

United Mennonite Home

Nursing Policy & Procedure Manual

Topic: 14.00 Palliative

Date: March 12, 2017

Subject: 14.08 Request for Medical Assistance in Dying (MAID)

Policy: 14.08 Request for Medical Assistance in Dying (MAID)

SCOPE

This policy applies to addressing Resident inquiries or requests for Medical Assistance in Dying (MAID) (see definition) at United Mennonite Home. This policy does not apply to situations other than MAID and is separate and distinct from withholding or withdrawing treatment, palliative care (see definition) and palliative sedation.

POLICY

The Home recognizes the provision of MAID to a Resident who meets the eligibility criteria (see definition) as a legal option within a publicly funded organization participating in MAID.

The Home acknowledges the right of individual healthcare practitioners to conscientiously object (see definition) to participating in the provision of MAID in accordance with any requirements outlined in law, professional regulatory standards, and the Home's requirements.

In keeping with United Mennonite Home's statement on the Sanctity of Life, (General Policy and Procedure 1.1.4) no act of euthanasia or assisted suicide is permitted at the United Mennonite Home, even if such as act is legal according to Canadian or Ontario Law.

DEFINITIONS

Canadian Medical Protective Association (CMPA): A mutual defense organizations for physicians who practice in Canada. Its mission is to protect member's integrity by providing services including legal defense, indemnification, risk management,

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educational programs and general advice.

Capacity: A person is capable of making a particular decision if the individual is both 1) able to understand the information that is relevant to making that decision [the cognitive element] and 2) able to appreciate the reasonably foreseeable consequences of the decision or lack of decision [the ability to exercise reasonable insight and judgement].

Conscientious Objection: When an individual healthcare practitioner (medical practitioner, nurse practitioner, pharmacist or other individual supporting a Resident who wishes to have MAID) due to an individual practitioner may or may not be willing to provide will likely vary in scope. For example, individual healthcare practitioners may be comfortable supporting a range of activities such as not willing to prescribe or administer, while other individual healthcare practitioners may wish to limit their involvement in MAID to the full extent permitted by their professional regulatory colleges or the home with which they are affiliated (including as employees).

Consent: to provide informed consent to MAID, the following four requirements must be met:

- 1) the individual consenting must be capable (see definition for capacity)
- 2) the decision must be informed (i.e., risks, benefits, side effects, alternatives, and consequences of not having treatment provided)
- 3) made voluntarily (i.e., not obtained through misrepresentation or fraud)
- 4) be treatment specific (i.e., information provided relates to treatment being proposed).

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NOTE: Neither substitute decision maker consent nor advance consent for MAID is permitted.

Eligibility Criteria:

- *Adult:* Resident, as required by the amendments to the Criminal Code made with the coming into force of Bill C – 14, is eighteen years or older.
- *Grievous & Irremediable medical condition (including an illness, disease or disability) that meets all of the following requirements:*
 - a) a serious and incurable illness, disease or disability; and
 - b) in an advanced state of irreversible decline in capability; and
 - c) 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
 - d) their natural death has become reasonably foreseeable, taking into account all of their medical circumstances, without prognosis necessarily having been made as to the specific length of time that they have remaining.
- *Intolerable suffering:* subjective criteria that is assessed from the individual's perspective (CPSO Interim Guidance on PAD; Carter vs. Canada (Attorney General). "The medical or physical and/or psychological suffering that is intolerable to the Resident. This may be or through a dialogue with the Resident about their personal experience managing their condition" (CPSO Interim Guidance on PAD)

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- *Clearly consents to termination of life:* The medical or nurse practitioner must be satisfied, on reasonable grounds, that the Resident's decision to undergo MAID has been made freely, without coercion or undue influence from family members, healthcare providers or others. The Resident must have a clear intention to end his/her own life after due consideration. The Resident must have requested MAID him/herself, thoughtfully and in a free and informed manner (see CPSO Interim Guidance on PAD and other documents as updated).

Independent (Eligibility Assessment): Per proposed Bill C – 14, an objective assessment provided by a medical or nurse practitioner who is not in any of the following relationships with the other medical or nurse practitioner assessing the Resident making the request:

- *Financial relationship:*
 - *Beneficiary:* (do not 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, other than standard compensation for their services relation to the request; or
 - *Business:* in a business relationship with the other practitioner, e.g. part of a partnership or practice model in which profits and losses are shared; or
- *Professional relationship:* a mentor to them or responsible for supervising their work; or

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- Personal relationship: connected in any way that would affect objectivity.

Medical Assistance in Dying (MAID): Per Bill C-14, the administering by a medical or nurse practitioner of a substance to a resident, at their request, that causes their death; or the prescribing or providing by a medical or nurse practitioner of a substance to a resident, at their request, so that they may self-administer the substance and in doing so cause their own death.

The intent for the treatment to result in the resident's death is unique in MAID. This intent to result in the resident's death distinguishes it from other options such as palliative care, palliative sedation, withholding or withdrawing treatment, or refusing treatment because death is not intended but may incidentally occur due to the resident's underlying condition.

Most Responsible Physician/Nurse or Medical Practitioner (MRP): The medical or nurse practitioner who is considered the resident's attending health practitioner (in most cases in long term care, this will be the attending physician) is accountable for the medical management of that resident and this plays a key role throughout the decision-making process and provision of care. The MRP may or may not be the medical or nurse practitioner that facilitates MAID for an eligible resident but may be an initial point of contact to receive an inquiry or request for MAID.

Resident: Refers to any individual that has been admitted to and living in a long-term care home.

Palliative Care: aims to provide comfort and dignity for the resident living with the illness, as well as the best quality of life for the resident and family. An important objective of palliative care is relief of pain and other symptoms.

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Palliative care meets not only physical needs, but also psychological, social, cultural, emotional, and spiritual needs of each resident and family. Palliative care may be the main focus of care when a cure for the illness is no longer possible. (Definition adapted from the Canadian Hospice Palliative Care Association, 2016).

PROCEDURE

1. Identify resident MAID access pathways

Identify which of the different pathways through which a resident may access MAID are applicable to the practice setting i.e., a long-term care resident requesting provision within the Home; confirm drug availability in relevant pharmacy.

2. Process for notifying appropriate persons to initiate an exploratory discussion in response to a resident inquiry or request for MAID.

Discussion of MAID is initiated when resident makes an inquiry or request for MAID to any member of their inter-professional healthcare team.

a) **Identify an appropriate persons to facilitate exploratory discussion.** For example, if the request is made to someone other than the Most Responsible Physician/Practitioner (MRP) (See definition), the healthcare practitioner receiving the inquiry or request should communicate to the resident that their MRP will be notified to have a follow up discussion with the resident. If the MRP is not the individual having the follow-up discussion, the MRP should be informed that the resident has made an inquiry or request.

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b) If the identified person (eg. MRP) conscientiously objects to having an exploratory discussion with the resident (of available options, potentially including MAID), the MRP must refer the resident to an appropriate physician or agency (in accordance with CPSO Interim Guidance on PAD policy)

c) **Preliminary considerations:**

- i) Explore a resident's motivation for inquiring/requesting MAID
- ii) Have all other alternatives for care (that are acceptable to the resident) been explored?
- iii) Has the resident been informed of alternatives for care and likely associated outcomes?
- iv) How urgent is the resident's condition? For example, is the resident's death or loss of capacity imminent?
- v) Have the perspectives of all appropriate individuals (with the resident's consent) been involved?
- vi) If appropriate, make a referral to palliative care or other specialists to explore options for symptom management.
- vii) Has input from ethics, legal, and/or spiritual care been considered?

3. **Responding to a resident inquiry or request for MAID.** The MRP communicates with the resident to clarify if the discussion with the resident constitutes an inquiry for additional information or a request for MAID. If the discussion is merely a request for information, not all steps outlined in 3(a) below may be required.

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If the discussion reveals that the resident is making a request for MAID, the medical or nurse practitioner doing the assessment should explore the following areas with the resident:

- a. Assess the resident to see if eligibility criteria are met.
 - i. Confirm resident' age and residency status, i.e., 18 years or older and eligibility for the Ontario Health Insurance Program.
 - ii. Confirm resident's capacity
 - iii. Does the resident have a grievous and irremediable medical condition (including an illness, disease or disability; see definition under eligibility criteria)? Confirm that all of the following grievous and irremediable medical condition requirements are met;
 - Condition is serious and incurable; and
 - Resident is in an advanced state of irreversible decline in capacity; and
 - Condition or state or decline causes enduring physical or psychological suffering that is intolerable and cannot be relieved under conditions acceptable to the resident; and
 - Natural death has become reasonably foreseeable, taking into account all medical circumstances.

if not, other options should be explored

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iv. Is the resident experiencing intolerable suffering (see definition under eligibility criteria)?

If not, other options should be explored.

v. Has the resident's request for MAID been made freely, without coercion or undue influence from family members, healthcare providers or others? (see definition for clearly consent to termination of life).

If not, other options should be explored.

- b. Confirm that resident request meets Bill C-14 documentation requirements, e.g. written request and independent witnesses, etc.
- c. Determine and communicate to resident if medical or nurse practitioner assesses that the individual is eligible or ineligible for MAID
- i. If resident is deemed eligible for MAID, inform them of MAID process involved, and that United Mennonite Home will not assist in advancing the death process but will offer support through palliative care and referral to external agencies/organizations if the resident wishes to proceed.
 - ii. If resident is deemed ineligible for MAID, inform them of alternative options and option to consult another medical or nurse practitioner to reassess eligibility. The medical or nurse practitioner should

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reasonably assist in identifying another medical or nurse practitioner to do the assessment.

4. Clarifying resident eligibility determination

- a. If resident meets the eligibility criteria (outlined in 3a above), the medical or nurse practitioner may refer to an independent (see definition) medical or nurse practitioner not previously involved in the care of the resident for a second assessment of the resident's eligibility. If it is unclear if medical practitioner meets the independence requirement, medical practitioners should consult the Canadian Medical Protective Association (see definition). Nurse practitioners may consult the Home's Director of Care (or other applicable role).
- b. Independent medical or nurse practitioner assesses the resident's eligibility (criteria outlined in 3a above)
- c. If resident deemed eligible, explore available options for medical or nurse practitioner administration versus resident self-administration.
- d. If resident does not meet the eligibility criteria, the MRP or delegate provides the resident an explanation regarding their ineligibility.
 - i. Resident is informed that they may consult another medical or nurse practitioner for an eligibility assessment. The MRP, medical or nurse practitioner should reasonably assist in identifying another

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MRP/medical or nurse practitioner to do the assessment.

- ii. MRP repeats discussion of alternatives for care.

Approval Signature: _____ Date of Origin: _____

Review Date

DATE					
INITIALS					

