



Patient Label

### Medical Assistance in Dying DOCUMENTATION GUIDE (OPTIONAL)

#### PATIENT INFORMATION

Last Name	First Name	Second Name(s)
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Personal Health Number (PHN)	Birthdate (YYYY/MM/DD)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other-specify:
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Medical Diagnosis Relevant to Request for Assisted Death

#### PRACTITIONER CONDUCTING INTERVIEW

Last Name	First Name	Second Name
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License #	Phone Number
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Mailing Address	City	Postal Code
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Location of Interview  
 Home     Facility – Site: \_\_\_\_\_    Unit: \_\_\_\_\_     Other – specify: \_\_\_\_\_

#### History of and consistency of wishes for MAiD in context of available supports

- How long ago did you start thinking about receiving Medical Assistance in Dying (MAiD)?  
 less than 2 weeks     2 weeks-2 months     2 months-1 year     greater than 1 year  
 Comment: \_\_\_\_\_

<ul style="list-style-type: none"> <li>Have you told anyone else about your wishes in regard to MAiD?            ° How supportive has your family been?  <input type="checkbox"/> not supportive    <input type="checkbox"/> somewhat supportive    <input type="checkbox"/> mostly supportive    <input type="checkbox"/> very supportive    <input type="checkbox"/> n/a            ° How supportive has your family practitioner been?  <input type="checkbox"/> not supportive    <input type="checkbox"/> somewhat supportive    <input type="checkbox"/> mostly supportive    <input type="checkbox"/> very supportive    <input type="checkbox"/> n/a            ° Has anyone tried to influence or pressure you about MAiD?            Comment: _____</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<ul style="list-style-type: none"> <li>Have you been referred to the Palliative Care Team?            ° If no, would you like a referral to the Palliative Care Team?</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2 | Medical Assistance in Dying Documentation Guide

Patient's Last Name: \_\_\_\_\_ Patient's First Name: \_\_\_\_\_ HCN: \_\_\_\_\_

<ul style="list-style-type: none"> <li>° If yes, how often do you have contact with the team or team member?             <ul style="list-style-type: none"> <li><input type="checkbox"/> weekly   <input type="checkbox"/> monthly   <input type="checkbox"/> other-specify:</li> </ul> </li> <li>° Would you like more help from PC?</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> <li>• Have you discussed your wish for MAiD with the Palliative Care Team?             <ul style="list-style-type: none"> <li>° How supportive has PC been with your wish for MAiD?                 <ul style="list-style-type: none"> <li><input type="checkbox"/> not supportive   <input type="checkbox"/> somewhat supportive   <input type="checkbox"/> mostly supportive   <input type="checkbox"/> very supportive   <input type="checkbox"/> n/a</li> </ul> </li> </ul> </li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> <li>° Further comments about palliative care?</li> </ul>		
<ul style="list-style-type: none"> <li>• Are you actively involved with a church or other religious group?             <ul style="list-style-type: none"> <li>° If so, have you discussed this with your clergy?                 <ul style="list-style-type: none"> <li>° How supportive has your clergy been?                     <ul style="list-style-type: none"> <li><input type="checkbox"/> not supportive   <input type="checkbox"/> somewhat supportive   <input type="checkbox"/> mostly supportive   <input type="checkbox"/> very supportive   <input type="checkbox"/> n/a</li> </ul> </li> </ul> </li> <li>° Would you like me/us to help you access more spiritual care?</li> </ul> </li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> Yes  <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No  <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>• What other supports might help you?</li> </ul> <p style="margin-top: 20px;">Tell me a bit about any diagnosis that led you to consider MAiD?</p>		

Patient's Last Name: \_\_\_\_\_ Patient's First Name: \_\_\_\_\_ HCN: \_\_\_\_\_

**Patient understanding of main diagnosis underlying MAiD request and review of mental health issues**

<p>If not volunteered, do you have:</p> <ul style="list-style-type: none"> <li>• Cancer (add detail)?               <ul style="list-style-type: none"> <li>◦ What treatments have been offered or received?</li> </ul> </li>   <li>• Neurological condition (add detail)?               <ul style="list-style-type: none"> <li>◦ What treatments have been offered or received?</li> </ul> </li>   <li>• Other medical condition (add detail)?               <ul style="list-style-type: none"> <li>◦ What treatments have been offered or received?</li> </ul> </li> </ul>	<p><input type="checkbox"/> Yes</p>   <p><input type="checkbox"/> Yes</p>   <p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p>   <p><input type="checkbox"/> No</p>   <p><input type="checkbox"/> No</p>
<ul style="list-style-type: none"> <li>• Depression?           <ul style="list-style-type: none"> <li>◦ Have you been feeling sad day in, day out?</li> <li>◦ Do you feel guilty about things you did in the past?</li> <li>◦ Are there any things you still enjoy? (add detail)               <ul style="list-style-type: none"> <li>◦ Have you had trouble with depression before?</li> <li>◦ What kind of treatment did you get for this?</li> </ul> </li> </ul> </li>   <li>◦ Would you like help with the depression?</li> </ul>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p>     <p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p>     <p><input type="checkbox"/> No</p>
<ul style="list-style-type: none"> <li>• Anxiety?           <ul style="list-style-type: none"> <li>◦ Have you been worrying a lot?</li> <li>◦ Do you ever have panic attacks?</li> <li>◦ Are there any things that make you feel less anxious (ask detail)?</li> <li>◦ Have you had trouble with anxiety before?               <ul style="list-style-type: none"> <li>◦ What kind of treatment did you get for this?</li> </ul> </li> </ul> </li>   <li>◦ Would you like help with anxiety?</li> <li>◦ Additional mental health problems? (such as psychosis, substance use, etc.)            Details:</li>   <li>• Other comments about medical or mental health diagnoses:</li> </ul>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p>     <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p>     <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p>

Patient's Last Name: \_\_\_\_\_ Patient's First Name: \_\_\_\_\_ HCN: \_\_\_\_\_

**Reasons for choosing Medical Assistance in Dying**

Tell me a bit about your health problems that led you to consider MAiD

(If not volunteered, ask the following and try to establish adverse impact on the patient, as below)

<b>Problem</b>	<b>Severity (0-none, 1-mild, 2-mod, 3-severe)</b>	<b>Comments</b>
pain		
nausea		
difficulty breathing		
choking/food or saliva going down the wrong way		
difficulty eating		
difficulty speaking		
bleeding		
loss of bowel/bladder control		
lack of dignity		
feelings of being a burden to others		
losing control over the dying process		
witnessed bad death		
Other (write in detail)		

Is there anything else that might help you cope with these problems better (add detail)?  Yes  No

**Knowledge about Medical Assistance in Dying**

- Tell me/us what you already know about MAiD (rate understanding/knowledge)
  - none/minimal knowledge  some knowledge  excellent knowledge  couldn't assess
- What else do you want to know about MAiD? (interviewer comment on questions):

Patient's Last Name: \_\_\_\_\_ Patient's First Name: \_\_\_\_\_ HCN: \_\_\_\_\_

- Does your family or anyone else close to you want more information?  
Is it okay for me/us to talk with them?  Yes  No  
 Yes  No
- Under Bill C-14 an individual needs to meet the following criteria to be considered eligible for Medical Assistance in Dying:
  - They are eligible for health services funded by a government in Canada;
  - They are at least 18 years of age and capable of making decisions with respect to their health;
  - They have a grievous and irremediable medical condition, meaning;
  - They have a serious and incurable illness, disease, or disability; AND
  - They are in an advanced state of irreversible decline in capacity; AND
  - 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
  - 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.
  - They have made a voluntary request for medical assistance in dying that, in particular, was not made as a result of external pressure; AND
  - They give informed consent to receive Medical Assistance in Dying after being informed of the means that are available to relieve their suffering, including palliative care.
- The individual must submit the request for MAiD in writing. The request should be signed and dated in the presence of two independent witnesses.
- Two practitioners must agree that the patient has met the above criteria before MAiD can occur. The requirements of informed consent must be present and documented by both practitioners.
- Anyone who requests Medical Assistance in Dying may change their mind at any time prior to the provision of Medical Assistance in Dying. We will support your decision either way, at any time you want to change your mind.
- If you lose competency by the time Medical Assistance in Dying is to be provided, the Medical Assistance in Dying cannot proceed.

#### Quality assurance, family/friend involvement, privacy, unanticipated costs and insurance issues

- The Health Information Protection Act states that health information will only be collected, used, and disclosed in accordance with that act. All personal information related to your MAiD process will be secured in health records, unless you specifically request otherwise.
- Your de-identified information will be reviewed periodically as part of a quality assurance process for MAiD, to ensure that we are doing our best. No personal information which might identify you or your family will be released.
- We would encourage you to involve your family or other people close to you in your MAiD considerations as much as possible. However, we will not disclose any information without your consent.
- MAiD may be written on your death certificate. Is this a concern for you?  Yes  No
- MAiD may affect some insurance policies. Have you discussed this with your insurance provider?  Yes  No
- If MAiD cannot be provided in your current location, there may be a cost involved in transportation.

#### Practical details about MAiD

- MAiD is provided using intravenous medications. You can choose the date and time and location to have MAiD. We will make all reasonable efforts to ensure your request is met. However, due to practical realities we may not always be able to meet this expectation fully.
- Would you like a copy of the Patient Request Form?  Yes  No

Patient's Last Name: \_\_\_\_\_ Patient's First Name: \_\_\_\_\_ HCN: \_\_\_\_\_

- Are there other questions you would like to ask about the practical issues regarding MAiD?  Yes  No
- Specific questions:

Additional Comments:

<b>Patient Confirmation:</b> By signing below, I confirm that:					
<b>Initial</b>	The above information was discussed with me and I have had an opportunity to ask questions and request additional information about MAiD.				
<b>Initial</b>	I have received answers to any questions and responses to any requests.				
<b>Signature of Patient</b>		<b>Print Name</b>	<b>Date Signed</b>		
<b>Practitioner Confirmation:</b> By initialing and signing below, I confirm that:					
<b>Initial</b>	The above information was discussed with the patient and the patient was given an opportunity to ask questions and request additional information about MAiD.				
<b>Initial</b>	I have provided answers to the patient's questions to the best of my knowledge and ability				
<b>Initial</b>	The patient has information about (and if appropriate a referral to) other services that may be of benefit to the patient, including a referral to palliative care, pain specialist, or psychiatry; or non-physician services such as physiotherapy, occupational therapy, counselling, etc.				
<b>Initial</b>	The patient has been provided with access to further information as appropriate.				
<b>Signature of Practitioner</b>		<b>Print Name</b>	<b>License #</b>	<b>Date Signed</b>	<b>Time Signed</b>