

HLTH 1632 – *REQUEST FOR MAiD*

Instructions for Completion

Medical Assistance in Dying

Ministry of Health

Issued: January 1, 2023

Who may use the *Request for MAiD*?

A person who believes that they may meet the eligibility criteria (listed below) may use the *Request for MAiD* to request medical assistance in dying in British Columbia. This form fulfills the requirement in the federal legislation that a person must submit a signed and dated written request for medical assistance in dying. Completing this form is a key step in a multi-step process towards being assessed for and receiving MAiD. At any point during the process a person can withdraw their *Request for MAiD*, including right before the provision of MAiD.

What are the eligibility criteria for medical assistance in dying?

To be eligible to receive medical assistance in dying, a person must meet **all** of the following criteria:

- Be eligible for health services publicly funded by a government in Canada, such as British Columbia's Medical Services Plan, or would be eligible but for any minimum period of residence or waiting period.

NOTE: Generally, to be eligible for B.C.'s Medical Services Plan (MSP) a person must:

1. Be a citizen of Canada or lawfully admitted to Canada for permanent residence
2. Make their home in B.C.
3. Be physically present in B.C. at least six months in a calendar year

For the purposes of MAiD eligibility, the requirement of a minimum *period* of residency (criteria 3) is waived* but the general requirement for residency (criteria 2) is not. Other provinces and territories also have similar requirements. If you reside outside of Canada but believe you may be eligible for publicly funded health services, please contact the agency responsible for determining eligibility.

*While the minimum period of residency is not required in order to be eligible for MAiD, it is still generally required to qualify for MSP coverage. To see if you qualify for coverage, please contact MSP at (604) 683-7161 if in the lower mainland, or 1(800) 663-7100 (toll-free) if you are elsewhere in B.C. *If you do not have coverage through MSP on another publicly funded health plan, you may need to cover the cost of services yourself.*

- Be at least 18 years of age and capable of making decisions about their health
- Have a grievous and irremediable medical condition, which means:
 - they have a serious and incurable illness, disease or disability
 - they are in an advanced state of irreversible decline

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- 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
- **NOTE:** Under current legislation, mental disorder is not considered 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 (for example, from caregivers, family or friends); and
- 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.

Who will assess whether I am eligible for medical assistance in dying?

A person's eligibility for medical assistance in dying must be assessed by a minimum of two medical practitioners (doctors or nurse practitioners) who will consider all of the person's medical circumstances in their assessment.

Where should I submit my completed *Request for MAiD*?

A person can submit their completed *Request for MAiD* to their doctor or nurse practitioner, or they can contact their health authority's "care coordination service" for assistance in locating a practitioner who is able to assess their eligibility for medical assistance in dying. Contact information is provided at the bottom of page 3¹ of the form. Please do not send your request to the Oversight Unit at the Ministry of Health.

Note: If possible, please use a black or dark blue ink pen to complete the form.

1. REQUESTOR INFORMATION

In this section, the requestor will record the following information about themselves, their medical condition, the location where their request was made, and their doctor or nurse practitioner:

- **last name**
- **first name**
- **second name(s)** – your middle name or names
- **personal health number** – this is located on your BC CareCard or BC Services Card
- **birthdate** - use the format "YYYY / MM / DD", for example: "1940 / 12 / 07"
- **sex at birth** - indicate by checkmark whether you were born male, female, or intersex
- **preferred gender** – indicate by checkmark whether you identify as "male", "female" or "x" (can specify)
- **home or residence address** - including your city and postal code
- **phone number** – this is the preferred phone number for contact by health professionals

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- **medical diagnosis relevant to the request for medical assistance in dying** – this refers to the medical condition or conditions that make your suffering intolerable and your natural death reasonably foreseeable. *This information is not mandatory but may assist in responding to your request.*
- **primary health care provider** – name, city and phone number of your doctor or nurse practitioner. Tick N/A if you do not have a primary health care provider.
- **contact person for health care providers**– indicate either yourself and/or a designated person who will be the point of contact for health professionals to discuss your request. Should you choose a designated person to be your contact, please complete the preferred contact information on page 1¹
- **organ donation** – you may be eligible to be an organ/tissue donor. In order to be a donor, you must be approved for MAiD, meet all donor eligibility criteria, and be willing to have your MAiD provision in hospital. For more information, visit transplant.bc.ca/maid

2. ADDITIONAL INFORMATION

In this section the requestor will record additional personal information that is now required by Health Canada to better understand inequality or disadvantage in relation to MAiD. If you do not wish to disclose any or all information in this section, you may indicate that you do not consent to provide this information. Doing so will not affect your eligibility for MAiD.

- Do you identify as First Nations, Metis, and/or Inuk/Inuit? - If yes, please select all that apply
- With which racial, ethnic, or cultural group do you identify? - please select all that apply
- In your opinion, do you have a disability? - if yes, indicate what type of disability that you have, how long you have had this disability, and how often your disability limits daily activity. If you have multiple disabilities, choose the one you've had the longest and the one that limits your daily activity the most
- What is your usual place of residence- indicate where you typically live and if you live in a private residence, indicate who you live with.
 - E.g. you may have been living at a friend's house for the past month but you typically live in your own home.

3. PROFESSIONAL INTERPRETER (PROVINCIAL LANGUAGE SERVICE OR OTHER) IF USED

If a professional interpreter was used during the assessment, the name, ID number, and date of service must be recorded in the provided space (if the interpreter does not wish to give their full name, their first name and ID number are considered sufficient). The Provincial Language Service is the interpreting and translation service that is recommended, as it is commonly used by BC Health authorities and private physicians.

4. MY REQUEST

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The intent of this section is to ensure that the Request for MAiD is voluntary (not influenced by caregivers, family, or friends) and that the requestor has carefully considered the expected outcome of their request for medical assistance in dying.

This section has seven separate statements for the requestor to review and initial in the space provided to the left of each statement. The requestor's initials beside each statement indicate their confirmation that they meet the eligibility criteria for medical assistance in dying (for example, the requestor has been informed by a medical practitioner that their medical condition is serious and that they have an incurable illness, disease, or disability).

5. SIGNATURE FOR WRITTEN REQUEST

The requestor will sign and date their request for medical assistance in dying at the bottom of page 1 **before one independent witness** who is to be identified on page 2¹ of the form. The requestor, witness, and proxy must use a 'wet signature' (ie, handwritten signature) and cannot be completed electronically. The witness must be in the physical or virtual presence of the requestor and must also sign and date their wet signature at the time of witnessing. **If the requestor is unable to sign, please see the proxy section below**

Note: The independent witness must also sign and date the request on page 2¹ of the form, **in the physical or virtual presence of the requestor**. The signing and witnessing may take place over **video conference**, with the witness sending their page of the form to the requestor or both the requestor and witness sending their respective pages of the form to the care coordination service

PROXY SIGNATURE (IF APPLICABLE) (must be signed in front of the requestor and one independent witness)

If the requestor is physically unable to sign and date their request, space is provided for a "proxy" (another person) to sign and date the request on the requestor's behalf and under the requestor's express direction. A proxy may *only* be used if the patient remains capable of providing informed consent.

When a proxy signs the form on behalf of the requestor, the proxy must also record their name, relationship to the requestor (for example, "friend"), phone number and address. The proxy must be physically in the presence of the requestor when signing on behalf of the patient.

Who can be a "proxy" to sign and date the *Request for MAiD* on behalf of the requestor and under their express direction?

- The proxy **cannot** be the independent witness listed on page 2¹ of the request form. This is because the proxy cannot be a witness to their own signature
- The proxy must be at least 18 years of age
- The proxy must understand the nature of the request for medical assistance in dying

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- The proxy must not know or believe that they are a beneficiary in the requestor’s will, or a recipient of financial or other material benefit in any way resulting from the requestor’s death (for example, family members or “in-laws”)
- The proxy must sign the form in the **physical presence** of the requestor and the independent witness
- The proxy must initial each statement with **their own** initials and sign on behalf of the requestor

Note: If the requestor has questions or concerns about who can be a proxy to sign their *Request for MAiD*, they can contact their health authority’s “care coordination service” for medical assistance in dying (contact information for each care coordination service is located at the bottom of page 2¹ of the *Request for MAiD*).

6. CONFIRMATION OF INDEPENDENT WITNESS

The independent witness will initial five separate statements at the top of page 2¹, to confirm their eligibility to be an independent witness and their witnessing of the requestor’s signature on page 1 of the *Request for MAiD*.

Who can be an “independent witness” to the *Request for MAiD*?

An “independent witness” can be any person who is at least 18 years of age and who understands the nature of the request, except if they:

- know or believe that they are a beneficiary under the will of the person making the request (for example, family members or in-laws), or would receive a financial or other material benefit resulting from that person’s death in any way
- are an owner or operator of the health care facility at which the requestor is being treated or where the requester resides
- are directly involved in providing health care services to the requestor*
- are directly provide personal care to the requestor*

Note: A person who provides health care services or personal care as their primary occupation and who is paid to provide that care to the requestor is permitted to act as an independent witness, so long as they are not involved in the assessment or provision of MAiD to the requestor.

Medical Practitioners: please refer to your organization’s policy as they may have their own policy regarding whether staff can act as an independent witness for the purposes of MAiD documentation.

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If there are challenges in identifying an independent witness, the requestor or practitioner can contact the health authority’s “care coordination service” for medical assistance in dying (for contact information for each care coordination service is located at the bottom of page 2¹ of the *Request for MAiD*).

7. SIGNATURE OF INDEPENDENT WITNESS

The independent witness will sign and date the *Request for MAiD* on page 2¹, **in the presence of the requestor**. The witness will also record their phone number, address, and relationship to the requestor (for example “friend”).

This section completes the Request for MAiD

Note: The completed the *Request for MAiD* will be retained by the doctor or nurse practitioner who assesses the requestor’s eligibility and who provides medical assistance in dying, if the requestor is found to be eligible and wishes to proceed with their request.

¹Corresponds to page 2 of the large print version of the *Request for MAiD*