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Quality Assurance & Professional Practice	Medical Assistance in Dying (MAiD)	POL-QA-11
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DEFINITIONS

“Medical Assistance in Dying (MAiD)” means the process allowing a person to request and receive a substance to end their life, as defined in the Criminal Code of Canada (the “Criminal Code”).

“Medical practitioner” means a person who is entitled to practise medicine under the laws of a province, which in BC means registrant of the College of Physicians and Surgeons of BC.

“Nurse practitioner” means a nurse who, under the laws of a province, is entitled to practise as a nurse practitioner. In BC, this means a nurse practitioner who is a registrant of the BC College of Nurses and Midwives.

PURPOSE

To ensure that all CSHBC registrants are familiar with Medical Assistance in Dying (MAiD) and their role in the MAiD process.

SCOPE

All Full, Conditional, and Temporary CSHBC registrants.

BACKGROUND

1. General Information

This policy has been created to provide general information and highlight resources for registrants. This policy is not intended as legal advice or a substitute for reviewing the law on MAiD. Registrants should contact the College or seek legal advice as appropriate.

In February 2015, the Supreme Court of Canada decided that it would no longer be a criminal offence in Canada for a physician or nurse practitioner to help someone end their life in certain circumstances. On June 17, 2016, the federal government passed legislation to amend the Criminal Code and allow MAiD in Canada. While MAiD is now allowed in Canada under specific circumstances, both federal and provincial governments have introduced safeguards to protect patients and provide the service in a respectful, ethical, legal, and competent manner.

2. Eligibility for MAiD

As set out in the Criminal Code, MAiD means, and can only occur in two forms:

- the administering by a medical practitioner or nurse practitioner of a substance to a person, at their request, that causes their death (sometimes called “clinically administered MAiD”); or
- the prescribing or providing by a medical practitioner or nurse practitioner of a substance to a person, at their request, so that they may self-administer the substance and in doing so cause their own death (sometimes called “self-administered MAiD”).

This means only a physician or nurse practitioner can assess eligibility for or provide MAiD, or prescribe a substance to a person to self-administer, if the patient meets the required criteria.

To be eligible for MAiD, a person must meet all of the following criteria:

- be eligible for publicly funded health-care services in Canada;
- be at least 18 and capable of making decisions about their health;
- make a voluntary request in writing for MAiD that, is not a result of external pressure;
- give informed consent to receive MAiD after having been informed of the means available to relieve their suffering including palliative care; and
- have a grievous and irremediable medical condition, which means:
 - 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.

3. Application Process for MAiD

Anyone looking to access MAiD should contact their doctor or nurse practitioner, who can discuss the options available to them and provide them with the required information and forms. [Each BC health authority has designated person\(s\) to connect those seeking information about MAiD resources.](#)

To receive MAiD, a person must be assessed by two independent doctors or nurse practitioners to see whether they are eligible for MAiD. A consultation with a third doctor or nurse practitioner that has expertise in the condition causing the person’s suffering may also be required.

A person requesting MAiD must be able to give informed consent both:

- at the time of their request; and
- immediately before MAiD is provided, subject to some exceptions.

In some circumstances, a person may waive the requirement to provide consent immediately before MAiD is provided. This is only available if the person’s natural death is reasonably foreseeable, and where there are concerns that they may lose the capacity to consent before MAiD is provided to them.

In such cases, a written agreement is required between the person (the “requester”) and the physician or nurse practitioner who will provide them with MAiD (the “prescriber”). Registrants providing supports to clients in these circumstances may want to review the relevant forms produced by the Ministry of Health.

IMPORTANT: registrants cannot complete the Waiver of Final Consent form and must refer clients to their doctor or nurse practitioner regarding whether they meet the criteria to waive consent.

4. *Voluntary Requests & Independent Witnesses*

Requests for MAiD must be voluntary, made in writing, and be witnessed by one “independent witness”, who can be anyone 18 or older and who understands the request. However, a person **cannot** be an independent witness 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;
- 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
- 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.

If you are asked to be an independent witness, you must ensure you are eligible to do so.

5. *Recent Changes to MAiD*

On March 17, 2021, the federal government passed new legislation relating to MAiD. The law made several changes to the Criminal Code, which are now in force. These changes impact the eligibility criteria for those who have a “grievous and irremediable condition,” by expanding eligibility to those whose natural death is not reasonably foreseeable, which was previously required.

Other changes to be aware of include:

- a person may waive final consent if their natural death is foreseeable, and it is anticipated that they may lose capacity to provide consent on the date MAiD is scheduled;
- safeguards have added for those whose natural death is reasonably foreseeable and those whose is not. These include:
 - where a person’s natural death is not reasonably foreseeable, a 90-day “reflection period” is required unless both assessors agree a shorter period is appropriate;
 - where a person’s natural death is reasonably foreseeable, they can complete a written agreement with their physician or nurse practitioner in advance to waive final consent.

REGISTRANT RESPONSIBILITIES

Registrants are responsible for understanding MAiD, the extent of their role, and how it may impact their clients. Registrants may be the first point of contact for clients who wish to discuss MAiD and may be asked about the client’s eligibility for MAiD. In these instances, registrants must refer their client to their physician or nurse practitioner, or to their regional health authority.

IMPORTANT: under no circumstances should a registrant advise a specific client about their eligibility for MAiD. Registrants are not authorized at law to:

- assess eligibility for MAiD;
- determine capacity to provide informed consent for MAiD;
- administer drugs for MAiD

Both federal and provincial governments have made safeguards for MAiD in addition to the requirements set out in the Criminal Code. These include:

- the client must be informed that they can withdraw their request at any time, in any manner
- if the client has difficulty communicating, all necessary measures must be taken to provide a reliable means for the client to understand the information provided to them and communicate their decision;
- any agreement to waive final consent will be invalid if the client, after having lost decision-making capacity, demonstrates refusal or resistance to the administration of MAiD by words, sounds or gestures;
- BC has also added additional safeguards, some of which have been temporarily eased during the COVID-19 public health emergency to ensure that people continue to have access to MAiD.

Registrants may be asked by a physician or nurse practitioner to assist with and may provide:

- assistance to clients in overcoming a communication barrier;
- communication supports during the client's discussions with MAiD physicians or nurse practitioners;
- information regarding the client's communication abilities to assist MAiD physicians or nurse practitioners;
- input into the development of interprofessional policies for MAiD.

With client consent, a registrant may provide information regarding a client's assessment results, in accordance with the registrant's scope of practice, (e.g., hearing status, swallowing assessment results, communication status) as well as information regarding their preferred method of communication (e.g., augmentative communication, sign language).

Registrants must be aware of and follow any pertinent, employer-related policies regarding MAiD.

Registrants must document any referrals that they make, relating to a client's request for MAiD as per the CSHBC practice standard *Documentation & Records Management* (SOP-PRAC-01) and clinical practice guideline *Documentation & Records Management* (CPG-04).

CSHBC RELATED DOCUMENTS

[*Documentation & Records Management \(CPG-04\)*](#)

[*Professional Accountability & Responsibility \(SOP-PROF-05\)*](#)



[Registrant Code of Ethics \(SOP-PROF-08\)](#)

[Registrant Code of Ethics \(Annotated\) \(SOP-PROF-09\)](#)

REFERENCES

[BC College of Nurses and Midwives](#)

[BC College of Physicians and Surgeons](#)

[BC Government: Medical Assistance in Dying](#)

[BC Government: Forms for Medically Assisted Dying](#)

[Bill C-7, An Act to amend the Criminal Code \(medical assistance in dying\)](#)

[CALSPO's Statement on Medical Assistance in Dying](#)

[Downar, J., Fowler, R. A., Halko, R., Huyer, L. D., Hill, A. D., & Gibson, J. L. \(2020\). *Early experience with medical assistance in dying in Ontario, Canada: A cohort study*. Canadian Medical Association Journal, 192\(8\), E173-E181.](#)

[Government of Canada: Medical Assistance in Dying](#)