

HLTH 1633 – ASSESSMENT RECORD (ASSESSOR)

Instructions for Completion

Medical Assistance in Dying

Ministry of Health

Updated: January 1, 2023

What is the purpose of the *Assessment Record (Assessor)* form?

The federal legislation for medical assistance in dying (MAiD) requires that two independent health care practitioners (i.e., medical practitioners or nurse practitioners) each provide a written opinion confirming that a requesting person (i.e., the patient) meets all the eligibility criteria set out in the legislation.

The *Assessment Record (Assessor)* form (HLTH 1633) is to be used by the practitioner who is assessing eligibility criteria in relation to the patient's request for medical assistance in dying, but will not be prescribing the medication or administering it. This practitioner is referred to as the "Assessor". The Assessor will use this form to record their assessment of patient eligibility. The Assessor's completion of this provincial form fulfills both their federal and provincial reporting obligations under the federal *Regulations for Monitoring of Medical Assistance in Dying* and the provincial standards of the regulatory colleges for medical practitioners and nurse practitioners.

The Assessor must **always use the most recent version** of the *Assessment Record (Assessor)* form (HLTH 1633) each time that they complete an eligibility assessment. The 1633 form is located on the Ministry of Health webpage for forms related to medical assistance in dying at:

<https://www2.gov.bc.ca/gov/content/health/accessing-health-care/home-community-care/care-options-and-cost/end-of-life-care/medical-assistance-in-dying/forms>

You may also contact the MAiD Care Coordination Service within your health authority for access to forms.

The related *Assessment Record (Prescriber)* form (HLTH 1634) is to be used by the medical practitioner or nurse practitioner who is prepared to prescribe the medication and administer medical assistance in dying. (Please complete the form using black ink.)

How is the *Assessment Record (Assessor)* form laid out?

The seven-page *Assessment Record (Assessor)* form has sections for the Assessor to record their assessment and conclusion regarding a patient's eligibility for medical assistance in dying, in relation to a patient's written request (i.e. *Request For Medical Assistance in Dying (MAiD)* – HLTH 1632) or verbal request for MAiD.

Please note that it is now a requirement that the Assessor receives the HLTH 1632 *Request for MAiD* form prior to making a conclusion regarding the patient's eligibility. The HLTH 1632 form includes information that is the responsibility of the Assessor to report, and must be submitted together with the HLTH 1633 form if planning is discontinued.

Where and when should I submit my completed *Assessment Record (Assessor)* form?

For service planning purposes, the Assessor must fax or email, in accordance with the Personal Information Protection Act (PIPA), their *Assessment Record (Prescriber)* form, to the health authority MAiD Care Coordination Service (if required per health authority policy).

Contact information for each health authority is provided at the bottom of page seven of the form.

For reporting purposes:

When MAiD has been provided – The Assessor will fax the completed 1633 to the practitioner who will provide MAiD (i.e., Prescriber) and/or the MAiD Care Coordination Service of the corresponding health authority. The Prescriber will submit a copy of the obtained 1633 Assessment Record, along with their provision documentation package, to the MAiD Oversight Unit at the Ministry of Health after the completion of the provision.

When planning is discontinued - The Assessor **must report** their completed *Assessment Record (Assessor)* (HLTH 1633) form, as well as the *Request for MAiD* (HLTH 1632) and Consultants Assessment of Patient’s Informed Consent Decision Capability (HLTH 1635) if applicable, to the Ministry of Health **within 30 days** of becoming aware of any of the following reportable events.

1. The patient is assessed as ineligible for medical assistance in dying.
2. The patient is now ineligible after previously being assessed as eligible (e.g. patient capability deteriorated).
3. The patient has withdrawn their request.
4. The patient has died from another cause.

Where to submit documents

The HLTH 1633 and HLTH 1632 forms (and HLTH 1635, if applicable) can be submitted to the Ministry of Health by any of the following methods:

1. **Fax** at 1-778-698-4678
2. **Email** (in accordance with PIPA)
3. **Upload** through the secure [MAiD Reporting Portal](#) (a link to the portal can also be found on the Ministry website page: Medical Assistance in Dying - Information for Health-Care Providers)

Reporting Caveats (reporting is not required in the following scenarios):

- i. If the patient does not meet the eligibility criteria, the assessing practitioner should inform the Prescribing practitioner (if applicable) and inform the patient of their conclusion and that the patient may seek another assessment.
- ii. Reporting is not required if the Assessor becomes aware of the reportable information “after the 90th day after the day on which the practitioner received the request” (under the federal Regulations). For example, if the Prescriber

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receives the patient's *Request for MAiD* (HLTH 1632) on January 1st and becomes aware May 15th that the patient has died from another cause, the Prescriber is not required to report as this exceeds 90 days from the date the request was received.

- iii. The Assessor is not required to submit reporting to the Ministry of Health for an assessment of patient eligibility *unless the patient later becomes ineligible for this service*.

The Assessor is not required to submit reporting on a death resulting from medical assistance in dying, which is the responsibility of the Prescriber to report to the BC Ministry of Health (i.e. the Prescriber will submit all required provincial forms including a copy of the Assessor's assessment (HLTH 1633)) Is electronic format acceptable for forms retention?

Assessors are to retain a copy of all completed provincial forms for medical assistance in dying in the patient's health record and must comply with any request for information or provision of medical records sought by the BC Ministry of Health for the purpose of oversight or monitoring of medical assistance in dying. Electronic retention of the forms in "pdf" format meets the requirement for provincial oversight and monitoring of medical assistance in dying. Retention of these records by a health authority MAiD Care Coordination Service is *not* sufficient.

1. PATIENT INFORMATION

The Assessor will record information pertaining to the patient (i.e., name, personal health number, birthdate, sex at birth, preferred gender, province, postal code). If the patient does not have a BC personal health number (PHN), the Assessor will select the N/A (not applicable) checkbox. If the patient has health insurance from another province or territory, the Assessor will record it and indicate the province or territory that issued the health insurance number and the associated postal code.

2. PRACTITIONER CONDUCTING ASSESSMENT

The Assessor will record information pertaining to themselves (i.e., name, CPSID# or BCCNM #, phone, fax, work email addresses, work mailing address and area of specialty).

Note: We do not recommend providing your personal phone number or address when providing contact information. Clinic contact information is preferred if available.

3. REQUEST FOR MAID (Verbal or Written)

If a patient makes a verbal or written request for Medical Assistance in Dying the Assessor must record information pertaining to the patient's request for MAiD:

- the date the patient made the request .
- Who notified the Assessor of the request;
- whether the patient and Assessor had a therapeutic relationship prior to the Assessor being

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notified of the request for MAiD. (*A prior therapeutic relationship does not affect the Assessor's ability to assess patient for MAiD*)

- province or territory where the request was received; and
- whether patient made a previous request for MAiD

Note: Receipt of a completed *Request for MAiD* (HLTH 1632) is not required for an Assessor to undertake an eligibility assessment of a patient (a verbal request is sufficient); however, a completed *Request for MAiD* (HLTH 1632) must be obtained prior to the Assessor concluding eligibility. Retaining a copy of the completed *Request for MAiD* (HLTH1632) is recommended for documentation purposes.

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

Should the patient require an interpreter, The Provincial Language Service can be accessed 24 hours a day, seven days a week at 1-877-BC Talks (228-2557) select option 1. The Assessor will record the interpreter's name, identification number and the date of service (if the interpreter does not wish to provide their full name, their first name and identification number are considered sufficient). It is advisable for the Assessor to inform the Provincial Language Service that the discussion is regarding medical assistance in dying prior to initiation of the interview with the patient.

5. ELIGIBILITY CRITERIA AND RELATED INFORMATION

The Assessor will record information pertaining to their assessment of the patient's eligibility for medical assistance in dying. The following provides clarity on requested information elements:

- **Assessment Date** – the date of the initial in-person or telemedicine assessment of eligibility, which is not necessarily the date the Assessor records their signature at the bottom of page 6.
- **Telemedicine Assessment** - Telemedicine assessments must meet the requirements set out in federal legislation as well as the standards and expectations that apply to in-person assessments. For MAiD assessments, telemedicine is assumed to include video of sufficient quality to ensure expected safeguards are followed. A telephone interview is **not** sufficient in most circumstances.
- **Location of Patient at Time of Assessment** – the location of the patient during the assessment. "Facility" refers to licensed community care settings and assisted living residences (if applicable also indicate the facility's unit)

I confirm that ALL the following safeguards are met:

The Assessor will indicate by checkmark their agreement that the following two statements pertaining to the federal and provincial safeguards for medical assistance in dying are met:

- The patient must be personally known to the Assessor or has provided proof of their identity and consent to their assessment.

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- The Assessor must also know or believe that they themselves are **not** a beneficiary under the will of the patient, and will not benefit from the patient’s death, other than the standard compensation for their services.

I have determined that the patient has been fully informed of:

The Assessor will indicate by checkmark their agreement with the following two statements pertaining federal safeguards for medical assistance in dying:

- the patient has been informed of their medical diagnosis and prognosis
- the patient has been informed of their right to withdraw their request at any time and in any manner.

I have determined that the patient meets the following criteria to be eligible for medical assistance in dying:

The Assessor will indicate by checkmark their determination of whether the patient meets each question regarding eligibility criteria in the federal legislation for medical assistance in dying.

Note: If the Assessor indicates a patient does not meet one or more of the eligibility criteria, and does not proceed with their assessment, the Assessor must also indicate by checkmark those eligibility criteria that they “Did Not Assess” (i.e. the Assessor must complete this entire section to meet their reporting obligation).

Clarity is provided on the following questions pertaining to patient eligibility:

- **“Is the patient eligible for health services funded by a government in Canada?”** Answer “Yes” if the patient would have been eligible but for an applicable minimum waiting period of residence of waiting period. To be [eligible for B.C.’s Medical Services Plan \(MSP\)](#), a person must generally:
 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 purpose 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 residency requirements.

- **“Is the patient capable of making this health care decision?”**
See also page five of the *Assessment Record (Assessor)* form for further considerations regarding the patient’s capability to provide informed consent for medical assistance in dying.
- **“Did the patient give informed consent to receive MAiD after having been informed of the means that were available to relieve their suffering, including palliative care?”**
The federal government has defined palliative care as an approach that improves the quality of life of patients and their families facing life threatening illnesses, through the prevention and relief of pain and other physical symptoms, and psychological and spiritual suffering. It may be provided in any setting, by specialists or by others who have been trained in the palliative approach to care

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- **“Does the patient have a serious and incurable illness, disease or disability?”**

Select all illnesses, diseases or disabilities that apply and indicate how long the patient has had the condition (if multiple, indicate the length of their oldest condition). Use the additional space provided at the bottom of the page to clarify any responses and to provide additional information relating to the patient’s diagnoses. Under current legislation, mental disorder is not considered grievous and irremediable and cannot be a sole underlying condition for MAiD eligibility.

Note: In cases of frailty, please include the patient’s Clinical Frailty Score, or another indicator of severity.

- **“Is the patient in an advanced state of irreversible decline?”**

The Assessor is asked to evaluate if the patient is in an advanced state of irreversible decline due to their medical condition.

- **“Does the patient’s illness, disease or disability, or their state of decline cause them enduring physical or psychological suffering that is intolerable to them and cannot be relieved under conditions that they consider acceptable? If yes, indicate how the patient described their suffering (select all that apply)”**

Note: The federal *Regulations* require practitioners to provide the patient’s description of their suffering. The list of options is intended to support practitioners in relaying the patient’s description of their suffering. It is not intended to validate or invalidate various forms of suffering in respect of eligibility for medical assistance in dying.

If you have indicated “No” or “Did Not Assess” on ANY of the eligibility criteria, the patient is INELIGIBLE for MAiD.

6. OTHER INFORMATION

Consideration of capability to provide informed consent

The Assessor will indicate by checkmark their determination of the patient’s capability to provide informed consent to receive medical assistance in dying:

I have **no reason** to believe the patient is incapable of providing informed consent to medical assistance in dying.

OR

I have **reason to be concerned** about the capability of the patient to provide informed consent.

Note: The Assessor will also indicate by separate checkmark if they referred the patient to another practitioner for a capability assessment, and the name of that practitioner. If either the Assessor or Prescriber has **reason to be concerned** about the patient’s capability, they **must** refer the patient to another practitioner (e.g. medical or nurse practitioner) with enhanced knowledge and skills in psychiatry or geriatric medicine for a capability assessment. Once the consulting

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practitioner’s determination of patient capability has been received (*Consultant’s Assessment of Patient’s Informed Consent Decision Capability* – HLTH 1635), the Assessor will indicate by checkmark whether they determine the patient to be capable or not capable of providing informed consent.

7. CONCLUSION REGARDING ELIGIBILITY AND PRACTITIONER SIGNATURE

The Assessor must receive and review a completed copy of the patient’s Request for MAiD (HLTH1632) prior to concluding eligibility. The Assessor will check **one of three** statements regarding their determination of the patient’s eligibility for medical assistance in dying, and record their signature, date, and time of signing.

To determine the patient **“Does meet ALL the criteria for medical assistance in dying and the patient’s natural death is reasonably foreseeable”**, the Assessor must:

- Have ticked **“Yes”** to all eight eligibility questions on pages 2-4 of the HLTH 1633 form.
- Have no reason to believe the patient is incapable of providing informed consent to medical assistance in dying.

OR

To determine the patient **“Does meet ALL the criteria for medical assistance in dying and the patient’s natural death is NOT reasonably foreseeable”**, the Assessor must:

- Have ticked **“Yes”** to all eight eligibility questions on pages 2-4 of the HLTH 1633 form.
- Have no reason to believe the patient is incapable of providing informed consent to medical assistance in dying.

If the patient is eligible for MAiD and the patient’s natural death is NOT reasonably foreseeable, the assessor must complete the additional safeguards and information in section 8 of the HLTH 1633 form.

8. ADDITIONAL SAFEGUARDS -Natural Death NOT Reasonably Foreseeable (Non-RFND)

For a patient whose natural death is not reasonably foreseeable, the assessor must indicate the date on which their initial assessment began, if it was earlier than the in-person or telemedicine assessment indicated in the Eligibility Criteria section (this may include the MAiD assessor reviewing the patient’s file or meeting with the patient or engaging in any other reflection or consideration of information that forms part of a MAiD assessment). This information will be used by the Prescriber in assessing the start of the 90 clear-day reflection period for patients whose natural death is not reasonably foreseeable.

For a patient whose natural death is not reasonably foreseeable, the Assessor must ensure the following safeguard has been met, and must record their answer in the provided space:

- “Either I or the Prescriber who determined eligibility has expertise in the condition that causes the patient’s suffering, or a third medical practitioner or nurse practitioner with

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expertise was consulted and the results have been shared with both assessors determining eligibility”

Note: The practitioner with expertise in the condition causing the patient’s suffering must complete a thorough assessment of the patient’s status and treatment options, which would include advising on the reasonable and available types of services and/or treatment options that might relieve the patient’s suffering. In addition, they might also advise on the:

- stage/state/nature of the patient’s condition that is causing the suffering,
- status of the patient’s state of decline based on their knowledge of the trajectory associated with the medical condition.

The practitioner with expertise in the condition that causes the patient’s suffering must be recorded in the spaces provided. If you are not satisfied you have the expertise in the condition causing the patient suffering, and the Prescriber does not have expertise, then a third medical practitioner or nurse practitioner with expertise in the condition causing the patient’s suffering must be consulted. The feedback provided by the consulting practitioner with expertise must be provided in writing to be shared with both the MAiD Assessor and MAiD Prescriber.

Note: The Third Practitioner with expertise is not assessing for MAiD eligibility, and is only assessing the condition that causes the patient’s suffering

- “Which means to relieve their suffering were discussed and offered to the patient: (Select all that apply)”

Note: This list is not prescriptive and is intended to capture topics of discussion with the patient during your assessment

- Date non-RFND MAiD safeguards were satisfied (YYYY/MM/DD)

Note: Please indicate the date that the last non-RFND safeguard was completed. If you completed all the safeguards the same day that you signed your conclusion of eligibility, then this would be the date you enter. If a third practitioner with expertise in the condition causing the patient’s suffering was consulted, then the date the non-RFND MAiD safeguards were satisfied must be on or after the date on which you reviewed the results of that consultation and were satisfied that the patient has given serious consideration of the reasonable and available means to relieve their suffering.

9. DISCONTINUATION OF PLANNING FOR MAiD

The Assessor will indicate by checkmark one of three possible reasons for planning being discontinued prior to the administration of medical assistance in dying (e.g., patient withdrew request, patient no longer eligible, or death of the patient occurred prior to administration of medical assistance in dying). A

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signature must be provided along with the date of discontinuation, and the date the form was signed.

Note: In cases where death occurs prior to MAiD, or when a patient withdraws their request, completion of this section can be delegated to the relevant MAiD Care Coordination Centre.

This completes the Assessment Record (Assessor) form.

The Assessor's submission of the HLTH 1633 form:

For planning purposes: For an assessment of eligibility or ineligibility, or if the Assessor becomes aware that planning has been discontinued, the Assessor is to provide their completed 1633 form to the Prescriber (if known) and health authority MAiD Care Coordination Service (if required per health authority policy). (Fax numbers for MAiD Care Coordination Services are located at the bottom of the 1633 form.)

For reporting purposes: For an assessment of ineligibility, or if the Assessor becomes aware that planning has been discontinued, **the Assessor must report their HLTH 1633 Assessment form (and the HLTH 1632 Request for MAiD and a consultant's assessment of patient capability if applicable) to the BC Ministry of Health within 30 days** of their determination of patient ineligibility or of becoming aware of a reason for planning being discontinued. Forms can be submitted to the Ministry of Health by any of the following methods:

1. By **Fax** at 1-778-698-4678
2. By **email** (in accordance with PIPA)
3. **Upload** through the secure [MAiD Reporting portal](#) (*The portal can be found on the Ministry website page: Medical Assistance in Dying - Information for Health-Care Providers*)