

	<u>POLICY TITLE: MEDICAL ASSISTANCE IN DYING</u>			Page 1 of 5
	<u>AUTHORIZATION:</u> VP, Community Hospitals & Programs VP, Medicine VP, Regional Hospitals & Communities VP, Regional Care Integration	<u>DATE APPROVED:</u> SEPTEMBER 12, 2016	<u>CURRENT VERSION DATE:</u> OCTOBER 27, 2020	

Version	Date	Comments / Changes
1.0	September 2016	Initial Policy Released
2.0	December 2019	Policy Revision for Ethics Review
3.0	February 2020	Revision Post Ethics Review
4.0	September 2020	Revision Post Legal Review
5.0	October 2020	Revision Post Fraser Health VP Review

PURPOSE

The intent of this policy is to support the implementation and integration of Medical Assistance in Dying into the Fraser Health system, in alignment with federal and provincial legislation and policy.

Fraser Health follows the direction provided in the British Columbia Ministry of Health’s Policy, “Medical Assistance in Dying: Access and Care Coordination” in its entirety (see [Appendix](#)) and this policy should be read in conjunction with that provincial policy. Fraser Health’s policy elaborates on, and/or highlights specific aspects of the Ministry’s policy in order to provide additional guidance to Fraser Health Staff.

SCOPE

In this policy, Staff means all employees (including management and leadership), medical staff (including physicians, nurse practitioners, midwives, dentists, and nurses), residents, fellows and trainees, health care professionals, students, volunteers, contractors and other service providers.

This policy outlines the responsibilities and expectations of Fraser Health Staff in responding to a capable adult’s voluntary request for information about, assessment(s) for, and the provision of Medical Assistance in Dying. It is applicable to all Fraser Health services across owned and operated, contracted and affiliated settings with the exception of Faith Based Health Care Organizations who may choose to transfer an individual to another location for the provision of Medical Assistance in Dying.

Fraser Health is committed to providing quality end of life care. This involves conversations about patients’ values, beliefs and goals of care that are non-judgmental, supported and documented and includes access to a range of health care services. Medical Assistance in Dying is one end-of-life option for individuals who meet the criteria established in Canadian legislation.

Clinical guidance relating to this policy (including the eligibility criteria for a person requesting Medical Assistance in Dying) is provided in the Fraser Health [Medical Assistance in Dying - Clinical Protocol](#), which is a companion document to this policy.

STANDARDS

Guiding Principles:

- Live up to Fraser Health's values of respect, caring and trust.¹
- Ensure equitable access to timely, patient centered comprehensive care.
- Recognize and support individual self-determination and fully informed choice when an individual is experiencing a grievous and irremediable medical condition.
- Provide care in a compassionate, non-judgmental manner, respecting a patient's voluntary, informed choice within legal and professional practice standards.
- Do not deny admission or access to a program or service for which a patient is eligible, due to a request or potential request for Medical Assistance in Dying.

Expectations for Fraser Health:

1. To have structures and processes in place to:
 - 1.1. Respond to an individual's request for information about Medical Assistance in Dying.
 - 1.2. Coordinate requests for assessment(s) and the provision of Medical Assistance in Dying.
 - 1.3. Assess an individual's eligibility for Medical Assistance in Dying.
 - 1.4. Provide Medical Assistance in Dying.
 - 1.5. Comply with federal and provincial legislation and policy.
 - 1.6. Revise the Medical Assistance in Dying policy, as required, to ensure it aligns with current federal and provincial legislation and policy and effectively supports the processes of requesting information through to provision of Medical Assistance in Dying.
2. To support an individual's request for information about assessment(s) for and provision of Medical Assistance in Dying:
 - 2.1. Ensure human resources are available to provide a timely, client-centered response, including clinical staff and physicians/nurse practitioners (Most Responsible Practitioner and Assessors/Prescribers).
 - 2.2. Ensure Staff have the needed education, support and tools to respond to an individual's request for information about, assessment for and if applicable, provision of Medical Assistance in Dying as per the Fraser Health [Medical Assistance in Dying - Clinical Protocol](#).
 - 2.3. Support individuals in their appropriate location of choice through the Medical Assistance in Dying request process and if applicable, assessment and provision, irrespective of whether the care team, in that setting, is involved in the assessment and provision. A transfer to an alternate site may occur if the request for transfer originates with the individual, or if it is unambiguously clinically indicated.

¹ These values are developed further for the MAiD context in Fraser Health's [Medical Assistance in Dying: Values-Based Decision Framework](#). The Framework describes Fraser Health's aspiration to live up to the values (in alphabetical order) of Community Wellbeing, Duty to Care and Non-Abandonment, Equity, Excellence in Clinical Practice and Decision-Making, Family Support, Health Care Provider Support, Organizational Integrity and Patient Support.

3. To respect the Conscientious Objection of individual health care providers to participate in the assessment, preparation for and/or the provision of Medical Assistance in Dying. All Staff must continue to provide care other than that directly related to the provision of Medical Assistance in Dying.
4. To support Assessors and Prescribers to understand their responsibilities:
 - 4.1. Adhere to all federal and provincial standards and requirements.
 - 4.2. Follow Fraser Health [Medical Assistance in Dying - Clinical Protocol](#).
5. To support Staff to understand their responsibilities including the need to:
 - 5.1. Maintain confidentiality concerning an individual's request for Medical Assistance in Dying including non-disclosure to the family if requested by the individual. Adhere to Fraser Health Confidentiality and Security of Personal Information Policy and utilize the Fraser Health [When A Loved One is Unaware or in Disagreement with a Medical Assistance in Dying Request Guideline](#).
 - 5.2. Comply with the law, the guidance and standards of their professional regulatory bodies including education requirements.

Physicians	www.cpsbc.ca
Nurse Practitioners	www.bccnp.ca
Registered Nurses	
Registered Psychiatric Nurses	
Licensed Practical Nurses	
Pharmacists	www.bcpharmacists.org
Social Work	www.bccollegeofsocialworkers.ca

6. To provide Staff with opportunities for supportive debriefing after a provision of Medical Assistance in Dying. The [Fraser Health Team Support Tool](#) is available to guide this process.
7. To ensure ongoing quality assurance with a standardized approach to the planning, delivery and evaluation of the Medical Assistance in Dying service including:
 - Regional oversight and coordination for assistance in dying requests via the Medical Assistance in Dying Care Coordination Centre (MCCC). This work to be done collaboratively with local health services delivered in the Fraser Health geographic communities.
 - Establish a Quality Review committee for Medical Assistance in Dying.
 - Participation in provincial standing meetings and compliance with standards as set out by the [Ministry of Health Medical Assistance in Dying Oversight Unit](#).

DEFINITIONS

Assessor/Prescriber: the medical practitioner or nurse practitioner who performs an assessment to determine if the patient, who voluntarily requested MAiD, meets the eligibility criteria (as per section 241.2 of the Criminal Code of Canada). The Assessor completes the Record of Assessment (Assessor), Form 1633 while the Assessor/Prescriber completes the Record of Assessment (Prescriber), Form 1634. The Assessor/Prescriber is responsible for providing the means for the capable adult person to self-administer a lethal dose of oral medication or the ordering and administration of medication to a capable adult person at their request.

Conscientious Objection: A physician/nurse practitioner has the right to refuse to perform assessment for or provision of MAiD. Pharmacists have the right to refuse to prepare and dispense medications used for MAiD. All other regulated health care professionals or staff have the right to refuse to “aid” in the provision.

Faith-Based Health Care Organization: An organization that is a party to the Master Agreement with the Denominational Health Care Facilities Association, or otherwise in its constitution declares itself as being an organization based on religion or spirituality.

Medical Assistance in Dying Care Coordination Centre (MCCC): a Fraser Health designated oversight mechanism for the coordination of individual requests, provision of education (and resources) to Fraser Health Staff and development/ implementation of quality improvement initiatives.

Medical Assistance in Dying (MAiD): the situation in which a medical practitioner, in compliance with legislative, regulatory and organizational requirements, provides to or administers into a capable adult person a lethal dose of drug(s) that intentionally brings about the person's death, at the request and consent of the person.

Most Responsible Provider (MRP): the physician or nurse practitioner on record as responsible for the person's health care.

Prescriber: the medical practitioner or nurse practitioner providing the means for the capable adult person to self-administer a lethal dose of drugs (assisted suicide) or the ordering and administration of a legal dose of drugs (voluntary euthanasia) to a capable adult person at their request.

Practitioner: a physician or a nurse practitioner licensed to practice in BC by their respective regulatory bodies.

Staff: all employees (including management and leadership), medical staff (including physicians, nurse practitioners, midwives, dentists and nurses), residents, fellows and trainees, health care professionals, students, volunteers, contractors, researchers and other service providers engaged by Fraser Health.

REFERENCES

Statute of Canada, Bill C-14

http://www.parl.gc.ca/HousePublications/Publication.aspx?Language=E&Mode=1&DocId=8_384014

BC Health Care Consent and Care Facilities Admission Act

http://www.bclaws.ca/civix/document/id/complete/statreg/96181_01

Fraser Health's [Medical Assistance in Dying – Clinical Policy](#)

APPENDIX

[BC Ministry of Health's Medical Assistance in Dying: Access and Care Coordination Policy, July 2018](#)