefit resulting from that person's death, other than standard compensation for their services relating to the request; or
   - Business: In a business relationship with the other practitioner, e.g. part of a partnership or practice model in which profits and losses are shared; or

b) Professional relationship: a mentor to them or responsible for supervising their work; or
c) Personal relationship: connected in any way that would affect objectivity.

Institutional Conscientious Objection means a conscientious objection asserted by an institution.

MAID Kit means a set of scheduled drugs[3] used for the purpose of termination of life.

MAID Team means a team convened for the purpose of meeting Bill C-14 legislative requirements, on a case by case basis for each MAID request that will include both first and second independent assessors (e.g. Medical Practitioners (including MRP)/Nurse Practitioners), Pharmacist(s) and SHR Legal Counsel, willing to participate. The team may also include additional support from other Health Care Professionals as needed (e.g. Psychiatrists, Occupational Therapists, Social Workers, Ethics Services, etc.) who are available to assist or participate in a component of MAID based on their professional scope of practice.[4]

MAID Team Prescriber means the MP/NP team member who is responsible for prescribing the drugs, obtaining the drugs from the Pharmacist and administering the drugs or dispensing the drugs to the Patient and who also pronounces/confirms death of the Patient.

Medical Assistance in Dying (MAID) means

- the administering by a MP/NP of a substance to a Patient, at their request, that causes their death; or[5]
- the prescribing or providing by a MP/NP of a substance to a Patient, at their request, so that they may self-administer the substance and in doing so cause their own death.[6]

Medical Practitioner (MP) means a person who is entitled to practice medicine under the laws of Saskatchewan.[7]

Most Responsible Physician (MRP) means:

- In acute care, the physician named on the Patient's chart, as the attending physician or the physician most responsible for the Patient's care.

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[3] Controlled Drugs and Substances Act, 1996
[4] Bill C-14, s. 241(2) to 241(5.1), June 17, 2016
[5] Bill C-14, s. 241.1 (a), June 17, 2016
[6] Bill C-14, s. 241.1 (b), June 17, 2016
[7] Bill C-14, s. 241.1 (b), June 17, 2016

- In Special-care Home(s), the MRP is the family physician, contract physician or the physician appointed for the Patient's care.

The MRP may or may not be the MP/NP that facilitates MAID for an eligible Patient but may be an initial point of contact to receive an inquiry or request for MAID.

Non-Faith Based Affiliates means Special-care Homes or acute care sites that do not uphold a particular faith as part of their missions and have a funding relationship with SHR.

Nurse Practitioner (NP) means a registered nurse who, under the laws of Saskatchewan, is entitled to practice as a NP or under an equivalent designation and to autonomously make diagnoses, order and interpret diagnostic tests, prescribe substances and treat Patients.[8]

Palliative Care means providing comfort care for the Patient as well as the best quality of life for the Patient and family. An important objective of Palliative Care is relief of pain and other symptoms. Palliative Care endeavors to meet the physical, psychological, social, cultural, emotional and spiritual needs of each Patient and family.[9]

Patient means any inpatient or outpatient at an acute care facility, residents of Special-care Home(s) and/or clients receiving health services in the community, where the individual has a Health Care Provider/Patient relationship with a physician or a NP establishing a duty of care.

Pharmacist(s) means a licensed Pharmacist at SHR.

Person Signing and Dating on the Patient's Behalf means that an individual signs and dates on behalf of a Patient who is physically unable to sign and date for themselves. The person signing and dating on the Patient's behalf must meet the following criteria:[10]

- is at least 18 years of age,
- understands the nature of the request for MAID and;
- does not know or believe that they are a beneficiary under the will of the Patient making the request, or a recipient, in any other way, of a financial or other material benefit resulting from that Patient's death;
- signed on behalf of the Patient in the presence of the Patient and at the expressed direction of the Patient while in the presence of the Patient, and Two Independent Witnesses. See definition.

Personal Health Information (PHI) means, with respect to an individual [e.g. Patient], whether living or deceased.[11]

(i) Information with respect to the physical or mental health of the individual;
(ii) Information with respect to any health service provided to the individual;
(iii) Information with respect to any body part or bodily substance donated by the individual;
(iv) Information with respect to any body part or bodily substance of the individual;
(v) Information collected in the course of providing health services to the individual;
(vi) Information collected incidentally to the provision of health services to the individual;

Reasonably Foreseeable Death means natural death has become reasonably foreseeable, taking into account all of the Patient's medical circumstances, without a prognosis necessarily having been made as to the specific length of time that the Patient may have remaining.[12]

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[8] Bill C-14, s. 241.1 (b), June 17, 2016

[9] Canadian Hospice Palliative Care Association, 2016

[10] Bill C-14, s. 242.2 (4), June 17, 2016

[11] The Health Information Protection Act, s 2(m), Saskatchewan, 1999

Staff means SHR employees, affiliate employees, practitioner staff, professional staff and students.

Suffering that is Intolerable means a subjective assessment based on the Patient's perspective. The MP/NP must be satisfied that the Patient's condition causes them enduring physical or psychological suffering that is intolerable to the Patient.[13]

Two Independent Witness means any two persons[14] who are at least eighteen (18) years of age and who understands the nature of the request for MAID, except if they:[15]

a) know or believe that they are a beneficiary under the will of the Patient making the request, or a recipient, in any other way, of a financial or other material benefit resulting from that Patient's death;
b) are an 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;
c) are directly involved in providing health care services to the Patient making the request; or
d) directly provide personal care to the Patient making the request.

Written Request for MAID means a written request for MAID by an adult Patient clearly stating their intent and request for MAID to the MRP/MP/NP. The following criteria must be met:[16]

a) The MRP/MP/NP must be of the opinion that the Patient meets all of the Bill C-14 eligibility criteria for MAID.
b) Request for MAID must be in writing, signed and dated by the Patient or by another Person Signing and Dating on the Patient's Behalf, (if the Patient is physically unable to sign and date), along with Two Independent Witnesses who also signed and dated the request.
c) The request for MAID is signed and dated after the Patient was informed by a MRP/MP/NP that the Patient has a grievous and irremediable medical condition;
d) MRP/MP/NP must be satisfied that the request was signed and dated by the Patient or by another Person Signing and Dating on the Patient's Behalf, (if the Patient is physically unable to sign and date), before Two Independent Witnesses who also signed and dated the request.
e) The MRP/MP/NP must specifically inform the Patient that they may, at any time and in any manner, withdraw their request.
f) The MRP/MP/NP must ensure that a second MP/NP has provided a written opinion confirming that the Patient meets all of the criteria Bill C-14 eligibility criteria for MAID.
g) The MRP/MP/NP must be satisfied that they (first) and the other (second) MP/NP are independent (See definition of Independent Assessment).
h) The MRP/MP/NP must ensure that there are at least 10 clear days between the day on which the request was signed by or on behalf of the Patient and the day on which MAID is provided or — if they (first) and the other (second) MP/NP are both of the opinion that the Patient's death, or the loss of their capacity to provide informed consent, is imminent — any shorter period that the first MRP/MP/NP considers appropriate in the circumstances.

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[12] Bill C-14, s 241.2 (2)(d), June 17, 2016
[13] Bill C-14, s 241.2 (2)(c), June 17, 2016
[14] Bill C-14, s. 241.2 (3)(c), June 17, 2016
[15] Bill C-14, s. 241.2 (5) (a-d), June 17, 2016
[16] Bill C-14, s. 241.2 (3) (a-i), June 17, 2016

i) The MRP/MP/NP immediately before providing MAID, gives the Patient an opportunity to withdraw their request and ensure that the Patient gives informed written consent to receive MAID; and

j) If the Patient has difficulty communicating, the first and second MRP/MP/NP 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.

1. PURPOSE

The purpose of this policy is to establish requirements for providing Medical Assistance in Dying when SHR resources are utilized and to provide direction for Staff to address Patient requests for MAID.

2. PRINCIPLES

2.1 Health Care Professionals have an ethical and fiduciary duty of care towards their Patients, based on the Health Care Provider-Patient relationship. The Fiduciary Duties of Health Care Professionals are to always act in the best interest of their Patients, which includes relieving suffering and preventing harm. Health Care Professionals must always consider the harms and benefits of all interventions they provide or choose not to provide to their Patients. Harms should not outweigh the benefits in either situation. Health Care Professionals are required to balance competing principles of respect for autonomy, beneficence, non-maleficence and justice (substantive rights) when addressing MAID. Death may not be considered harm when the dying process is no longer reversible and natural death is reasonably foreseeable and/or imminent.

2.2 Respect for autonomy means respecting people's right to self-determination or self-governance such that their views, decisions and actions are based on their personal values and beliefs. This requires that the Patient with Capacity must have requested MAID him/herself, thoughtfully and in a free and informed manner. In order to respect the autonomy of a Patient seeking MAID:

2.2.1 Health Care Professionals must not provide false, misleading, intentionally confusing, coercive or materially incomplete information.

2.2.2 Communication and behaviour must not be demeaning to the Patient or to the Patient's beliefs, lifestyle choices or values.

2.2.3 Information provided to Patients on MAID must be provided in a non-judgmental manner.

2.3 The Canadian *Charter of Rights and Freedoms* establishes a Patient's right to access MAID[17] and a healthcare professional's right to conscientious objection.[18]

2.3.1 The College of Physicians and Surgeons of Saskatchewan Policy, Medical Assistance in *Dying*[19] establishes the requirements for physicians related to conscientious objection and duty of care.

2.3.2 Professional associations may provide direction to other healthcare professionals.

2.3.3 Staff may exercise Conscientious Objection to their involvement in MAID, but must direct Patient requests to the MRP/NP or Designate.

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[17] Canada Charter of Rights and Freedoms, s. 7, 1982

[18] Canada Charter of Rights and Freedoms, s. 2, 1982

[19] College of Physicians and Surgeons of Saskatchewan, Medical Assistance in Dying, Policy, s 1

2.4 *The Regional Health Services Act*, Saskatchewan, does not require faith-based organizations to provide health services that are not consistent with the fundamental principles of their faith.[20]

2.4.1 MAID need not occur at Faith-Based Affiliates that have established an institutional Conscientious Objection to MAID. See institutional Conscientious Objection list.

2.4.2 Faith-Based Affiliates must disclose their Conscientious Objection to Patients.

- Faith-Based Affiliates will continue to provide ongoing treatment and care to the person until such time as a notification has been received for total transfer of care to an alternate location.

2.4.3 Non-Faith Based Affiliates must allow MAID to occur on site, as to not obstruct the Patient's constitutional right to access MAID.

2.5 Bill C-14 establishes the eligibility criteria for those seeking MAID in Canada. MAID may be provided to Patients only when the following criteria are met: [21]

2.5.1 they are eligible or would be eligible for health services funded by a government in Canada;

2.5.2 they are at least 18 years of age and have Capacity to make healthcare decisions;

2.5.3 they have a Grievous and Irremediable Medical Condition (see additional criteria in definition);

2.5.4 they have made a voluntary request for MAID without coercion or undue influence; and

2.5.5 they have given informed written Consent to receive MAID after having been informed of the means that are available to relieve their suffering, including Palliative Care. This includes information about:

- their medical diagnosis;
- available forms of treatment; and
- available options to relieve suffering, including Palliative Care.

Note: Patient's with mental health conditions as the only underlying medical condition, and mature minors, are not eligible for MAID under Bill C-14.[22]

3. POLICY

3.1 SHR recognizes the constitutional right of a Patient to have access to MAID and will provide equitable access in a timely manner taking into account the Patient's preferences.

3.1.1 Exception: MAID need not occur at Faith-Based Affiliates that have asserted an Institutional Conscientious Objection. See Institutional Conscientious Objection List.

3.1.2 Exception: Time may be determined by Bill C-14 legislated safeguards.

3.1.3 SHR encourages Patients to include Family in MAID related discussions with the health care team.

- Family/pets may accompany before, during and after MAID according to the wishes of the Patient (see SHR Policy: *Open Family Presence*).

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[20] Regional Health Services Act, Saskatchewan, s 38(3), 2014

[21] Bill C-14, s. 241.2 (1)(a-e), June 17, 2016

[22] Bill C-14, s. 9.1 (1), June 17, 2016

- See SHR Policies: Pet Visitation and Pet Therapy Program (Infection Prevention and Control) and Resident Pets, Personal Family/Friend Pets, Pet Visitation (for Special-care Homes).

3.2 SHR recognizes the constitutional right of Staff to Conscientious Objection.

3.2.1 MP or NPs may exercise a Conscientious Objection to MAID, but must not abandon the Patient.[23] MPs/NPs may either:

- Refer the Patient to another MP/NP [who does not have a Conscientious Objection];[24] or
- Provide sufficient information and resources to enable a Patient to make an informed decision, and access to all options for care, including Palliative Care; the obligation to inform Patients may be met by delegating this communication to another competent individual for whom the physician is responsible [and does not have a Conscientious Objection].[25] See Designate definition.
- MPs must comply with the policy of the Saskatchewan College of Physicians and Surgeons and NPs must comply with the Saskatchewan Registered Nurses Association's requirements.

3.2.2 Physicians and Staff may contact Ethics Services if they have a Conscientious Objection to participating in MAID.

3.3 All inquiries related to MAID received by Staff must be forwarded to the MRP/NP for review and response.

3.3.1 The MRP/NP must respond to the Patient's inquiry as soon as possible (preferably within forty-eight (48) hours).

3.4 Consent for MAID must be informed and in writing.

3.4.1 The following four requirements must be met for a valid Consent:

- the Patient providing Consent must have Capacity (see definition);
- the decision must be informed (knowledge and appreciation of the risks, benefits, side effects, alternatives, including Palliative Care);
- made voluntarily (not obtained through misrepresentation, fraud or undue influence or coercion) and
- be MAID specific (the information provided relates to intervention being proposed).

3.4.2 Substitute decision-maker Consent or advance Consent (via an Advance Care Directive or Living Will) for MAID is not permitted.[26]

3.5 All Patients requesting MAID must undergo two Independent Assessments and a formal capacity assessment by the MRP/MP/NP, as applicable.

3.6 MAID must be carried out in accordance with the Government of Saskatchewan's Prescription Protocol for Practitioner Assisted Dying MAID (available from Practitioner Staff Affairs).

3.7 Data collection for the purpose of regulatory reporting and quality assurance regarding MAID will be managed by Practitioner Staff Affairs.

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[23] College of Physicians and Surgeons of Saskatchewan, Medical Assistance in Dying, Policy s. 1
[24] Ibid
[25] Ibid
[26] Bill C-14, s. 9.1 (1), June 17, 2016

3.8 To facilitate Health Care Provider participation and effective delivery of MAID services, SHR will protect the privacy of Health Care Providers (limited) participating in MAID, by not publicly disclosing their identities.

3.8.1 Exception: Practitioner Staff Affairs may appoint individuals to perform retrospective chart reviews for quality assurance purposes.

- Implementation of secure data storage and data de-identification best practices will be applied. See Quality Assurance Form for MAID.

3.8.2 Exception: As required by law.

3.8.3 Patients and families are encouraged not to share identities of Health Care Providers involved in MAID.

4. ROLES AND RESPONSIBILITIES

4.1 MRP/NP

4.1.1 Address all inquiries related to MAID.

4.1.2 Consult SHR Legal Counsel and Practitioner Staff Affairs.

4.2 MAID Team MP/NP

4.2.1 Confirm all the eligibility criteria have been met before providing MAID.

4.3 MAID Team Prescriber

4.3.1 MAID Team MP/NP who prescribes the drugs, obtains the drugs from the Pharmacist, administers the drugs and pronounces/confirms the death of the Patient and reports the death to the coroner.

4.4 SHR Legal Counsel

4.4.1 Provide legal assistance, advice and support regarding inquiries related to MAID and to the MAID Team.

4.5 Practitioner Staff Affairs

4.5.1 Ensure appropriate credentials, skills and knowledge of MPs/NPs for the purposes of MAID.

4.6 Pharmacists

4.6.1 Assemble and manage MAID Kits.

4.6.2 Dispense MAID Kits to prescriber MP/NP after verifying Written Request for MAID.

4.6.3 Receive MAID Kit from MP/NP with all used and unused drugs.

4.7 Ethics Services

4.7.1 Support Staff experiencing moral distress pertaining to MAID and Conscientious Objection.

4.7.2 Support Patients access to MAID.

4.8 Staff

4.8.1 Immediately forward all inquiries/requests for MAID to the MRP/NP.

4.8.2 Offer Social Work/Counselling Services and Spiritual Care (including Elders) Services to Patient and their Family.

4.9 Faith-Based Affiliates

4.9.1 Disclose any Institutional Conscientious Objection to MAID to Patients.

4.10 Patients

4.10.1 Address any life insurance concerns with insurance provider prior to the provision of MAID.

4.10.2 Ask questions and raise concerns without hesitation and expect to receive responses to your satisfaction.

4.10.3 Immediately notify MRP/MP/NP of any intention to withdraw consent for MAID.

5. POLICY MANAGEMENT

The management of this policy including policy education, monitoring, implementation and amendment is the responsibility of SHR Legal Counsel and Ethics Services.

6. NON-COMPLIANCE/BREACH

Non-compliance with this policy may result in disciplinary action up to and including termination of employment and/or privileges. Non-compliance of this policy in contravention of Bill C-14 may be reported to relevant authorities.

7. REFERENCES

See end of Procedure

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1. PURPOSE

The purpose of this procedure is to establish the process for access to MAID, and implementation of MAID.

2. PRINCIPLES

2.1 Health Care Professionals have a duty to ensure safeguards established in legislation (Bill C-14) are observed and adhere to standards of practice and/or accepted ethical norms across Canada related to MAID. Given the power imbalance between Health Care Professionals and Patients seeking MAID, Health Care Professionals are obligated to empower Patients to ensure their voice/concerns is/are heard and appropriately addressed throughout the process. SHR recognizes the constitutional right of a Patient to access MAID and their **right to withdraw Consent at any time** (including the Written Request for MAID) throughout the process.

2.2 SHR recognizes the constitutional right of Staff to conscientious objection. However, staff have an obligation (duty of care) to ensure Patients have access to MAID.

2.2.1 MRP/NP may refer the Patient to another MP/NP who does not have a Conscientious Objection;[27] or

2.2.2 MRP/NP with a Conscientious Objection appoints a Designate without a Conscientious Objection to refer the Patient to the MAID Team.[28]

- For the purposes of this procedure, it is understood that the Health Care Providers performing MAID related tasks do not have a conscientious objection.

2.2.3 All consultations to the MAID team must be in writing from the MRP/NP or Designate.

2.3 MPs/NPs participating in MAID must comply with any requirements of their professional association and consult with SHR Legal Counsel before participating in MAID.

2.3.1 Only MPs/NPs may prescribe, administer or dispense drugs to the Patient.[29]

[27] College of Physicians and Surgeons of Saskatchewan, Medical Assistance in Dying, Policy s. 1
[28] Ibid
[29] Bill C-14, s. 241(2), June 17, 2016

2.3.1.1 However, anyone may aid a Patient in self-administering a drug at the Patient's explicit direction.[30]

2.3.2 Any Health Care Provider may aid MPs/NPs for the purpose of MAID.[31]

2.3.3 Pharmacists can only dispense drugs directly to MPs and NPs for the purpose of MAID.[32]

2.4 Any willing person (e.g. Continuing Care Assistant, Social Work, Counsellors, Spiritual Care (including Elders), etc.) at the request of the Patient may provide services related to activities of daily living (including spiritual/psychological support and comfort) within their scope of practice during the MAID process.

2.5 SHR will use provincial MAID forms, as amended from time to time.[33] Contact Practitioner Staff Affairs for provincial MAID forms.

2.6 SHR will protect the privacy of Patients who inquire/request MAID.[34]

2.6.1 Patients who have provided a Written Request for MAID will have their MAID records (electronic and paper) locked for privacy reasons.

- Patients are encouraged not to share with other health care professionals (except their MRP or NP), that they are seeking MAID.
- Practitioner Staff Affairs will maintain individual charts for such Patients.
- After the death of Patient, Practitioner Staff Affairs will send the Patient's MAID documents (including original prescription and Medication Administration Record) to Health Records at Royal University Hospital in a sealed envelope marked as 'Attention Manager: locked confidential documentation' with only the Patient's Provincial Health Care Number on it.

2.6.2 Patients may choose to opt out of having their records locked.

- Practitioner Staff Affairs will maintain individual charts for such Patients.
- After the death of Patient, Practitioner Staff Affairs will send the Patient's MAID documents (including original prescription and Medication Administration record) to Health Records at Royal University Hospital in a sealed envelope marked as 'Attention Manager: unlocked confidential documentation' with only the Patient's Provincial Health Care Number on it.

3. PROCEDURE (see Appendix Decision Making Algorithm)

3.1 MAID Inquiry (Patient contacts MRP/NP)

Patient contacts MRP/NP or Staff receive inquiry from Patient regarding MAID and forward that inquiry to MRP/NP.

3.1.1 MRP/NP discusses with their Patient as soon as possible (preferably within forty eight 48 hours of an inquiry/request for MAID) and confirm intent.

3.1.1.1 Provide MAID *Information Handout.*

3.1.1.2 MRP/NP must advise the Patient, prior to signing a Written Request for MAID, that:

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[30] Bill C-14, s. 241(5), June 17, 2016
[31] Bill C-14, s. 241(3), June 17, 2016
[32] Bill C-14, s. 241(4), June 17, 2016
[33] College of Physicians and Surgeons of Saskatchewan, Medical Assistance in Dying, Policy s. Use of Standard Forms
[34] The Health Information Protection Act, s 23 (1) and 27 (1), Saskatchewan, 1999

3.1.1.2.1 The Patient has a Grievous and Irremediable Medical Condition.[35] See definition and Initiating Practitioner Script.

3.1.1.2.2 In Saskatchewan Coroners are required to complete the Medical Certificate of Death in all cases where Medical Assistance in Dying is provided.[36]

- The extent of a coroner's investigation cannot be determined in advance, and may or may not include an autopsy.
- Medical Certificate of Death will state Medical Assistance in Dying due to regulatory reporting requirements under the Vital Statistics Act, unless Patient obtains a Court Order directing otherwise.

3.1.1.3 Patient's request to receive MAID must be in writing, dated and signed with Two Independent Witnesses.[37] See Record of Request Form for MAID.

- If the Patient is unable to physically sign and date, then another person can sign and date on the Patient's behalf. See definition Person Signing and Dating on the Patient's Behalf.

3.1.1.4 MRP/NP to ensure that the Patient's request for MAID was voluntary and not a result of external pressure.[38]

3.1.1.5 MRP/NP who receives Written Requests for MAID must report to regulatory authorities (to be determined).[39]

3.1.2 MRP/NP considers whether they have a Conscientious Objection.

3.1.2.1 If MRP/NP has a Conscientious Objection, then disclose Conscientious Objection to Patient, confirm intent and ensure access by:

- Either making a referral to another MP/NP or by appointing a Designate who does not have a Conscientious Objection to contacting the MAID team.
- Either the MP/NP who was referred to or the Designate forwards the written request (if available) and provides PHI using the Consultation Request form (form number 103922) addressed to the Practitioner Staff Affairs. See 3.2 below.
- Practitioner Staff Affairs forwards the consultation and written request (including PHI) to the MAID Team.

3.1.2.2 If MRP/NP does not have a Conscientious Objection, MRP/NP discusses MAID with the Patient, confirms intent and explores alternatives to help the Patient make an informed decision.

- If the Patient does not want MAID, then the MRP/NP supports Patient with alternative interventions.
- MRP/NP forwards the written request (if available) and provides PHI using the Consultation Request form (form number 103922) addressed to the Practitioner Staff Affairs.
- Practitioner Staff Affairs forwards the consultation and written request (including PHI) to the MAID Team.

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[35] Bill C-14, s. 241.2 (3)(b)(ii), June 17, 2016
[36] Coroners Act, s. 7(1)(b), 1999
[37] Bill C-14, s. 241.2 (3)(b)(i), June 17, 2016
[38] Bill C-14, s. 241.2 (1)(d), June 17, 2016
[39] Bill C-14, s. 241.31 (1), June 17, 2016

3.2 MAID Team Assessment

3.2.1 MAID Team assessment includes participation and conversation with the Patient and Family when requested by the Patient. See Checklist for Provision of MAID and Initiating Practitioner Script.

- Provide MAID *Information handout.* See attachment.

3.2.2 The MAID Team obtains a written request to receive MAID, if not available.

3.2.2.1 Patient's requests to receive MAID must be in writing, dated and signed with Two Independent Witnesses.[40] See definition. See Record of Request Form for MAID.

- If the Patient is unable to physically sign and date, then another person can sign and date on the Patient's behalf. See definition Person Signing and Dating on the Patient's Behalf.

3.2.2.2 MRP/NP to ensure that the Patient's request for MAID was voluntary and not a result of external pressure.[41]

3.2.2.3 After receiving the Written Request for MAID, inform the Patient that:

3.2.2.3.1 by default their MAID documents are going to be locked unless they choose to opt out.

3.2.2.3.2 de-identified retrospective chart review would be performed for quality assurance purposes (irrespective of whether the chart is locked or not), unless they choose to opt out.

- Any resulting publications would not identify the patient or their families in any way.

3.2.2.4 MRP/NP who receive Written Requests for MAID must report to regulatory authorities (to be determined).[42]

3.2.3 MAID Team MP/NP and Patient reviews Patient's PHI and performs two Independent Assessments and a formal capacity assessment (preferably within forty-eight (48) hours of referral)). See First Willing Practitioner Record for MAID and Second Opinion Record for MAID.

- If there are any doubts or concerns about capacity, then a Psychiatrist/Psychologist must be consulted for a capacity assessment of the Patient.[43]

3.2.3.1 The Patient's eligibility for MAID is determined by consensus of the two independent assessors.

3.3 If Eligible for MAID

3.3.1 The MAID Team MP/NP:

3.3.1.1 Informs the Patient and MRP/NP and documents eligibility rationale.

3.3.1.2 Discusses MAID with the Patient as well as alternatives (including Palliative Care)

3.3.1.3 The MAID Team MP/NP informs the Patient of their right to withdraw Consent at any time, in any manner.[44]

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[40] Bill C-14, s. 241.2 (3)(b)(i), June 17, 2016
[41] Bill C-14, s. 241.2 (1)(d), June 17, 2016
[42] Bill C-14, s. 241.31 (1), June 17, 2016
[43] College of Physicians and Surgeons of Saskatchewan, Medical Assistance in Dying, Policy s. 3b
[44] Bill C-14, s. 241.2 (3)(d), June 17, 2016

3.3.1.4 Offers Spiritual Care (including Elders) and or Counselling Services to Patient and Family (offer to Family when requested by the Patient).

3.3.2 At acute care the MAID team MP/NP after discussion with the Patient completes or recompletes the Resuscitation Care Plan with a "*do not call a code*" status (see SHR Policy: *Resuscitation* Policy).

3.3.2.1 The Patient will choose from option 2 or 3 in the Resuscitation Care Plan.

3.3.3 At Special-care Home, the Patient shall revise their Serious Illness-Sudden Collapse Plan, to indicate "*do not call 911 and support my natural death*" (see SHR Policy: *Resuscitation Policy*).

3.3.4 The MAID team plans for the implementation of MAID.

3.3.4.1 MAID can only be performed after completion of a minimum of ten (10) calendar days (or earlier, if loss of Capacity is anticipated or death is imminent) from the date and time of the Patient's signing of the request for MAID[45] or the date and time of another person signing and dating the Consent on the Patient's behalf.

3.3.4.2 Both Independent assessors must agree with the decision for providing MAID prior to completion of ten (10) calendar days and document decision with rationale.[46]

3.3.4.3 MAID Team informs operational leads of a potential MAID scenario with specific patient needs in a de-identified manner.

- Operational leads ensure patient has equitable access irrespective of geographic location of the patient within SHR.

3.3.5 If the Patient resides at a site that has declared an Institutional Conscientious Objection or it is not possible for the Patient to receive MAID at that site, the MAID Team assesses the Patient for safe and appropriate transfer at SHR cost.

3.3.5.1 The MAID Team arranges for transfer of Patient and coordinates with the operational leads, as needed.

3.3.5.2 If Patient is unable to be transferred, the MAID Team and Ethics Services explore options.

- If there are no viable options, the MAID Team informs the Patient in person and the MRP/NP in writing with rationale.
- MRP/NP support Patient with alternative interventions.

3.3.6 If the requested site does not have an Institutional Conscientious Objection, then see 3.5 below.

3.4 If Ineligible for MAID

3.4.1 The MAID Team MP/NP informs Patient and MRP/NP and documents ineligibility rational.

- The MRP/NP supports Patient with alternative interventions.

3.4.2 If the Patient contests the MAID Team's decision after two Independent Assessments, then a third Independent Assessment will be performed by an alternate MAID Team MP/NP in consultation with SHR Legal Counsel and Ethics Services, as required. The majority opinion of the MAID Team assessors will set forth the decision.

[45] Bill C-14, s. 241.2 (3)(g), June 17, 2016
[46] Bill C-14, s. 241.2 (3)(g), June 17, 2016

- If the Patient disagrees, the Patient may seek independent opinions from MPs/NPs (outside of the MAID Team) willing to provide MAID.

3.5 Day of MAID

3.5.1 Unless arranged in advance, the MAID Team prescriber MP/NP informs the pharmacist of the Patient's request for MAID and the intended purpose of the drugs[47] with a copy of the Record of Request for MAID for verification.[48] See Practitioner-Administered MAID Drug Distribution Process and Prescription Protocol for Practitioner-Administered MAID.

- Pharmacist informs Practitioner Staff Affairs of having received a prescription for MAID along with the name of the prescribing physician.
  - Practitioner Staff Affairs in conjunction with SHR Legal Counsel ensure all required documentation is complete and the prescribing practitioner has the necessary credentials and training.
- Pharmacist assembles a MAID Kit and dispenses it directly to the MAID Team prescriber MP/NP[49] within twenty-four (24) hours of receiving the prescription or earlier if requested).
- Pharmacist reports dispensing of MAID Kit to regulatory authorities (to be determined).[50]

3.5.2 Immediately prior to performing MAID MP/NP reconfirms Consent and Capacity. The MAID Team MP/NP must:[51]

3.5.2.1 Specifically give the Patient the opportunity to withdraw his/her request for Medical Assistance in Dying.

3.5.2.2 Obtains informed written Consent for MAID after having informed the Patient of the means that are available to relieve their suffering, including palliative care.[52] See Confirmation of Patient's Consent to MAID

3.5.2.3 The Patient must sign and date Consent.

- If the Patient is unable to physically sign and date the Consent, it must be signed and dated by another person on the Patient's behalf.
- The MAID Team MP/NP must ensure that the consent was signed and dated by the Patient or another Person Signing and Dating on the Patient's Behalf, if the Patient is physically unable to sign and date the consent.[53]

3.5.2.4 The MAID Team MP/NP performs a formal capacity assessment. If there are any doubts or concerns about capacity, then a Psychiatrist/Psychologist must be consulted for a capacity assessment of the Patient.[54]

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[47] Bill C-14, s. 2.41.2 (8), June 17, 2016
[48] Saskatchewan College of Pharmacy Professionals, Registrar's Message, Guideline # 4, 6 June 2016
[49] Bill C-14, s. 2.41 (4), June 17, 2016
[50] Bill C-14, s. 241.31 (2), June 17, 2016
[51] Bill C-14, s. 241.2 (1)(3)(h), June 17, 2016
[52] Bill C-14, s. 241.2 (1)(e), June 17, 2016
[53] Bill C-14, s. 241.2 (3)(c), June 17, 2016
[54] College of Physicians and Surgeons of Saskatchewan, Medical Assistance in Dying, Policy s. 3b

- If Patient's Capacity to make health care decisions has been lost, then MAID cannot be performed.
- Quality assurance review shall be performed by Practitioner Staff Affairs in these circumstances.

3.5.2.5 If the Patient revises the date or time of administration of MAID, then the complete MAID Kit is brought back by the MAID Team prescribing MP/NP (e.g. not left with the Patient for self-administration).

- If the delay is more than 24 hours, the MAID Kit must be returned to a pharmacist directly.

3.5.2.6 If the Patient withdraws Consent for MAID or MAID has been provided, the MAID Kit with all used/unused drugs must be immediately returned to a pharmacist.

3.5.2.7 The MAID Team prescriber MP/NP administers drugs to the Patient or the Patient self-administers the drugs in the presence of the MP/NP who attend the Patient till death.

- The MAID Team prescriber MP/NP attends Patient till death irrespective of route of administration.
- The MAID Team prescriber documents the administration of MAID drugs on the SHR Medication Administration Record (MAR). Available with SHR Pharmacy.

3.5.2.8 The MAID Team prescriber MP/NP administers the drugs, pronounces/confirms death of the Patient and reports the death to the coroner. See Notice of Death.

3.5.3 Offer Families Spiritual Care (including Elders) and or counselling services after provision of MAID.

3.5.4 See SHR Policy: *Death - Pronouncement, Care of the Body and Belongings*.

3.5.5 See SHR Policy: *Viewing and Release of Bodies*.

3.6 Tissue Donation

3.6.1 After obtaining the Patient's Consent for a referral, the MRP of the Patient who is not part of the MAID Team or the tissue donation team is responsible for referral to the Saskatchewan Transplant Program regarding potential tissue donation. See SHR Policy: *Organ and Tissue Donor Referral Policy*.

- The tissue donation process must be independent of the MAID process. It is a conflict of interest for any of the MAID Team members to be part of the tissue donation process.
- Referral to the Saskatchewan Transplant Program for tissue donation could occur after the death of the Patient.

3.6.2 Donors are not permitted to direct donation towards particular individual(s), in order to prevent exploitation.

4. PROCEDURE MANAGEMENT

The management of this procedure including procedures education, monitoring, implementation and amendment is the responsibility of the SHR Legal Counsel and Ethics Services.

5. NON-COMPLIANCE/BREACH

Non-compliance with this procedure may result in disciplinary action up to and including termination of employment and/or privileges. Non-compliance of this procedure resulting in contravention of Bill C-14 may be reported to relevant authorities.

6. REFERENCES

1) Abhyankar, R., Malcolm, A., Rua, A., & Odell, J. (2013, May 07). *Conscientious Objection in the healing professions: a reader's gjide to the ethical and social issues.* Retrieved September 14, 2016, from Indiana University: https://scholarworks.iupui.edu/handle/1805/3338

2) *Carter v. Canada (Attorney General)*, [2015] 1 SCR 331, 2015 SCC 5 (CanLII)

3) *CMA Policy.* (2014). Retrieved September 14, 2016, from Canadian Medical Association: https://www.cma.ca/Assets/assets-library/document/en/advocacy/EOL/CMA_Policy_Euthanasia_Assisted%20Death_PD15-02-e.pdf

4) Force, P.-A. D. (2016). *Key Considerations for Addressing Interim Requests for a Physician-Assisted Death Exemption.* Toronto: Joint Centre for Bioethics University of Toronto.

5) Incardona, N., Bean, S., Reel, K., & Wagner, F. (2016). *JCB Discussion Paper An Ethics-based Analysis and Recommendations for Implementing Physician-Assisted Dying in Canada.* Toronto: Joint Centre for Bioethics University of Toronto.

6) *Medical Assistance in Dying.* (2016, September). Retrieved September 27, 2016, from College of Physician and Surgeons of Saskatchewan: http://www.cps.sk.ca/imis/CPSS/Legislation__ByLaws__Policies_and_Guidelines/Legislation_Content/Policies_and_Guidelines_Content/Medical_Assistance_in_Dying.aspx

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8) Physician-Assisted Death Implementation Task Force. (2016). *Key Considerations for Addressing Interim Requests for a Physician-Assisted Death Exemption.* Toronto: Joint Centre for Bioethics University of Toronto.

9) Physician-Assisted Death Implementation Task Force. (2016). *Medical Assistance in Dying Draft Policy Template.* Toronto: University of Toronto Joint Centre for Bioethics.

10) *Principles-based Recommendations for a Canadian Approach to Assisted Dying.* (2016). Retrieved September 14 , 2016, from Canadian Medical Association: https://www.cma.ca/Assets/assets-library/document/en/advocacy/cma-framework_assisted-dying_approved-by-board_oct2015.pdf

11) Shaw, D. M. (2014). Organ Donation After Assisted Suicide: A Potential Solution to the Organ Scarccity Problem. *Transplantation* , 247-251.

12) Stewart, C., Peisah, C., & Draper, B. (2011). A test for mental capacity to request assisted suicide. *Journal of Medical Ethics*, 34-39.

13) Task Force on Physician Assisted Death. (2015). *After Carter v. Canada: Physician Assisted Death in Canada.* Toronto: Joint Centre for Bioethics University of Toronto.

7. RESOURCES

1) Saskatoon Health Region's (SHR) public website.
2) End of Life Care – Government of Canada
3) Medical Assistance in Dying – Government of Canada
4) Bill C-14 An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying), June 17, 2016
5) Medical Assistance in Dying Information for the Public for Public – Government of Saskatchewan
6) Medical Assistance in Dying Information for the Public for Health Practitioners – Government of Saskatchewan
7) Conscientious objection to medical assistance in dying: Protecting Charter rights – The Canadian Medical Protective Association
8) Medical Assistance in Dying – Canadian Nurses Protective Society
9) Medical Assistance in Dying – Saskatchewan Registered Nurses Association
10) Medical Assistance in Dying – College of Physicians and Surgeons of Saskatchewan
11) Medical Assistance in Dying - Saskatchewan Medical Association
12) UPDATE - Medical Assistance in Dying (MAID) - May 2016 – Canadian Hospice Palliative Care Association

Institutional Conscientious Objection list:

Below is a list of SHR Faith-Based Affiliates that have declared an Institutional Conscientious Objection. Patients residing at any of these locations may need to be transferred to an alternate location, prior to providing Medical Assistance in Dying.

Affiliate Hospital:
St. Paul's Hospital

Affiliate Special-care Homes:
1) Bethany Pioneer Village
2) Central Haven Special Care Home
3) Circle Drive Special Care Home
4) Dalmeny Spruce Manor Special Care Home
5) Rosthern Mennonite Nursing Home
6) Samaritan Place
7) Sherbrooke Community Centre
8) St. Ann's Home
9) St. Joseph's Home
10) Warman Mennonite Special Care Home
11) Sunnyside Adventist Care Centre[55]

[55] Conscientious Objection received December 21, 2016

Medical Assistance in Dying Information Handout

On June 17, 2016, the Federal government introduced legislation that allows eligible adults to request medical assistance in dying.

In Canada, there are two types of medical assistance in dying, where a physician or nurse practitioner:

- Directly administers a substance that causes death, such as an injection of a drug
- Gives a drug that is self-administered to cause death.

Medical assistance in dying can be legally provided by licensed physicians and nurse practitioners, at the direction of an adult who meets all the criteria.

Who is eligible for medical assistance in dying?

Under federal legislation, an individual must meet **all** of the following criteria to be considered eligible for medical assistance in dying.

You must:

- Be eligible for health services funded by the federal government or a province or territory.
    - Generally, visitors to Canada are not eligible for medical assistance in dying.
- Be at least 18 years old and mentally competent (this means capable of making healthcare decisions for yourself).
- Have a grievous and irremediable medical condition. This means you must meet all of the following conditions:
    - Have a serious illness, disease or disability
    - Be in an advanced state of decline that cannot be reversed
    - Be suffering unbearably from an illness, disease, disability or state of decline
    - Be at a point where your natural death has become reasonably foreseeable, which takes into account all of your medical circumstances.
- Make a request for medical assistance in dying which is not the result of outside pressure or influence.
- Give informed consent to receive medical assistance in dying. This means you have consented to medical assistance in dying after being given all the information needed to make your decision. This includes information about:
    - Your medical diagnosis
    - Available forms of treatment
    - Available options to relieve suffering, including palliative care.

People with mental health conditions as the only underlying medical condition, and mature minors, are not eligible under the legislation. Also, advance care directives cannot be used as authority to provide medical assistance in dying. Proxies or substitute decision-makers cannot consent for medical assistance in dying on behalf of a person who lacks capacity to make healthcare decisions.

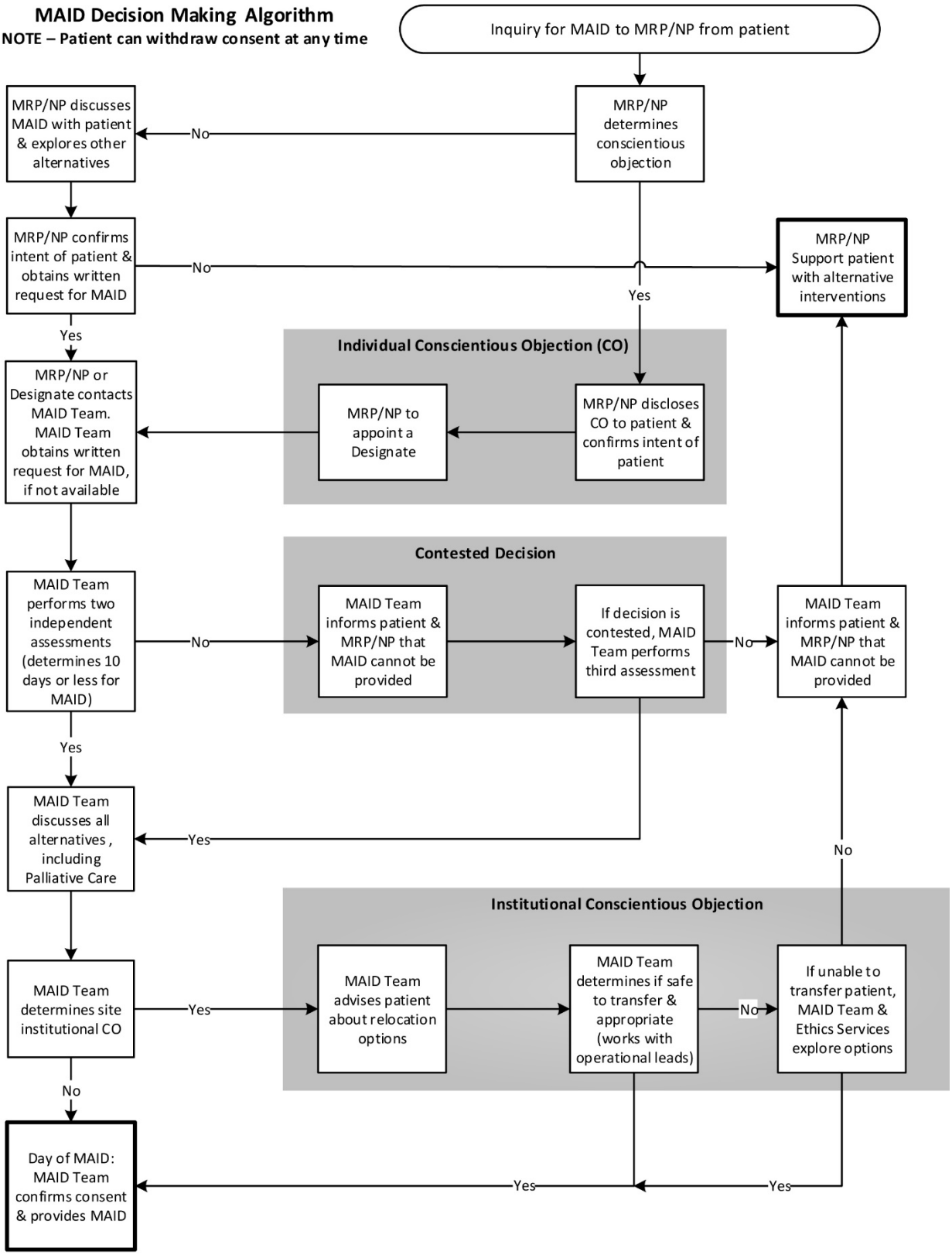
How to request medical assistance in dying

Individuals interested in medical assistance in dying can approach their physician or nurse practitioner to inquire about whether they qualify. All individuals must provide informed, written and voluntary consent to termination of life. Informed consent means that an individual understands the nature, benefits, risks, alternatives and consequences of a healthcare decision. It also means the individual has had all of their questions sufficiently answered.

The right of providers to act according to their beliefs and values

Saskatoon Health Region is committed to assist you in exercising your right to self-determination and to ensure that you have equitable access to medical assistance in dying. Not all physicians and nurse practitioners will provide medical assistance in dying. If you are receiving care in a faith-based hospital or long-term care home, a transfer to another location may be necessary.

For more information, visit SHR's Medical Assistance in Dying webpage with list of resources.


MAID Decision Making Algorithm
NOTE – Patient can withdraw consent at any time
Inquiry for MAID to MRP/NP from patient
MRP/NP determines conscientious objection
No
MRP/NP discusses MAID with patient & explores other alternatives
Yes
MRP/NP confirms intent of patient & obtains written request for MAID
No
MRP/NP Support patient with alternative interventions
Yes
Individual Conscientious Objection (CO)
MRP/NP discloses CO to patient & confirms intent of patient
MRP/NP to appoint a Designate
MRP/NP or Designate contacts MAID Team. MAID Team obtains written request for MAID, if not available
Contested Decision
MAID Team performs two independent assessments (determines 10 days or less for MAID)
No
MAID Team informs patient & MRP/NP that MAID cannot be provided
If decision is contested, MAID Team performs third assessment
No
MAID Team informs patient & MRP/NP that MAID cannot be provided
Yes
MAID Team discusses all alternatives , including Palliative Care
Yes
No
Institutional Conscientious Objection
MAID Team determines site institutional CO
Yes
MAID Team advises patient about relocation options
MAID Team determines if safe to transfer & appropriate (works with operational leads)
No
If unable to transfer patient, MAID Team & Ethics Services explore options
No
Day of MAID: MAID Team confirms consent & provides MAID
Yes
Yes