

## Most Responsible Medical Practitioner Record for Medical Assistance in Dying PATIENT SAFEGUARDS AND ADMINISTRATION

The purpose of this form is to provide a record confirming that a Yukon physician 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 physician 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.

### Changes to *Criminal Code* in 2021

Changes to the *Criminal Code* on March 17, 2021 address two scenarios, which depend on **whether the patient's natural death is reasonably foreseeable**:

1. The patient's natural death **IS reasonably foreseeable**, taking into account all their medical circumstances. A prognosis as to the length of time they have remaining is not necessary.
2. The patient's natural death **IS NOT reasonably foreseeable**, taking into account all of their medical circumstances.

The law does not currently allow MAID for individuals whose sole underlying medical condition is a mental illness.

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. Medical 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.1 Safeguards: mandatory for all patients

**Taking into account all of the patient's medical circumstances, indicate your satisfaction with the following safeguards by checking the applicable boxes below.** This section includes all of the mandatory safeguards that must be confirmed for all patients. Section C.2 includes those safeguards which are only for patients whose natural death is **not** reasonably foreseeable.

### 1. Eligibility criteria [Check **one** of the following]

- A. I am of the opinion that the patient **meets** all of the eligibility criteria required by the *Criminal Code* and set out in Section C of the Eligibility Assessment, and is specifically capable of making decisions with respect to their health including, but not limited to, their request for medical assistance in dying.
- B. I am of the opinion that the patient **does not meet** all of the eligibility criteria set out in Section C. The assessment ends – **do not proceed**.

[Criminal Code s.241.2(3)(3.1)(a)]

### 2. Written request

- I **confirm** that the patient has provided me with a written request for medical assistance in dying that they signed and dated (or their proxy did so in accord with *Criminal Code s.241.2(4)*), and that this request was made after the patient was informed by a medical practitioner or nurse practitioner that they have a grievous and irremediable medical condition.

[Criminal Code s.241.2(3/3.1) (b)(i) &(ii)]

### 3. Written request witnessed by independent witness

- I am **satisfied** that the patient's written request was executed before an independent witness who also signed and dated the request.

[Criminal Code s.241.2(3/3.1)(c)]

### 4. Right to withdraw request at any time

- I **confirm** that the patient has been informed of their right to withdraw their request for medical assistance in dying at any time and in any manner.

[Criminal Code s. 241.2(3/3.1)(d)]

### 5. Secondary assessor opinion [Check **one** of the following]

- A. I **confirm** that another medical practitioner or nurse practitioner has provided a written opinion confirming the patient meets all the criteria set out in Criminal Code s.241.2(1) and I am **satisfied** that they are independent from me.

[Criminal Code 241.2(3)(3.1)(e)&(f)].

- B. The secondary assessor is of the opinion that the patient **does not** meet all of the eligibility criteria set out in s.241.2(1).

**If B, the assessment ends. Do not proceed.**

### 6. Communication

- If this patient has had difficulty communicating, I **have taken** all necessary measures to provide a reliable means by which the patient may understand the information that has been provided to them and for them to communicate their decision to me.

[Criminal code s. 241.2(3.1)(j) 241.2(3)(g)].

**Medical practitioner's signature**

**Date** Day Month Year

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**C.2 Safeguards: only for patients whose natural death not reasonably foreseeable**

IF THE PATIENT'S NATURAL DEATH IS **NOT** REASONABLY FORESEEABLE, the following additional safeguards apply. **Taking into account all of this patient's medical circumstances, you must indicate your satisfaction with these additional safeguards by checking each of the applicable boxes below.**

IF the patient's NATURAL DEATH IS **NOT** REASONABLY FORESEEABLE

**1. Expertise**

- A. I have expertise in the condition that is causing the patient's suffering.
- B. The secondary assessor has expertise in the condition that is causing the patient's suffering.
- C. I, or the secondary assessor, have consulted with a medical practitioner or nurse practitioner who does have expertise in the condition that is causing the patient's suffering, and we have shared the results of that consultation.

*[Criminal Code section 241.2(3.1)(e.1)].*

IF the patient's NATURAL DEATH IS **NOT** REASONABLY FORESEEABLE

**2. Relief of suffering**

- I have **ensured** that the patient has been informed of the means available to relieve their suffering, including, where appropriate, counselling services, mental health and disability support services, community services and palliative care. The patient has been offered consultations with relevant professionals who provide those services or care.

*[Criminal Code s. 241.2(3.1)(g)]*

IF the patient's NATURAL DEATH IS **NOT** REASONABLY FORESEEABLE

**3. Patient has seriously considered available means to relieve their suffering**

- I and the secondary assessor have discussed with the patient the reasonable and available means to relieve their suffering. Both the secondary assessor and I agree that the patient has given serious consideration to those means.

*[Criminal Code s. 241.2 (3.1)(h)]*

IF the patient's NATURAL DEATH IS **NOT** REASONABLY FORESEEABLE

**4. Period of reflection [Check one of the following]**

- A. I confirm that at least 90 days will have elapsed between the date on which I began the eligibility assessment of the patient and the day on which medical assistance in dying will be provided. *[Criminal Code s.241.2(3.1)(i)]*

**OR**

- B. The patient has been assessed by myself and another medical practitioner or nurse practitioner who has given a second opinion that this patient meets the eligibility criteria, and we are both of the opinion that this patient's loss of capacity to consent to MAID is imminent. This patient can access MAID before 90 days have elapsed, but **cannot** waive final consent.

*[Criminal Code s.241.2(3.1)(i)]*

**Medical practitioner's signature**

**Date**    Day    Month    Year

#### D. Dispensing pharmacist informed

I have informed the dispensing pharmacist that the substances prescribed pursuant to the patient's request for medical assistance in dying are intended for the purpose of providing medical assistance in dying.

*[Criminal Code s. 241.2(8)]*

#### E. Final consent waiver (optional)

If death is reasonably foreseeable:

This patient has provided a final consent waiver, which is attached to this record.

#### F. Self-administration intervention (optional)

If the patient is considering self-administration:

This patient has provided written advance consent to self-administration intervention, which is attached to this record.

*[Criminal Code 241.2(3.5)]*

#### Process checklist (optional)

Check and date each item to track progress of the MAID process.

- Patient request for MAID \_\_\_\_\_
- MRP eligibility assessment began \_\_\_\_\_
- Secondary Assessor eligibility assessment complete \_\_\_\_\_
- C.1 safeguards complete \_\_\_\_\_
- C.2 safeguards complete (if relevant) \_\_\_\_\_
- Secondary Assessor safeguards complete (if relevant) \_\_\_\_\_
- Date scheduled for MAID \_\_\_\_\_
- Final Consent Waiver (optional if death is reasonably foreseeable) \_\_\_\_\_
- Advance Consent for Self-administration Intervention (optional) \_\_\_\_\_
- Drugs prescribed and pharmacist informed \_\_\_\_\_
- Final Consent \_\_\_\_\_
- Administration \_\_\_\_\_

## G. Final consent

**You must complete Section 1 OR Section 2 below on the date that medical assistance in dying is provided, before the medication is administered to cause the patient's death.**

The medical practitioner who prescribes the medication and administers medical assistance in dying (or supervises administration) is the medical practitioner who assessed the patient.

Medical assistance in dying must be provided with reasonable knowledge, care and skill and in accordance with the *Criminal Code* and any applicable territorial laws, rules or standards.

**1.  The patient's death **is** reasonably foreseeable:**

The patient **is** capable:

I have given the patient an opportunity to withdraw their request for medical assistance in dying and the patient has given express consent to receive medical assistance in dying. *[(Criminal Code 241.2(3)(h))]*

This patient withdrew their consent to medical assistance in dying.

The patient **is not** capable:

This patient provided me with a final consent waiver and:

They did not demonstrate a refusal to have the substance administered.

They demonstrated a refusal to have the substance administered – DO NOT PROCEED.  
*[(Criminal Code 241.2(3.4))]*

This patient did not provide me with a final consent waiver – DO NOT PROCEED.

**2.  The patient's death **is not** reasonably foreseeable.**

The patient **is** capable.

I confirm that a 90-day period of reflection has elapsed between the date I began their eligibility assessment for MAID and the date on which I plan to administer a substance to cause their death *[(Criminal Code 241.2(3.1)(i))]*  
OR

Having completed our assessment of this patient, I and the medical practitioner or nurse practitioner providing the second opinion are both of the opinion that this patient's loss of capacity to consent to medical assistance in dying is imminent and we agree that a shorter time is appropriate.

The patient **is not** capable – DO NOT PROCEED. The law does not allow patients to give a final consent waiver if their death is not reasonably foreseeable.

### Additional comments regarding final consent

Name of medical practitioner

Signature of medical practitioner

Patient name

Date of administration of MAID

Day

Month

Year

**Appendix A: Final Consent Waiver (Optional)** [Criminal Code s. 241.2(3.2)]

If natural death is reasonably foreseeable, this appendix can be used by a patient to provide a medical practitioner with consent to administer medical assistance in dying if that patient risks losing capacity to provide final consent. Have patient or proxy sign and date.

I, \_\_\_\_\_ (print patient full name), have been assessed and approved to receive medical assistance in dying. I enter into an arrangement with my medical practitioner that they will administer a substance to cause my death on or before \_\_\_\_\_ (date).

My physician or nurse practitioner has informed me that I risk of losing capacity to consent to receive medical assistance in dying prior to the **date specified above**.

In accordance with *Criminal Code section 241.2(3.2)*, I consent to my physician, \_\_\_\_\_ (print full name of physician) administering a substance to cause my death if I have lost my capacity to consent to receiving medical assistance in dying prior to the date specified above.

In the case that the first practitioner is not available, I consent to \_\_\_\_\_ (print full name of alternate practitioner) administering a substance to cause my death if I have lost my capacity to consent to medical assistance in dying prior to the date specified above.

Patient or proxy signature	Date    Day    Month    Year <input type="text"/> <input type="text"/> <input type="text"/>
Medical practitioner signature	Date    Day    Month    Year <input type="text"/> <input type="text"/> <input type="text"/>
Alternate medical practitioner signature	Date    Day    Month    Year <input type="text"/> <input type="text"/> <input type="text"/>

**Appendix B: Advance Consent for Self-Administration Intervention (Optional)** *[Criminal Code 241.2(3.5)]*

This appendix can be used by a patient to provide advance consent to a medical practitioner to intervene to assist in the death of a patient who is planning on self-administering medical assistance in dying. Have patient or proxy sign and date.

I, \_\_\_\_\_ (print patient full name), enter into an arrangement with my physician \_\_\_\_\_ (print full name of physician) and alternate physician, in case the first is not available, \_\_\_\_\_ (print full name of alternate physician) that they will:

- be present at the time I self-administer a substance to cause my death; and
- administer a second dose of a substance to cause my death if, after first self administering, I lose the capacity to consent to receiving medical assistance in dying and do not die within a period of \_\_\_\_\_ minutes.

Patient or proxy signature

Date    Day    Month    Year  
       

Medical practitioner signature

Date    Day    Month    Year  
       

Alternate medical practitioner signature

Date    Day    Month    Year