Medical Assistance in Dying (Responding to Requests)

1. Introduction

Description

This policy sets out the expectations of Staff¹ in sensitively addressing patients’ requests for medical assistance in dying.

Scope

All Vancouver Coastal Health (VCH) services, owned and operated, contracted, and affiliated settings.

2. Policy

2.1. VCH Supports Capable Patients’ Requests for Medical Assistance in Dying

VCH Staff in owned and operated and contracted settings sensitively address a capable patient’s (including resident’s and client’s) request for information about medical assistance in dying, and engage or make an Effective Connection to colleagues to consider and, if appropriate, fulfil that request, in compliance with law as well as Standards, Limits, and Conditions set by their professional regulatory bodies.

2.2. Medical Assistance in Dying is an Option for those with Intolerable Suffering

Medical assistance in dying is authorized in circumstances in which an adult patient eligible for publicly insured health services in Canada clearly consents to the termination of life and in which the patient has a grievous and irremediable medical condition (including an illness, disease or disability) which in the opinion of the patient causes enduring suffering that is intolerable.

Grievous and irremediable medical condition includes severe or serious illness, disease or disability that cannot be alleviated by any means acceptable to the patient. Specific Criteria for Eligibility are established by the Criminal Code of Canada, and are set out in the definitions section of this policy.

2.3. Capability and Voluntariness are Critical Elements

Voluntariness, non-ambivalence and capability to provide informed consent are required to consent to an assisted death.

¹ See Definitions section for those terms highlighted in bold.
2.4. **Consent must be Confirmed**

Patients may withdraw consent at any time.

2.5. **VCH Providers Confirm no Removable Challenges**

A request for medical assistance in dying requires a careful exploration of the causes of a patient's suffering, confirmation that the patient is aware of all available alternatives, and consideration of any undue influence arising from psychosocial or non-medical conditions and circumstance.

2.6. **Disruption to be Minimized for Patients Requesting Medical Assistance in Dying**

There is no designated location for patients requesting medical assistance in dying. Patients will have their requests addressed, assessments performed and, if eligible, assisted death provided in the care location consistent with their care needs. Patients’ usual care journey in a setting or between settings will not be disrupted as a result of their request, other than as subject to the Denominational Health Care Agreement (see section 2.9).

Every effort will be made by care teams to facilitate assessment and provision of medical assistance in dying in the appropriate location of choice for individual patients, irrespective of whether the care team in that setting is involved in the assessment and provision.

2.7. **Individual Conscientious Objection Respected for Care Directly Related to Medical Assistance in Dying**

VCH respects individual health care providers in their Conscientious Objection to serving as one of the providers conducting an assessment for medical assistance in dying or to participating in the preparation or direct administration of the medication for provision of medical assistance in dying.

All Staff continue to provide care other than that directly related to medical assistance in dying.

2.8. **Staff Act in Good Faith**

Staff act in good faith, do not discriminate against a patient requesting assistance in dying, do not delay, impede or block access to a request for assistance in dying, and continue to provide care other than that directly related to medical assistance in dying².

2.9. **Potential Acknowledged for Conscientious Objection by Faith-based Organizations**

VCH respects that Faith-based Organizations may decide to not perform or allow provision of, and possibly even assessments for medical assistance in dying on organization property but expects that these Non-participating organizations:

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a) Ensure the patient has full information of services available to them other than medical assistance in dying which may address the patient’s concern;

b) Make capable patients aware of available information resources (Effective Connection);

c) Respect and do not impede the patient’s request for information concerning medical assistance in dying (i.e. make an effective transfer); and

d) Continue to provide comprehensive care for the patient other than assessment for or provision of medical assistance in dying, including care for the patient during the period of reflection before provision of medical assistance in dying.

2.10. Monitoring and Oversight

Health care providers involved in the assessment and provision of medical assistance in dying will complete and submit for review the documentation required by VCH and external agencies, details of which will be revised from time to time.

The Senior Executive Team will establish and receive reports from a Case Review process internal to VCH, with a view to quality and system improvement.

2.11. Access to Medications

Medications prescribed for medical assistance in dying must be directly dispensed to the authorized prescriber and may be administered in any VCH location.

2.12. Responsibilities

2.12.1. All Staff (including Physicians)

Consider personal views including Conscientious Objection and, when called upon to become directly involved in assessment or provision, make supervisor aware to enable development of plans to support patients while respecting Staff concerns.

Make no public comment about the site or setting of any particular patient requesting or receiving medical assistance in dying.

Maintain strict confidentiality concerning a request for medical assistance in dying and any other aspect of a patient’s personal information.

2.12.2. Direct Care Staff

Respond to patients’ requests for information on medical assistance in dying with VCH information resources, and alert the Most Responsible Physician of the request.

Ensure compliance with VCH policy, the law and the guidance and standards of their professional regulatory body.

2.12.3. Operations Leadership - Supervisor/Manager/Director/COO/CEO

Ensure all Staff are aware of this policy.
Consider personal views and Conscientious Objection of Staff and develop plans to support patients while respecting Staff concerns.

Consider the impact of cases of medical assistance in dying on care teams and provide support to Staff as may be appropriate.

2.12.4. All Physicians and Nurse Practitioners

Ensure their own compliance with VCH policy, the law and the Professional Standards and Guidelines of, for physicians, the College of Physicians and Surgeons of BC (CPSBC) and for nurse practitioners, the College of Registered Nurses of BC (CRNBC) concerning medical assistance in dying.

When requested and as authorized by the patient, provide information to inform the assessment process.

2.12.5. Most Responsible Provider

Practice in compliance with the law and the Professional Standards and Guidelines of the CPSBC (Physicians) or CRNBC (Nurse Practitioners) concerning medical assistance in dying.

Ensure that patients requesting medical assistance in dying have had the opportunity to consider all alternative services which may alleviate their suffering.

If a Conscientious Objector, provide an Effective Connection that patient can make contact with an Assessor/Prescriber.

If not a Conscientious Objector, the Most Responsible Provider serves to coordinate the Assessments and engagement of the necessary Assessor(s)/Prescriber.

2.12.6. Assessor #1 and #2, Medical Assistance in Dying (one may be Most Responsible Provider)

Provide assessment and consultative services consistent with her/his privileges assigned by the VCH Board.

Ensure that patients requesting medical assistance in dying have had the opportunity to consider all alternative services which may alleviate their suffering.

Complete assessments and other documentation required by VCH and by law concerning medical assistance in dying.

2.12.7. Prescriber, Medical Assistance in Dying (may be Most Responsible Provider or an Assessor)

Provide medical assistance in dying in a VCH setting only if granted privileges by the VCH Board.
Ensure that patients requesting medical assistance in dying have had the opportunity to consider all alternative services which may alleviate their suffering and meet the other eligibility criteria.

In collaboration with colleagues, complete and disseminate assessments and documentation required by VCH and by law concerning medical assistance in dying.

### 2.13. Compliance

Staff who are concerned that any element of this policy is not being followed report the issue to Client Relations and Risk Management for follow up.

### 3. References

#### Tools, Forms and Guidelines

- Information for Patients
- Record of Patient Request
- Assessment Record (Assessor)
- Assessment Record (Assessor/Prescriber)
- Consultant Assessment of Patient's Informed Consent Decision Capability
- Medical Assistance in Dying: VCH Internet Resource Page
- Medical Assistance in Dying: VCH Connect Resource Page
- Medical Assistance in Dying: www.vch.ca

#### Related Policies

- Adult Protection: Abuse, Neglect or Self-Neglect of Vulnerable Adults
- An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying) (House of Commons of Canada, referred to prior to Royal Assent as Bill C-14)
- Consent to Health Care
- Professional Standards and Guidelines: Medical Assistance in Dying (College of Physicians and Surgeons of British Columbia (CPSBC)
- Update on Medical Assistance in Dying (College of Registered Nurses of British Columbia (CRNBC)
- Update on Medical Assistance in Dying (MAID) (College of Pharmacists of British Columbia
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Definitions
“Assessor” means the medical or nurse practitioner conducting a formal assessment of the patient to determine whether the criteria for eligibility for medical assistance in dying have been met.

“Assessor/Prescriber” is the medical or nurse practitioner:

- Conducting a formal assessment of the patient/client/resident to determine whether the criteria for eligibility are met, AND
- Authorized to prescribe and:
  a. Provide the means for an eligible patient/client/resident to self-administer a lethal dose of medications OR
  b. Administer a lethal dose of medications to an eligible patient/client/resident.
- The term Prescriber is used for those steps after the assessments are completed.

“Care directly related to medical assistance in dying” includes assessment consultation, provision, the preparation of the pharmaceutical regimen (pharmacist and pharmacy technician), or of the care directly related to administer medical assistance in dying (e.g. nursing initiation of an IV specifically for provision).

“Conscientious Objection” is objection on grounds of freedom of thought, conscience, and/or religion.

“Conscientious Objector” is a person who, on the basis of their thoughts, conscience, or religion, elects not to participate directly in the assessment or provision of medical assistance in dying.

“Criteria for Eligibility” as defined in the Criminal Code of Canada is:

241.2 (1) A person may receive medical assistance in dying only if they meet all of the following criteria:

(a) they are eligible — or, but for any applicable minimum period of residence or waiting period, would be eligible — for health services funded by a government in Canada;

(b) they are at least 18 years of age and capable of making decisions with respect to their health;

(c) they have a grievous and irremediable medical condition; a person has a grievous and irremediable medical condition only if they meet all of the following criteria:
i) they have a serious and incurable illness, disease or disability;

ii) they are in an advanced state of irreversible decline in capability;

iii) that 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

iv) their 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.

(d) they have made a voluntary request for medical assistance in dying that, in particular, was not made as a result of external pressure; and

(e) they give informed consent to receive medical assistance in dying after having been informed of the means that are available to relieve their suffering, including palliative care.

“Effective Connection” is the process of enabling the patient to make contact with a resource or health care provider to assist in advancing their request and/or support their care needs3.

“Faith-based Organization” means an organization that is a party to the Master Denominational Health Agreement or otherwise in its constitution declares itself as being an organization based on religion, spirituality, or culture.

“Medical assistance in dying” means the situation in which a physician, in compliance with legislative, judicial, regulatory and organizational requirements, provides to or administers into a competent adult patient a lethal dose of drug(s) that intentionally brings about the patient’s death, at the request and consent of the patient. Medical assistance in dying may occur by medication administered intravenously, or orally by self-administration. (VCH discourages use of an acronym, and suggests speaking and writing the term in full initially in documents or discussion, and subsequently referring to the procedure, or the service.)

“Most Responsible Provider (MRP)” means the physician or nurse practitioner on record as responsible for the patient’s care.

“Non-participating” means refusal to participate on the basis of conscientious objection (i.e. staff or agency).

“Staff” means all employees (including management and leadership), medical staff (including physicians, midwives, dentists and nurses), residents, fellows and trainees, health care professionals, students, volunteers, contractors, researchers and other service providers engaged by VCH.

3 Adapted from the phrase ‘effective transfer’, College of Physicians and Surgeons of BC. (2016). Interim Guidance: Physician Assisted Dying, recognizing that it may be appropriate for the current ‘non-participating’ physician to remain involved for care unrelated to medical assistance in dying, while the patient pursues medical assistance in dying with another physician.
Questions

Contact: assisteddying@vch.ca

Issued by:

Name: Patrick O’Connor  Title: Vice-President, Medicine  Date: June 27, 2017

Signature of issuing official