



## Most Responsible Practitioner Record for Medical Assistance in Dying ELIGIBILITY ASSESSMENT

The purpose of this form is to provide a record confirming that a Yukon medical practitioner or nurse practitioner has fulfilled the requirements of the medical assistance in dying (MAID) provisions of the *Criminal Code*. This form presents the questions that you as a practitioner are required to answer before providing a patient with medical assistance in dying. **Additional legal reporting requirements are placed on you by regulations made under the *Criminal Code*.** You may need to collect additional information from your patient to satisfy those requirements.

A. Patient information		
Last name	First name	Middle name(s)
Health Care Insurance number	Date of written request for medical assistance in dying Day    Month    Year <input type="text"/> <input type="text"/> <input type="text"/>	
Grievous and irremediable medical condition relevant to request for medical assistance in dying:		

B. Practitioner information		
Last name	First name	Middle name
Yukon Registration number		
<input type="checkbox"/> I am independent of the patient, in that I do not know or believe that I am: <ul style="list-style-type: none"> <li>• a beneficiary under the will of the patient;</li> <li>• a recipient, in any other way, of a financial or other material benefit resulting from the patient's death (other than standard compensation for the services I provide relating to this request); and</li> <li>• otherwise connected to the patient in a manner that could affect my objectivity.</li> </ul> <p><i>[Criminal Code s.241.2(6)]</i></p>		

### C. Eligibility assessment

**Indicate your completion of an eligibility assessment of this patient by checking each of the boxes below.** This section includes all of the eligibility requirements that must be met before the process can move on to confirmation that all the relevant safeguards have been met. These safeguards are addressed in the **PATIENT SAFEGUARDS AND ADMINISTRATION** form, which must be completed prior to administering MAID.

- 1. The patient has or is eligible for health services funded by a government in Canada. *[Criminal Code s.241.2(1) (a)]*
- 2. The patient is at least 18 years of age. *[Criminal Code s.241.2(1) (b)]*
- 3. The patient has a grievous and irremediable medical condition as described in section 241.2(2) of the *Criminal Code*. *[Criminal Code s.241.2(1)(c)]*
- 4. The patient has made a voluntary request for medical assistance in dying that, in particular, was not made as a result of any external pressure. *[Criminal Code 241.2(1)(d)]*
- 5. The patient has been fully informed of the alternatives and options for treatment or symptom control including, but not limited to, palliative care options that are available to relieve their physical or psychological suffering. *[Criminal Code s. 241.2(1)(e)]*
- 6. This patient has given informed consent to receive medical assistance in dying. *[Criminal Code s.241.2(1)(e)]*  
Check one of the following:
  - A. I have determined that the patient **has capacity** to give informed consent.
  - B. I have determined that the patient **does not have the capacity** to give informed consent and does not meet the eligibility criteria.

**Additional comments on patient's eligibility assessment as per *Criminal Code s.241.2(1)*:**

**Date eligibility assessment began**

Day      Month      Year

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**Practitioner's signature**