

Secondary Assessor Record for Medical Assistance in Dying

The purpose of this form is for a Yukon physician or nurse practitioner to provide a written second opinion and to confirm that *Criminal Code* legal requirements have been met regarding a patient's eligibility for medical assistance in dying (MAID), and regarding safeguards that must be in place before MAID is provided.

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. Secondary assessor 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"> • a beneficiary under the will of the patient; • 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 • otherwise connected to the patient in a manner that could affect my objectivity. <i>[Criminal Code s.241.2(6)]</i>		
<input type="checkbox"/> I am independent of the most responsible medical practitioner in that I am not being mentored or supervised by that practitioner and I am not otherwise connected to that practitioner in a manner that could affect my objectivity.		

C. Eligibility Assessment

Indicate your completion of an eligibility assessment of this patient by checking each of the boxes below.
This section of the form 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. *Section D* addresses safeguards for patients.

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
<input type="text"/>	<input type="text"/>	<input type="text"/>

Secondary assessor's signature

D. Safeguards

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 most responsible medical practitioner has expertise in the condition that is causing the patient's suffering.
- C. I, or the most responsible medical practitioner, 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. Patient has seriously considered available means to relieve their suffering.

- I and the most responsible medical practitioner have discussed with the patient the reasonable and available means to relieve their suffering. Both the most responsible medical practitioner 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

3. Patient's loss of capacity to consent is imminent. (Optional)

- I am of the opinion that this patient's loss of capacity to consent to MAID is imminent. *[Criminal Code s.241.2(3.1)(i)]*

This patient can access MAID before 90 days have elapsed, but **cannot** waive final consent.

Date eligibility assessment began

Day Month Year

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Secondary assessor's signature