



Medical Assistance in Dying

Frequently Asked Questions

What is medical assistance in dying?

Medical assistance in dying means:

- The administering by a doctor or nurse practitioner of a substance to a person, at their request, that causes their death; or,
- The prescribing or provision by a doctor 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.

Is medical assistance in dying legal?

Yes. Following a Supreme Court of Canada ruling, medical assistance in dying became legal on June 6, 2016 and is governed under federal law. Further changes to Canada's medical assistance in dying law came into effect on March 17, 2021, which includes changes to eligibility, procedural safeguards, and the framework for the federal government's data collection and reporting regime.

For more information, visit: **Government of Canada information on Medical Assistance in Dying;** canada.ca/en/health-canada/services/medical-assistance-dying.html and **Federal Bill C-7: Medical Assistance in Dying;** parl.ca/DocumentViewer/en/43-2/bill/C-7/royal-assent

Who is eligible for medical assistance in dying?

A person may receive medical assistance in dying only if they meet **all** the following criteria:

- Possess a provincial health card;
- Be at least 18 years of age;
- Be capable of making decisions with respect to their health;
- Have a grievous and irremediable medical condition;
- Have made a voluntary request for medical assistance in dying that, in particular, was not made as result of external pressure; and,
- 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.

What does capable mean?

A capable person has decision making capacity. The person is able to understand the information that is relevant to making a decision about their health; and, appreciate the reasonably foreseeable consequences of a decision or lack of decision.

What does grievous and irremediable medical condition mean?

Legislation states that a person has a grievous and irremediable medical condition only if they meet **all** of the following criteria:

- The person has a serious and incurable illness, disease or disability (excluding a mental illness until March 17, 2024);
- The person is in an advanced state of irreversible decline in capability; and,
- That illness, disease or disability, or the state of decline causes the person enduring physical or psychological suffering that is intolerable to the person and that cannot be relieved under conditions that the person considers acceptable.

What is enduring suffering?

Enduring suffering is physical or psychological pain or distress that the person has lived with for a long time.

What is intolerable suffering?

Intolerable suffering is physical or psychological pain or distress that the person finds unbearable.

What is available to prevent and relieve suffering at end of life?

- Palliative and end of life care are important parts of comprehensive care for persons diagnosed with a life limiting illness. For a person to truly make an informed decision, they must first be fully aware of all their end of life options including palliative care as well as pain and symptom management.
- Palliative care can be provided at any time to control symptoms and to provide support for persons and families during an advanced illness.
- End of life care is compassionate care that focuses on comfort, quality of life, respect for personal health care treatment decisions, support for the family, and psychological, and spiritual concerns for persons who are dying and their families, in a culturally appropriate manner.
- Palliative and end of life care professionals have specialized training and expertise in pain management and symptom control and work with persons and families to maintain comfort and dignity. Care can be provided at home, in an assisted living residence or a residential care facility. Services available include; care co-ordination and consultation, pain and symptom management, pastoral care, nursing services, home support, and respite for the caregiver. Services are personalized to meet the unique needs of each individual and family.

How does a person get the medical assistance in dying process started?

- **STEP 1:** A person should talk with their doctor or nurse practitioner about any concerns or questions.
- **STEP 2:** A formal request must be made for medical assistance in dying. If a person wants to be formally assessed for assisted dying, they need to provide a request in writing, signed by an independent witness.
- Medical Assistance in Dying Request form can be found at: gov.nl.ca/health/forms

How does a person know whether they meet the criteria?

In Newfoundland and Labrador, doctors and nurse practitioners are legally authorized to assess whether a person meets the criteria. The person will be assessed by two or more doctors or nurse practitioners independent of one another. The physicians or nurse practitioners will have to agree that the person meets the criteria.



How long will the assessment take?

It depends on how much time the doctor(s) or nurse practitioners will need to make sure that the person meets the criteria. People are encouraged to speak to their doctor or nurse practitioner about their concerns.

It is recommended that people use the Medical Assistance in Dying Request form, but other formats of written request that are signed by an independent witness are also acceptable.

Forms can also be obtained from the doctor's office, or by requesting a form from the regional coordinators (contact information below). Once the written request is complete and signed, it can be faxed or emailed to the regional contact.

For more information on medical assistance in dying:

Labrador-Grenfell Health

Questions

t: 709.897.2350

Referrals

e: maid@lghealth.ca

f: 709.896.4032

Central Health

Questions

t: 709.235.1412

Referrals

e: maid@centralhealth.nl.ca

These contacts are active Monday to Friday 9:00 a.m. to 5:00 p.m. excluding holidays. Please allow 48 hours as a reasonable response time.

Eastern Health

Questions

t: 709.777.2250

tf: 833.777.2250

Referrals

e: maid@easternhealth.ca

f: 709.777.7774

Western Health

Questions

t: 709.637.5000

ext. 5168

Referrals

f: 709.637.5159

e: maid@westernhealth.nl.ca



Does a person have to have a terminal illness diagnosed to be eligible for medical assistance in dying?

No, a person does not need to have a fatal or terminal condition to be eligible for medical assistance in dying.

Could a person with a mental illness potentially meet the criteria for medical assistance in dying?

If an individual has a mental illness as their only medical condition, they are not eligible to seek medical assistance in dying. Under the new changes made to the federal legislation, individuals who fall under this category are excluded from seeking Medical Assistance in Dying. This exclusion remains in effect until March 17, 2024.

After March 17, 2024, people with a mental illness as their sole underlying medical condition will have access to Medical Assistance in Dying if they meet eligibility requirements and the practitioners fulfill the safeguards that are put in place for this group of people.

If a person has a mental illness along with other medical conditions, they may be eligible to seek Medical Assistance in Dying. However, they must meet all the criteria to be eligible for Medical Assistance in Dying. This includes the requirement that the person who is seeking medical assistance in dying has decision-making capacity.

Who can be an independent witness to a person's request for medical assistance in dying?

An independent witness can be any person who is at least 18 years of age and who understands the nature of the request for medical assistance in dying, except if they:

- Know or believe that they are a beneficiary under the will of the person making the request, or a recipient, in any other way, of a financial or other material benefit resulting from that person's death;
- Are an owner or operator of any health care facility at which that person making the request is being treated or any facility in which that person resides; or,
- Are a physician or nurse practitioner assessing the person's eligibility for Medical Assistance in Dying.

An independent witness can be a paid professional personal or health care worker.

What happens if the person is not able to sign the written request?

Another person can be assigned the role of a designate, who may sign for the individual. This person must:

- Be at least 18 years of age;
- Understand that the person is requesting assisted dying; and,
- Not know or believe they will benefit under the person's will.

The signing must be done in the presence of, and under the direction of, the person.

If a person has communication challenges, regional speech language pathologists are available to assist.

In the event that a person cannot sign their own written request and they require a designate to do this, it is the responsibility of the person, the designate, and the assessing practitioners to ensure that at all



times they are acting in accordance with the expressed wishes of the person.

What does it mean to give informed consent?

The person's doctor or nurse practitioner will discuss their medical condition with them. They will make sure the person has considered all of the services or treatments that are available to them. These may include comfort care, pain control, symptom management, palliative care or other options.

The person does not have to accept any of these services, but it is important that they know about them before they pursue medical assistance in dying.

The health care providers need to be sure that the person is making this decision voluntarily and not being persuaded or pressured into medical assistance in dying by someone.

Is there a waiting period?

If the practitioners assessing your request for Medical Assistance in Dying determine that your death **is** reasonably foreseeable, there is no waiting period.

If the practitioners assessing your request for Medical Assistance in Dying determine that your death **is not** reasonably foreseeable, there is a waiting period. There must be at least 90 days between the day the person's assessment begins and the day the person receives medical assistance in dying. This waiting period may be reduced if the assessments have been completed and both doctors or nurse practitioners who assessed the person's eligibility agree that death or loss of capacity to consent is near.

Who can administer medical assistance in dying, and what assessments will be required?

In Newfoundland and Labrador, doctors or nurse practitioners are able to administer medical assistance in dying. The assessment includes:

- Conducting a comprehensive assessment of the root cause(s) of the person's suffering with the goal of providing relief;
- Providing a diagnosis and prognosis of a person's condition; and,
- Assessing the person's decision-making capacity.

What if a physician or nurse practitioner does not want to provide medical assistance in dying?

For a variety of reasons, not all doctors or nurse practitioners will provide medical assistance in dying and no doctor or nurse practitioner will be forced to do so.

While some doctors and nurse practitioners may choose not to be involved in medical assistance in dying, they must follow professional requirements set by the College of Physicians and Surgeons of Newfoundland and Labrador and the College of Registered Nurses of Newfoundland and Labrador (CRNNL). In this situation, the College and CRNNL recommends that the physician and nurse practitioner "offer the person timely access to another medical professional, (or appropriate information source, clinic or facility) who is: available, accessible and willing to provide medical assistance in dying to a person who meets the eligibility requirements."

College of Physicians and Surgeons of Newfoundland and Labrador: cpsnl.ca

Nurse Practitioners providing Medical Assistance in Dying:

crnnl.ca/resource/nurse-practitioners-providing-medical-assistance-in-dying-maid

Which health care providers are involved in medical assistance in dying and what is their role?

At this time in Newfoundland and Labrador, doctors and nurse practitioners are the only health care providers able to provide medical assistance in dying. Other health care providers such as pharmacists, nurses, and social workers can aid a doctor or nurse practitioner in the process of assessing eligibility for and providing medical assistance in dying.

Where can a person receive medical assistance in dying?

A decision about where assisted dying should occur will be determined following a discussion between a person and their physician or nurse practitioner or health care provider.

Medical assistance in dying may take place in a hospital, long-term care facility, or other community locations such as a person's home, personal care home or private clinic depending on the person's wishes, and the feasibility of their requests.

What if a person changes their mind about receiving medical assistance in dying?

A person requesting medical assistance in dying can change their mind and rescind their request at any time.

Does the person's family need to know about their medical assistance in dying decision?

The decision to consider medical assistance in dying is a personal one. It is up to the person to determine with whom they would like to discuss this.

Can a person have family and friends with them when they die?

Yes. The decision to have family and friends with the person when they die is open for discussion between the person and their health care provider, considering all factors including the person's wishes, cultural sensitivity, feasibility and the safety of all involved.

Is there a cost to receive medical assistance in dying?

No. Where assisted dying is provided through the Regional Health Authorities, the physician and/or nurse practitioner and medication costs will be paid by the Regional Health Authority/MCP.

Will there be any issues with a person's pension or life insurance?

It is recommended that a person requesting medical assistance in dying contact their pension provider and life insurance provider for specific information.

Can a person write down their wishes in case they lose capacity?

An individual is allowed to waive the requirement for giving final consent just before Medical Assistance in Dying is provided, only if:

- their natural death is reasonably foreseeable; and
- while they had decision-making capacity:
 - they were assessed and approved to receive Medical Assistance in Dying;
 - their practitioner advised them that they are at risk of losing capacity to provide final consent; and
 - they made a written arrangement with their practitioner in which consent was given in advance to receive Medical Assistance in Dying on their chosen date if they no longer had the capacity to consent on that date.

Any arrangement for the waiver of final consent will be considered invalid if, at the time that Medical Assistance in Dying is to be provided, they no longer have capacity and they demonstrate refusal or resistance to the administration of Medical Assistance in Dying by words, sounds or gestures.

For further clarity, reflexes and other types of involuntary movements, such as response to touch or the insertion of a needle, would not constitute refusal or resistance.

Other forms of advanced requests are not permitted under the current law. The Government of Canada has appointed a Special Joint Committee on Medical Assistance in Dying to undertake a review of various issues relating to Medical Assistance in Dying, including advance requests.

Does a person need to get court permission to receive medical assistance in dying?

No. Canadian law allows medical assistance in dying to proceed for eligible persons who follow the established process without involving the courts.

What if a person wants to be an organ donor?

If a person is considering medical assistance in dying and would like to be an organ donor, please speak to the health care provider or contact the Nurse Coordinator Newfoundland and Labrador Provincial Organ/Tissue Donor Program: Call 709.777.6600 or Toll free 1.877.640.1110

Contacts for palliative care and end of life regional services:

Labrador-Grenfell Health

Regional Palliative Care Coordinator
178-200 West St.
St. Anthony, NL A0K 4S0
t: 709.454.0665

Central Health

Clinical Lead – Home and Community
Nursing
36 Queensway
Grand Falls-Windsor, NL A2B 1J3
t: 709.292.2189 f: 709.489.8844

Western Health

Regional Home Nursing Coordinator
169 West Valley Road
Corner Brook, NL, A2H 7V7
t: 709.637.2244

Eastern Health

Regional Palliative End of Life Care
Coordinator
P.O. Box 13122
St. John's, NL A1B 4A4
t: 709.945.5342