HLTH 1634 – ASSESSMENT RECORD (PRESCRIBER)

Instructions for Completion

Medical Assistance in Dying

Ministry of Health

Updated: January 1, 2023

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

The federal legislation for medical assistance in dying (MAiD) requires that a minimum of two independent health care practitioners (i.e., medical practitioners or nurse practitioners) 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 (Prescriber)* form (HLTH 1634) is to be used by the practitioner who is assessing eligibility in relation to the patient's request for medical assistance in dying, and who is also prepared to prescribe the medication and administer medical assistance in dying should the patient's request proceed. This practitioner is referred to as the "Prescriber". The Prescriber will use this form to record their assessment of patient eligibility and, if applicable, details related to their planning and providing of medical assistance in dying. The Prescriber's completion and submission 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 Prescriber must **always use the most recent version** of the *Assessment Record (Prescriber)* form (HLTH 1634). The 1634 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

The related *Assessment Record (Assessor)* form (HLTH 1633) is to be used by the medical practitioner who is willing to be an Assessor in relation to the patient's request for medical assistance in dying. (Please complete form using black ink.)

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

Sections 1 through 7 of the *Assessment Record (Prescriber)* form have sections for the Prescriber to record their assessment and conclusion regarding a person's eligibility for medical assistance in dying, in relation to a patient's written request (i.e.,HLTH 1632 *Request for MAiD*). Please note that it is now a requirement that the prescriber reviews the HLTH 1632 Patient Request for MAiD before making a conclusion regarding the patient's eligibility. Only a hand-written signature (wet signature) is acceptable by patient, proxy, and witness. An electronic signature will result in an **invalid** request.

Section 8 of the *Assessment Record (Prescriber)* provides areas to record information when a patient discontinues their request prior to administration. The Prescriber must indicate the reason for discontinuation and submit the form along with the HLTH *1632 Request for MAiD* to the Ministry of Health and appropriate health authority (if required). Once the planning for MAiD has been discontinued, a signature must be provided along with the date of discontinuation, and the date the form was signed.

Sections 9 through 15 of the *Assessment Record (Prescriber)* form provide areas for the Prescriber to record details pertaining to their planning and provision of medical assistance in dying, in relation to the patient's chosen method (i.e., medical practitioner or nurse practitioner administered intravenous

medication, or self- administered oral medication). **Section 9** is required if the patient's natural death is **NOT** reasonably foreseeable.

Section 10 pertains to the Waiver of Final Consent which is only applicable if the patient's natural death **IS** reasonably foreseeable. If applicable, the patient and Prescriber may choose to enter into a written agreement to waive final consent (HLTH 1645 *Waiver of Final Consent*), which would allow the Prescriber to provide MAiD to the patient even if the patient's capability to provide consent deteriorates. The HLTH 1645 *Waiver of Final Consent* form is available at the following link:

https://www2.gov.bc.ca/assets/gov/health/forms/1645fil.pdf

Section 11 is applicable to all MAiD planning scenarios and includes safeguards that must be completed prior to administration. These include ensuring a second assessment was provided, and planning for potential challenges with administration have been established. **Section 12** asks the patient to confirm their request and provide their consent for intravenous administration. For patients self-administering a MAiD substance, it is strongly recommended that the patient and Prescriber initial and sign **Section 13**, which provides advance consent for the administration of a second substance to cause the patient's death by the provider. Should the substance self-administered by the patient not have the intended outcome, but leave the patient unable to give express consent, this advance consent will allow the prescriber to administer a second substance after a specified period of time. If a professional interpreter was used during administration, then **Section 14** should be completed. **Section 15** is for recording all details regarding the administration of MAiD. Administration safeguards have been broken down into subsections and apply to the various methods MAiD was administered.

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

For service planning purposes, the Prescriber is to 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 ten of the form.

For reporting purposes:

When medical assistance in dying is administered - the Prescriber **must** fax or email (in accordance with PIPA) all required provincial forms, including their completed *Assessment Record (Prescriber)* form, to the BC Ministry of Health at 778-698-4678, or hlth.maidoversight@gov.bc.ca **within 72 hours** of confirmation of the patient's death. The provincial forms to be submitted are listed on the Medical Assistance in Dying in British Columbia: Reporting at a Glance one-page reference document available on the Ministry of Health website.

When planning is discontinued - the Prescriber **must** fax or email (in accordance with PIPA) their *Assessment Record (Prescriber)* form, as well as the *Request for MAiD* (HLTH 1632) and a *Consultant's Assessment* of patient capability if applicable (HLTH 1635 – see page 7 for further guidance) to the Ministry of Health at 778-698-4678,or hlth.maidoversight@gov.bc.ca **within 30 days** of becoming aware of any of the following reportable information:

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

Reporting Caveat (under the federal *Regulations*):

i. The Prescriber is not required to submit the above reporting to the Ministry of Health if they had not yet received a written request for MAiD (i.e., Request for MAiD - HLTH 1632).

ii. Reporting is not required if the Prescriber becomes aware of the reportable information referenced above 90 days after the practitioner received the request for MAiD. (i.e. date of written request received—**Section 3**. For example, if the Prescriber receives the patient's *Request for MAiD* (HLTH 1632) on January 1st and becomes aware on 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.

Is electronic format acceptable for forms retention?

Prescribers 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 Care Coordination Service is *not* sufficient.

1. PATIENT INFORMATION

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

2. PRACTITIONER CONDUCTING ASSESSMENT

The Prescriber will record information pertaining to themselves (i.e., name, CPSID# or BCCNP Prescriber #, phone, fax, work email address, work mailing address, and area of specialty if a medical practitioner).

Note: We do not recommend providing your personal phone number (e.g., cellphone) 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 Prescriber must record the following information pertaining to the patient's
request for MAiD:

- date the patient made the request;
- who notified the Prescriber of the request;
- whether the patient and Prescriber had a therapeutic relationship prior to the Prescriber being 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 you received the request for MAiD; and
- whether patient made a previous request for MAiD

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 Prescriber 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 is considered sufficient). It is advisable for the Prescriber to inform the Provincial Language Service that the interpreter should be informed the discussion is regarding medical assistance in dying.

5. ELIGIBILITY CRITERIA AND RELATED INFORMATION

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

- **Assessment Date** – the date of the in-person or telemedicine assessment of eligibility, which is not necessarily the date the Prescriber records their signature in section 5 (i.e. the Prescriber is required to review the patient's formal *Patient Request Record* (HLTH 1632) to ensure it is completed appropriately, before signing off on their eligibility assessment).
- **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 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 Prescriber will indicate by checkmark to confirm each of the five statements pertaining to federal and provincial safeguards for medical assistance in dying. Clarity is provided on the following statements:

- **"I was satisfied that the request was signed and dated by the patient, or by another person on their behalf and under their express direction, before one independent witness who then also signed and dated the request."**

  Note: The Prescriber is required to review the *Patient Request Record* (HLTH 1632) to ensure they are satisfied that the witnesses, and, if applicable, a proxy signer, meet

the criteria for being "independent" from the patient. These criteria are specified in the federal legislation and identified on the *Patient Request Record* (HLTH 1632), and on the following Ministry of Health webpage for patients and families: http://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

The Prescriber should inquire with the patient and/or witness and/or proxy, if they have any concerns regarding their independence. If a witness or proxy is a family members, Prescribers may use the provided space to indicate the steps taken to satisfy themselves that the witness or proxy were not a beneficiary of the patient's death in any particular way.

If the Prescriber requires further guidance on the above responsibility, they can contact their professional regulatory college (i.e., the College of Medical practitioners and Surgeons of British Columbia, or the British Columbia College of Nurses and Midwives).

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

The Prescriber will indicate by checkmark their agreement with each of following federal and provincial safeguards for MAiD:

- the patient has been informed of their medical diagnosis and prognosis
- their right to withdraw their request at any time
- the potential risks and expected outcome of taking the medication to be prescribed

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

The Prescriber 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. If the Prescriber indicates a patient is ineligible based on one or more of the eligibility criteria, and does not proceed further with their assessment, the Prescriber must indicate by checkmark those eligibility criteria that they "Did Not Assess" (i.e., the Prescriber must complete this entire section to meet their reporting obligation). The patient must satisfy each of the eight eligibility criteria to be eligible for MAiD. If even one criteria is not satisfied, the patient is ineligible for MAiD. 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 three of the *Assessment Record (Prescriber)* form for further considerations regarding the patient's capability to provide informed consent for medical assistance in dying (i.e., if there are concerns about capability).

- **"Does the patient have a serious and incurable illness, disease or disability?" Select all illnesses, diseases or disabilities that apply.**
  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.

  Note: In cases where frailty is a relevant diagnosis, please include the patient's Clinical Frailty Score, or another indicator of severity.

  Note: Mental illness as the sole condition is **not** an eligible condition for MAID; the individual would need to have another medical condition that meets the eligibility requirements

- **"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.

- **"Is the patient in an advanced state of irreversible decline?"**
  The Prescriber is asked to evaluate if the patient is in an advanced state of irreversible decline due to their medical condition.

If the Assessor ticked **"No"** or **"Did Not Assess**" to any of the eight eligibility questions or has indicated they have reason to believe the patient is incapable of providing informed consent, **the patient is not eligible for MAiD.**

Note: The federal legislation requires that a person's eligibility for medical assistance in dying be assessed by **two** independent medical practitioners. In BC, this second assessment must be completed by the Assessor using the HLTH 1633 form. Prescribers **cannot deem that a patient is eligible for MAID** if they have answered **"No"** to any of the eight eligibility questions. The federal legislation clearly states that patients must meet **ALL** criteria to be eligible for medical assistance in dying. A practitioner **must always** refuse to provide MAiD if they believe the patient does not meet the criteria set out in the Criminal Code, including seriously considering other treatment options and grievous and irremediable suffering or if it would go against their clinical judgement.

6. OTHER INFORMATION

The Prescriber will report details, if known, about the patient's receipt of palliative and disability support services. The federal government has provided the following definitions:

- Palliative Care is 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.
- Disability Support Services could include but are not limited to assistive technologies, adaptive equipment, rehabilitation services, personal care services and disability-based income supplements.

Consideration of capability to provide informed consent. Check one of the following:

The Prescriber 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 capability of the patient to provide informed consent to receive medical assistance in dying.

Note: The Prescriber will also indicate by separate checkmark if they referred the patient to another practitioner for a capability assessment, and the name of that practitioner and indicate if a HLTH *1635 Consultant's Assessment of Patient's Informed Consent Decision Capability* form was completed

If either the Prescriber or Assessor has reason to be concerned about the patient's capability, they **must** refer the patient to another practitioner with enhanced knowledge and skills in psychiatry or geriatric medicine for a capability assessment. Once the consulting practitioner's determination of patient capability has been received (*Consultant's Assessment of Patient's Informed Consent Decision Capability* – HLTH 1635), the Prescriber will indicate by checkmark whether they determine the patient to be capable or incapable of providing informed consent

7. CONCLUSION OF ELIGIBILITY

The Prescriber must receive and review a completed copy of the patient's Request for MAiD (HLTH1632) prior to making a concluding regarding eligibility. The Prescriber must 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 Prescriber must:

- Have ticked "**Yes"** to all eight eligibility questions on pages 2-4 of the HLTH 1634 form.
- Have no reason to believe the patient is incapable of providing informed consent to medical assistance in dying.

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 1634 form.
- Have no reason to believe the patient is incapable of providing informed consent to medical assistance in dying.
- Agree with the patient that they have discussed and appropriately considered reasonable means of alleviating their suffering
- Ensure counselling, mental health supports, disability supports, community services, and palliative care have been offered in consultation with relevant professionals, as available and applicable
- Indicate the date on which the 90 clear days period began (date the first assessment by either the Assessor or Prescriber began). 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.

OR

If the Prescriber finds the patient does **NOT** meet ALL the criteria for medical assistance in dying, the Prescriber must indicate this with a checkmark. The Prescriber must then answer the following sub-questions:

- If, in your opinion, the patient is NOT eligible, had you previously determined the patient was eligible for MAiD?
- If Yes, was the patient's change in eligibility due to the loss of capacity to make decisions with respect to their health?

  If Yes, did you become aware that the patient's request was not voluntary (e.g. based on new information regarding external pressure?)

If the Prescriber ticked **"No"** or **"Did Not Assess**" to any of the eight eligibility questions or has reason to believe the patient is incapable of providing informed consent, they must indicate the patient **"Does not meet all the criteria for medical assistance in dying"**.

Note: The Prescriber **must** review the *Request for MAiD* (HLTH 1632) prior to making a conclusion regarding eligibility. Instructions for completion of the *Request for MAiD*, including instructions for signing and witnessing, are specified in the *Request for MAiD* and its instruction guide, available at the following link: https://www2.gov.bc.ca/assets/gov/health/forms/1632fil.pdf).

If it is determined that the patient does not meet the eligibility criteria, the Prescriber should inform the assessing practitioner (if applicable) and inform the patient of their conclusion and that the patient may seek another assessment.

8. DISCONTINUATION OF PLANNING FOR MAiD

If planning was discontinued prior to administration, the Prescriber must indicate the reason for discontinuation and submit the form along with the HLTH *1632 Request for MAiD* to the Ministry of Health and appropriate health authority (if required). Once the planning for MAiD has been discontinued, a 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.

9. ADDITIONAL SAFEGUARDS- Patient's Natural Death is NOT Reasonably Foreseeable (Non-RFND)

For a patient whose natural death is not reasonably foreseeable, the Prescriber must indicate the date on which the patient's initial assessment began (by either the Assessor or Prescriber). This information will be used by to determine the start of the 90 clear-day reflection period for patients whose natural death is not reasonably foreseeable.

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 Prescriber must:

- Have ticked "**Yes"** to all eight eligibility questions on pages 2-4 of the HLTH 1634 form.
- Have no reason to believe the patient is incapable of providing informed consent to medical assistance in dying.

The Prescriber must ensure both of the following safeguards have been met, and must record their answers in the provided spaces:

- **"I have ensured I or the other assessor who determined eligibility had expertise in the condition that causes the patient's suffering, or a third medical practitioner or nurse practitioner with expertise was consulted and the results have been shared with both assessors determining eligibility"**

Note: The medical practitioner or nurse 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 name and area of expertise of the medical practitioner or nurse practitioner as it relates to 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 Assessor 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 Consultant is not assessing for MAiD, and are only assessing the condition that causes the patient's suffering

- **"I ensured that there were at least 90 clear days between the date of the first MAiD assessment (day 0) and the day on which MAiD was provided (day 91 or later)"**

Note: If the patient meets this criteria, there is a mandatory assessment waiting period of 90 clear days (day 91 or later) from the day that the first assessment of the person's eligibility for MAiD begins (i.e, the date that the MAiD Assessor reviews the patient's file, or meets with the person) and the day of provision.

OR

- **"The second assessor and I agreed to shorten the 90 clear day period, as the patient was at imminent risk of losing capacity to provide consent to MAiD. "**

Note: If the patient is at risk of losing their capability to provide informed consent, the 90 clear day assessment waiting period may be shortened if all assessments have been completed and both practitioners involved in the patient's assessment agree to expedite MAiD.

10. WAIVER OF FINAL CONSENT (ONLY applicable when patient's natural death is reasonably foreseeable)

If a patient is at risk of losing their capacity prior to receiving medical assistance in dying, a written agreement between the Prescriber and the patient may be put in place that waives the patient's final consent immediately prior to administration. The waiver of final consent is only valid for individuals whose natural death is reasonably foreseeable and may be recorded using the *Final Waiver of Consent* (HLTH 1645) form. If using the *Final Waiver of Consent* (HLTH 1645), the Prescriber must confirm the following safeguards:

- **"The patient met all eligibility criteria and safeguards, and I have informed the patient of the risk of losing capacity to give express consent immediately prior to receiving medical assistance in dying"**

- **"The patient and I have a written arrangement in place to waive final consent and the arrangement was made prior to the day the patient lost capacity to consent to receive medical assistance in dying, and before the Agreed Date of MAiD Provision in the arrangement"**

Note: A completed *Final Waiver of Consent* (HLTH 1645) can only be used if the patient has lost the capacity to consent. If the patient maintains capacity up until the time of their medical assistance in dying provision, they must still give final consent, despite a Waiver having been completed.

11. PLANNING FOR MEDICAL ASSISTANCE IN DYING

Your patient may indicate on the Request for MAiD (HLTH 1632) if they would like information on organ donation. If your patient is eligible for MAiD, is interested in exploring organ donation with BC Transplant, has a condition that does not exclude them from organ donation (see exclusion criteria

below), and is willing to have MAiD provision occur in a hospital setting, please complete the BCT/EB referral intake form.

Note: The patient should only be offered the option to speak to a coordinator if their condition or age does is not part of the exclusion criteria. If the patient chooses to be a donor for the BC Transplant/Eye Bank, the practitioner should ensure that the BCT/EB referral intake form was submitted. The form can be found at: http://www.transplant.bc.ca/Documents/Health%20Professionals/MAiD-Referral-Intake-Form_March8-2021.pdf

Organ Donation Exclusion Criteria	Eye Donation Exclusion Criteria
• HIV • >80 Years Old • Metastatic Cancer	• ALS • MS • Alzheimer's • Parkinson's • >75 years old

Depending on the location where MAiD is to be provided to the patient, there may be a requirement to notify BC Transplant of the pending death, as per *The Human Tissue Gift Act (RSBC 1996) Chapter 211 Section 15 Regulations*. This generally applies to hospitals. Please see the following link for more information:

https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/96211_01#section15

Should you have additional questions or concerns, please contact BC Transplant and Eye Bank
This section is intended to highlight the requirements of *The Human Tissue Gift Act (RSBC 1996)*, if applicable, and to support organ donation efforts in general.

Information on Planning Safeguards for Medical Assistance in Dying

The Prescriber will review and indicate by checkmark their confirmation of each of the six planning safeguards, which are in accordance with federal and provincial requirements for medical assistance in dying. To determine that the patient **does meet ALL the criteria for medical assistance in dying and the patient's natural death is reasonably foreseeable**, the Prescriber must:

- Have ticked "**Yes"** to all eight eligibility questions on pages 2-4 of the HLTH 1634 form.
- Have no reason to believe the patient is incapable of providing informed consent to medical assistance in dying.

- **"I have ensured that another medical practitioner or nurse practitioner provided a second assessment (HLTH 1633) confirming that the patient met all of the criteria"**

  Note: The Prescriber must indicate whether the Assessor was a medical practitioner or nurse practitioner, provide the date the Assessor signed their *Assessment Record (Assessor)* (HLTH 1633), and the Assessor's name. Please note the required date refers to the date the Assessor concluded their assessment, not the date the assessment or telemedicine assessment was performed (if different from the Assessor's signature date).

- **"I was satisfied that the other practitioner and I are independent."**

  Note: Medical practitioner or nurse practitioners who work out of the same office should consider whether this arrangement affects their ability to provide an objective assessment of a patient's eligibility. Assessors should not be each other's mentor or supervisor. Further guidance on the above safeguard can be sought through the Prescriber's professional regulatory college.

- **"I have discussed with the patient the following options for administration and the patient has requested *(indicated by checkmark)*: Practitioner-administered Intravenous (IV) Regimen, or Patient self-administered Oral Regimen."**

  Note: The patient's confirmation of their chosen method for receiving medical assistance in dying is also recorded on the last page of this form.

- "**I have planned for potential challenges with administration" (e.g., challenges with initiation of intravenous access, failure of oral route to achieve effect, etc.)**

  Note: The Prescription order for medical assistance in dying specifies that for both protocols (i.e., the IV and oral drug protocols) a back-up kit of IV medication is to be prescribed by the practitioner and dispensed by the pharmacist. The Prescriber can contact the health authority MAiD Care Coordination Service for assistance in obtaining the pharmacy protocols and/or nursing support for initiation of intravenous access.

- **"I have indicated on the prescription or order that the medication is for medical assistance in dying"**

- **"I have reviewed with the pharmacist the request, assessments, and a plan to provide and administer medical assistance in dying, as well as to return any unused medications to the pharmacist within 72 hours after confirmation of death"**

  Note: The two statements above refer to the *Prescription* order for medical assistance in dying, and the *Dispensing Record (Pharmacist)* form (HLTH 1641) that contains sections on "Prescription Planning" and "Prescription Accountability" and is completed collaboratively by the Prescriber and the dispensing pharmacist. For additional guidance on the *Prescription*, the Prescriber can access the *British Columbia Pharmacy Protocols* guidance document (includes the medication administration records for intravenous and oral drug protocols, as well as drug protocol monographs) through a health authority or their professional regulatory college.

For planning purposes: For an assessment of ineligibility, or if the Prescriber becomes aware that planning has been discontinued, the Prescriber is to provide their 1634 form to the 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 1634 form.) A signature must be provided along with the date of discontinuation, and the date the form was signed.

For reporting purposes: For an assessment of ineligibility, or if the Prescriber becomes aware that planning has been discontinued, **the Prescriber must fax their HLTH 1634 Assessment form and the *Patient Request Record (HLTH 1632)* and a consultant's assessment of patient capability (HLTH 1635) if applicable) to the BC Ministry of Health (and health authority, if applicable) 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. **Fax** at 1-778-698-4678
2. **Email** (in accordance with PIPA)
3. **Uploaded** 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)

12. PATIENT CONFIRMATION OF REQUEST AND CONSENT (INTRAVENOUS ADMINISTRATION)

Complete this section with patient immediately prior to medical assistance in dying, unless the patient lost capacity to consent, and a Waiver of Final Consent is in place.

The patient will sign and date this section to confirm that they were given the opportunity to withdraw their request for medical assistance in dying, and to confirm that they give express consent immediately before receiving medical assistance in dying.

PROXY SIGNATURE (IF APPLICABLE) By signing below I confirm I signed in front of the Requestor, and I meet ALL the above criteria to sign as the proxy

If the patient is physically unable to sign and date their confirmation of request and consent, space is provided for a "proxy" (another person) to sign and date the confirmation of request and consent on the patient's behalf, under the patient's express direction and in the presence of the patient. If a proxy signs on behalf of the patient, the proxy will also record their printed name, relationship to the patient (e.g. "friend"), phone number, and address.

Who can be a proxy to sign and date the patient confirmation of request on behalf of the patient and under their express direction?

The proxy **must** be:

- least 18 years of age
- understand the nature of the request for medical assistance in dying

- not know or believe they are a beneficiary in the patient's will or a recipient of financial or other material benefit resulting from the patient's death (for example, this may include family and "in-laws"), **and must sign the form in the physical presence of the patient**

Note: A proxy signing here can be one of the independent witness listed on page 2 of the (HLTH 1632) *Request for MAiD* or can be any other person who meets the criteria to be a proxy.

CONSENT VIA VERBAL OR OTHER MEANS (IF APPLICABLE)

It is also possible for the patient to communicate their consent verbally or by some other means (for example, making their mark using a tablet). The Prescriber will make note of whether the patient's consent was provided verbally or by some other means of communication in the absence of a proxy; however, it is preferable that a written signature by the patient or a proxy be provided if possible.

13. SELF ADMINISTRATION (PATIENT ADVANCE CONSENT FOR MAiD PRESCRIBER ADMINISTRATION OF SECOND SUBSTANCE)

This written arrangement is REQUIRED by federal legislation 241.2 (3.5) between the medical practitioner or nurse practitioner (MAiD Prescriber) and patient for the MAiD Prescriber to administer a second substance to cause the patient's death in the event that the substance self administered by the patient does not have the expected outcome and the patient loses capacity to provide consent.

It is advised that a medical practitioner or nurse practitioner complete a written arrangement between the practitioner and the patient prior to the patent self-administering the substance to cause the patient's death. If the patient self-administers the first substance (oral) and death is not achieved within a specified timeframe, and subsequently loses capacity to consent to receive MAiD, the Prescriber **MUST** have a written arrangement in place between the two parties in order to administer a second substance (IV) to cause the patient's death within an agreed upon timeframe. The patient and Prescriber must complete Section 12 and provide their:

- Full name
- Initials for each agreed upon term
- Signature and date signed

14. PROFESSIONAL INTERPRETER

Refer to Section 4 above for explanation.

15. ADMINISTRATION OF MEDICAL ASSISTANCE IN DYING

The Prescriber will record information pertaining to their providing of medical assistance in dying, including information on the location, whether the patient was transferred to a different facility (and the reasons for transfer) for the provision of MAiD, method of administration (intravenous [complete Section 15B or C on form], oral or both routes [complete Section 15A]) and details regarding self-administration (if applicable).

15A. PATIENT SELF-ADMINISTERED ORAL MEDICATION AND PROVIDED SIGNATURE FOR ADVANCED CONSENT

The Prescriber will confirm if the patient self-administered medication to cause their death and provide confirmation that they were in attendance. Prescriber will also confirm if the patient's death was achieved by self-administration, or if the Prescriber administered a second substance to cause the patient's death (in accordance with the terms with the advance consent).

15B. PATIENT HAD CAPACITY TO PROVIDE EXPRESS CONSENT

The Prescriber will indicate by checkmark their confirmation of the following statement, which is a safeguard specified in the federal legislation and a responsibility of the Prescriber:

☐ Immediately before providing medical assistance in dying, I gave the patient an opportunity to withdraw their request and ensured that the patient gave express consent to receive medical assistance in dying.

The Prescriber must indicate the means and services used to communicate with the person to obtain their express consent for MAiD, if the patient had difficulty communicating.

15C. PATENT PROVIDED DATE AND SIGNATURE FOR FINAL WAIVER OF CONSENT, THEN LOST CAPACITY

Prescriber must indicate by check mark confirming the applicable safeguards set out by the federal legislation:

- Patient lost capacity to consent to receive MAiD
- I ensured the patient did not, by words, sounds, or gestures, demonstrate refusal or resistance to having the substance administered
- I ensured the substance was administered to the patient in accordance with the terms of the *Final Waiver of Consent*

Note: If the patient lost capacity and the Final Waiver of Consent was used, a copy must be submitted to the Ministry of Health along with the required reporting documentation.

16. PRACTITIONER SIGNATURE

The Prescriber will record their signature, and the date and time of their signing for administration of medical assistance in dying.

This completes the Assessment Record (Prescriber) form.

When medical assistance in dying is administered - the Prescriber **must report** all required provincial forms to the BC Ministry of Health **within 72 hours** of confirmation of the patient's death.

The provincial forms to be submitted are listed on the Reporting at a Glance document found on the Ministry of Health website: 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/information-for-providers

Where to submit documents

Forms 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)