



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 patient, at their request, that causes their death; or,
- The prescribing or provision by a doctor or nurse practitioner of a substance to a patient, 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 patient 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 a 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 patient has decision making capacity. The patient 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 patient has a grievous and irremediable medical condition only if they meet **all** of the following criteria:

- The patient has a serious and incurable illness, disease or disability (excluding a mental illness until March 17, 2023);
- The patient is in an advanced state of irreversible decline in capability; and,
- That illness, disease or disability, or the state of decline causes the patient enduring physical or psychological suffering that is intolerable to the patient and that cannot be relieved under conditions that the patient considers acceptable.

What is enduring suffering?

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

What is intolerable suffering?

Intolerable suffering is physical or psychological pain or distress that the patient 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 patients diagnosed with a life limiting illness. For a patient 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 patients 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 patients 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 patients 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 patient get the medical assistance in dying process started?

- **STEP 1:** A patient 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 patient wants to be formally assessed for assisted dying, they need to provide a request in writing, signed by an independent witness.
- Patient Request form can be found at: gov.nl.ca/health/forms

How does a patient know whether they meet the criteria?

In Newfoundland and Labrador, doctors and nurse practitioners are legally authorized to assess whether a patient meets the criteria. The patient 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 patient 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 patient meets the criteria. Patients are encouraged to speak to their doctor or nurse practitioner about their concerns.

It is recommended that patients use the Patient Request (Declaration of Intent) for medical assistance in dying, 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 patient have to have a terminal illness diagnosed to be eligible for medical assistance in dying?

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

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

If you have a mental illness as your only medical condition, you 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 MAID. This exclusion remains in effect until March 17, 2023.

After March 17, 2023, people with a mental illness as their sole underlying medical condition will have access to MAID if they meet eligibility requirements and the practitioners fulfill the safeguards that are put in place for this group of people.

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

Who can be an independent witness to a patient'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 patient making the request, or a recipient, in any other way, of a financial or other material benefit resulting from that patient's death;
- Are an owner or operator of any health care facility at which that patient making the request is being treated or any facility in which that patient resides; or,
- Are a physician or nurse practitioner assessing the patient's eligibility for MAID.

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

What happens if the patient 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 patient is requesting assisted dying; and,
- Not know or believe they will benefit under the patient's will.

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

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

In the event that a patient cannot sign their own written request and they require a designate to do this, it is the responsibility of the patient, the designate, and the assessing practitioners to ensure that at all times they are acting in accordance with the expressed wishes of the patient.



What does it mean to give informed consent?

The patient's doctor or nurse practitioner will discuss their medical condition with them. They will make sure the patient 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 patient 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 patient 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 MAID determine that your death **is** reasonably foreseeable, there is no waiting period.

If the practitioners assessing your request for MAID determine that your death **is not** reasonably foreseeable, there is a waiting period. There must be at least 90 days between the day the patient's assessment begins and the day the patient 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 patient'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 patient's suffering with the goal of providing relief;
- Providing a diagnosis and prognosis of a patient's condition; and,
- Assessing the patient'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 patient 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 patient who meets the eligibility requirements."

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

Nurse Practitioners providing Medical Assistance in Dying (Maid):

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 patient receive medical assistance in dying?

A decision about where assisted dying should occur will be determined following a discussion between a patient 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 patient's home, personal care home or private clinic depending on the patient's wishes, and the feasibility of their requests.

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

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

Does the patient'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 patient to determine with whom they would like to discuss this.

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

Yes. The decision to have family and friends with the patient when they die is open for discussion between the patient and their health care provider, considering all factors including the patient'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 patient's pension or life insurance?

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

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

You are allowed to waive the requirement for giving final consent just before MAID is provided, only if:

- your natural death is reasonably foreseeable; and
- while you had decision-making capacity:
 - you were assessed and approved to receive MAID;
 - your practitioner advised that you are at risk of losing capacity to provide final consent; and
 - you made a written arrangement with your practitioner in which you consent in advance to receive MAID on your chosen date if you no longer have capacity to consent on that date.

Any arrangement for the waiver of final consent will be considered invalid if, at the time that MAID is to be provided, you no longer have capacity and you demonstrate refusal or resistance to the administration of MAID 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 MAID, including advance requests.

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

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

What if a patient wants to be an organ donor?

If a patient 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 NL 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: 709.466.6407