

Policy Category:	Policy Title:	Policy #:
Quality Assurance & Professional Practice	Medical Assistance in Dying (MAiD)	POL-QA-11
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Bylaws: Part 13		
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DEFINITIONS

“Independent witness” means a person who would not be a beneficiary under the client’s will or otherwise benefit from their death. Persons responsible for the client’s personal care, the health care treatment team and those responsible for any facility where the client resides or is being treated, would also not be considered independent witnesses. A family member could witness a client’s request if none of these circumstances apply to them.

“Medical Assistance in Dying (MAiD)” means as defined under the *Criminal Code of Canada*, amended on June 17, 2016, to allow a person to request and receive, under limited circumstances, a substance intended to end their life.

“Mentally competent or capable” means a person that has the capability to understand the nature and consequences of their actions and choices, including decisions related to medical care and treatments.

PURPOSE

To ensure that all CSHBC registrants are familiar with Medical Assistance in Dying (MAiD).

To ensure that all CSHBC registrants are familiar with their potential assistive role in the MAiD process.

SCOPE

All Full, Conditional, and Temporary CSHBC Registrants.

POLICY

1. Background and Eligibility for MAiD

Only two forms of Medical Assistance in Dying (MAiD) are permitted under the *Criminal Code*:

- The administering by a medical practitioner or a nurse practitioner of a substance to a person at their request;
- The prescribing or providing by a medical practitioner or a nurse practitioner of a substance to a person at their request, for their self-administration.

A person is eligible for medical assistance in dying only if they meet all of the following criteria:

- Is eligible for publicly funded health-care services in Canada;
- Is at least 18 years of age and capable of making decisions with respect to their health;
- Has a grievous and irremediable medical condition;
- Has made a voluntary request in writing for MAiD that, in particular, was not made as a result of external pressure. This request needs to be witnessed by two independent witnesses;
- Has given informed consent to receive MAiD after having been informed of the means that are available to relieve their suffering including palliative care.

2. Advance Requests for MAiD

Under the new law, advance requests for dying are not permitted. This means Canadians with a diagnosis of competency-eroding conditions such as Alzheimer's and Huntington's disease will not be granted the right to consent while they are still of sound mind to an assisted death that would be carried out at a later date. They will likely have lost their competence before they reach the required "advanced state of irreversible decline" outlined in the eligibility criteria and thus would be ineligible.

3. Registrant Responsibilities regarding MAiD

Registrants are responsible for understanding MAiD and how it may impact their clients. This includes an understanding of the eligibility for MAiD and what a registrant's role is, should a client inquire about MAiD or if a registrant is asked for information pertaining to a client who has asked for MAiD.

Registrants must be aware of and follow any pertinent, employer-related policies regarding MAiD.

Registrants must not determine capacity to provide informed consent for MAiD and are not directly involved in the administration of drug protocols for medical assistance in dying.

Registrants may be required to assist a physician or nurse practitioner by providing information with client consent, regarding a client's competence/capacity as it applies to their ability to communicate and swallow.

With client consent, the registrant can provide information regarding a client's communication and swallowing assessment results (including the person's ability to comprehend language) as well as information regarding their preferred method of communication (e.g. augmentative communication, sign language).

Registrants may also provide information regarding: overcoming a communication barrier with the client; information regarding their swallowing function and may be part of an inter-professional care team that develops policies on MAiD.

Registrants may be the first point of contact for clients who wish to discuss medical assistance in dying and may be asked about a client's eligibility for MAiD. In these instances, registrants must refer their client to their physician or nurse practitioner. Under no circumstances should a registrant advise a specific client about their eligibility for MAiD.

Registrants must document any referrals that they make as a result of a client's request for MAiD as per the CSHBC *Documentation & Records Management* standard (SOP-PRAC-05) and clinical practice guideline (CPG-04);

Registrants who are seeing or treating a client at a private or public facility for audiology, hearing instrument dispensing, or speech-language pathology services would not be considered as an independent witness for clients requesting MAiD and must not provide that service.

CSHBC RELATED DOCUMENTS

Registrant Code of Ethics (SOP-PROF-08)

Registrant Code of Ethics (Annotated) (SOP-PROF-09)

Documentation & Records Management (CPG-04)

Professional Accountability & Responsibility (SOP-PROF-05)

Registrant Code of Ethics (CORE-04) & Registrant Code of Ethics (Annotated) (CORE-05)

REFERENCES

[Bill C-14, An Act to Amend the Criminal Code](#)

Government of Canada: [Medical Assistance in Dying](#)

Medical Assistance in Dying – [Province of British Columbia](#)

Medical Assistance in Dying (MAiD): [CASLPO](#)