

INTERDISCIPLINARY CLINICAL Policy and Procedure

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PREAMBLE

1. In February 2015, the Supreme Court of Canada reached a unanimous decision that the Criminal Code provisions banning assisted dying were unconstitutional under the Canadian Charter of Rights and Freedoms.
2. On June 17, 2016, an Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying, MAiD) was passed. For this policy, it will be referred to as *the Act*.

POLICY STATEMENTS

1. Nova Scotia Health Authority (NSHA) is committed to ensuring that MAiD information, assessment, and procedure is accessible, provided in a timely way, and as close to the patient's home or requested location as reasonably possible.
 - 1.1. Patients and families are supported through the provision of information and patient-centered care during all phases of the MAiD process.
 - 1.2. Questions regarding MAiD may be directed to the VP Medicine/delegate or the Medical Affairs Advisor.
2. NSHA will review this policy within one year to evaluate its implementation and effectiveness to:
 - 2.1. Determine whether there are lessons to be learned that could serve to improve end of life care generally.
 - 2.2. Make recommendations to improve the processes and practices contained in this policy.

GUIDING PRINCIPLES AND VALUES

1. Accountability:
 - 1.1. The Act recognizes the need for processes to ensure accountability and oversight. NSHA, through this policy, monitors the implementation of MAiD.
 - 1.2. NSHA adheres to legislative regulatory requirements in relation to oversight of MAiD processes.
2. Respect for Persons:
 - 2.1. Respecting persons involves both respecting individuals' rights to make choices and respecting the range of values that are relevant to choices.
 - 2.1.1. NSHA:
 - 2.1.1.1. Promotes care that respects personal autonomy and fosters the person's sense of self-determination.
 - 2.1.1.2. Recognizes and respects that decision making may take place in the sphere of Relational Autonomy in that both the content and process of decision making may be shaped and informed in the context of relationships with others, such as family.

2.1.1.3. Ensures that a person's decision making is supported and that the person is not coerced or subject to undue influence.

3. Freedom from Stigma

3.1. Stigma refers to prejudice and discrimination towards certain groups of people or patient populations. Patients who inquire about or request MAiD should be free from experiencing negative attitudes and responses that leave them feeling unwanted or shamed, and negatively affect their relationships with others or the health system.

4. Freedom from Discrimination:

4.1. NSHA is committed to offering care that is free from judgment and discrimination on the basis of:

- age
- race
- colour
- religion
- creed
- sex
- sexual orientation
- gender identity
- gender expression
- physical disability or mental disability
- an irrational fear of contracting an illness or disease
- ethnic, national, or aboriginal origin
- family status
- marital status
- source of income
- political belief
- affiliation or activity
- individual's association with another individual or class of individuals having characteristics listed above. (See [Human Rights Act Chapter 214](#))

5. Respect for Health Care Provider Values:

5.1. While NSHA recognizes eligible patients' right to access MAiD, and health care providers' duty to provide care, NSHA also recognizes that the care must be provided in a context that respects the values of the NSHA care provider. (See [Conscientious Objection.](#))

5.2. No health care provider should experience stigma or disadvantage on the basis of having participated or not participated in providing MAiD.

6. Respect for Privacy and Confidentiality:

6.1. NSHA acknowledges that MAiD may require particular attention to privacy and confidentiality for both patients and health care providers who are involved with MAiD.

7. Protection for Vulnerable Persons:

7.1. This policy recognizes that protection for Vulnerable Persons is of great importance and that robust procedures and processes, in accordance with the Act, are essential to prevent harm from undue influence of others.

PROCEDURE

Note:

- Responsibilities for patient requests for MAiD information and/or assessment are found in [Appendix B](#).
- MAiD contact directory information can be accessed on the [NSHA MAiD webpage](#) and the [Related Documents section](#) of this policy)

1. Responsibility after receiving a request for information on MAiD or after receiving a request for MAiD

1.1. Interdisciplinary care team member:

- 1.1.1. Provides information on the lawful provision of MAiD as per this policy and the care team members' professional college standards of practice or guidelines.
 - 1.1.1.1. Within the context of therapeutic counselling, interdisciplinary care team members may provide information on the lawful provision of MAiD when requested by patients, including where to access this service, and ensure details of the interaction are documented in the patient file.
 - 1.1.1.2. Directs the patient to [MAiD information on NSHA's website](#) and/or provides NSHA-developed written material, available on the NSHA website.

Note:

Counsel in the therapeutic relationship covers activities related to communication, information sharing, the provision of psychosocial support, and referrals.

Counsel in the Criminal Code means to "procure, solicit and incite." It remains a criminal offense to 'counsel' a person to die by suicide as outlined in the Criminal Code, subsection 241(1); therefore, it is important that care team members are familiar with the legislative aspects of MAiD and are able to distinguish between the word counsel as it is related to the Criminal Code and counselling within the therapeutic relationship.

- 1.1.2. Notifies the primary/attending physician or nurse practitioner (NP) when a request for MAiD information and/or assessment is received from a patient.
 - 1.1.2.1. Ensures the patient is aware of the intent to communicate the information, and to whom, and documents in the progress notes in accordance with section 8 of this procedure — [Responsibilities for documentation](#).
- 1.1.3. Ensures the health services manager for the unit, facility, or community setting where MAiD may occur is aware of the request for MAiD, and of any decision to schedule the MAiD procedure so that care of the patient is optimized and requirements for section 7 of this procedure — [Administration](#).

[care, and support](#) — are actioned, including providing support to care team members.

1.1.4. Notifies manager if, as part of the interdisciplinary care team, they do not wish to participate based on Conscientious Objection.

1.1.4.1. Care team members who have Conscientious Objections will continue to provide safe, culturally competent, ethical, and compassionate care until alternative care arrangements can be made to meet the patient's needs or wishes.

1.2. Physician or NP:

1.2.1. Upon receiving notification that there is a request for information or assessment for MAiD, a physician or NP has an initial discussion with the patient requesting information and/or assessment for MAiD.

Note: [The Medical Assistance in Dying Documentation and Procedure Checklist](#) provides guidance on what needs to be discussed.

Note: Physicians/NPs cannot act on a request for MAiD:

- set out in a personal directive or similar document.
- on the direction of anyone other than the capable patient.

Note: If the patient has difficulty communicating, physicians and/or NPs must take all necessary measures to provide a reliable means by which the patient may understand the information provided and communicate his or her decision.

1.2.2. Confirms this request with the Office of the VP Medicine/delegate or the Medical Affairs Advisor.

1.2.3. Completes an Effective Transfer of Care for reasons of conscience (Conscientious Objection) or skill so another physician/NP can complete the MAiD assessment for the patient.

1.2.3.1. Transfer care in the manner dictated by their professional standards and guideline.

1.2.3.2. If unable to make an Effective Transfer of Care because of inability to locate a physician or NP able to pursue the request, contact the VP Medicine/delegate or the Medical Affairs Advisor.

2. Physician's/NP's responsibility for assessment of eligibility

2.1. Promptly assess the patient to determine if the following eligibility criteria are met:

2.1.1. The patient is eligible or, but for any applicable minimum period of residence or waiting period, would be eligible for health services funded by a government in Canada.

- 2.1.2. The patient is at least 18 years of age and capable of making decisions with respect to their health.
- 2.1.3. The patient's request for MAiD is a voluntary request for medical assistance in dying that, in particular, was not made as a result of external pressure.
- 2.1.4. The patient must have a grievous and irremediable medical condition. This criteria is met only where the physician/NP is of the opinion that the patient meets all of the following:
 - 2.1.4.1. Has a serious and incurable illness, disease, or disability.
 - 2.1.4.2. Is in an advanced state of irreversible decline.
 - 2.1.4.3. Illness, disease, disability, or state of decline that causes the patient enduring physical or psychological suffering that is intolerable to the patient and cannot be relieved under conditions that the patient considers acceptable.
 - 2.1.4.4. Natural death has become reasonably foreseeable, taking into account all of the patient's medical circumstances, without a prognosis necessarily having been made as to the specific length of time that the patient has remaining.
- 2.1.5. The patient gives informed consent to receive medical assistance in dying after having been informed of the means that are available to manage their suffering, including palliative care.

3. Physician's/NP's responsibility for assessing and arranging for MAiD

3.1. First Physician/NP

- 3.1.1. Advises the VP Medicine/delegate or Medical Affairs Advisor of the request for MAiD and seeks their guidance, as necessary, regarding the process and required documentation. The MAiD fact sheet for practitioners can be accessed on the [NSHA MAiD webpage](#).
- 3.1.2. Provides information to the patient and assesses the patient's Capacity to request and consent to MAiD.
- 3.1.3. Provides patient with:
 - 3.1.3.1. College of Physicians and Surgeons of Nova Scotia (NS) MAiD Standards, and/or
 - 3.1.3.2. Nova Scotia College of Nursing Medical Assistance in Dying Practice Guideline for NPs, and
 - 3.1.3.3. [Request For and Consent to Medical Assistance in Dying](#) form to sign should they request MAiD.
- 3.1.4. Assesses the patient in person to determine whether the patient meets the eligibility criteria by completing the assessment required in the [NSHA Medical Assistance in Dying Documentation and Procedure Checklist](#) — First Physician/Nurse Practitioner Assessment.

- 3.1.4.1. If the physician/NP determines the patient meets the eligibility criteria, contact the Medical Affairs Advisor and forward the assessment form to arrange the second assessment or seek the opinion of a second physician/NP to complete an Independent assessment.
- 3.1.4.2. If not aware of or unable to identify the second physician/NP, discuss with NSHA VP Medicine/delegate or Medical Affairs Advisor to facilitate identification of the second physician/NP.
- 3.1.4.3. If the first assessor determines the patient does not meet the eligibility criteria:
 - 3.1.4.3.1. Promptly communicate findings directly to the patient and explain the reasons for the determination.
 - 3.1.4.3.2. Advise the patient that they can request assessment from another physician/NP. If they request assistance, contact the VP Medicine/delegate or the Medical Affairs Advisor to inform of the second request for MAiD and seek guidance, as necessary.
- 3.1.5. Upon reviewing the information from the second physician/NP and being satisfied that the patient meets the eligibility criteria, the first and second MAiD providers will determine which provider will complete the MAiD medication prescribing and procedure. In collaboration with the patient, determine whether one or both physicians/NPs, and possibly additional care team members, will be present at the time of the procedure.

3.2. Second Physician/NP

- 3.2.1. Must be Independent from the first physician/NP (see [Appendix A](#) for definition of Independent).
- 3.2.2. Assesses the patient in person, or via Tele-Health (Virtual Care) video link if available, to determine whether the patient meets the eligibility criteria by completing the assessments required in the [NSHA Medical Assistance in Dying Documentation and Procedure Checklist](#) — Second Physician/Nurse Practitioner Assessment.
- 3.2.3. If the second assessor determines the patient does not meet the eligibility criteria, assessor communicates to the patient in accordance with section 3.1.4.3.
- 3.2.4. Forwards the documentation to the Medical Affairs Advisor. Ideally, the second physician/NP speaks to the first physician/NP about the results of their assessment to determine next steps.

4. Physician's/NP's responsibility for arranging MAiD services

- 4.1. When in an NSHA facility, inform the health services manager for the relevant care location/facility of the upcoming procedure to allow time for the manager to ensure staff and equipment will be available and so that requirements for section 7 of this procedure — [Administration, care, and support](#) — are actioned.

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- 4.2. When providing MAiD in the community, the primary health care (PHC) team facilitates treatment.
 - 4.2.1. If there is no PHC team involved, the physician/NP must complete a referral to Continuing Care for services such as IV start, clinical/bereavement support, etc. (1-800-225-7225).

Note: Please expedite referral to Continuing Care if required and/or communication with facility manager to allow coordination of staffing and equipment requirements.

- 4.2.2. PHC teams or community care facilities may not require referrals to Continuing Care when nursing services are part of the team.
- 4.3. Continuing Care requires the following documents as early as possible to ensure staffing and supplies are available for the procedure:
 - 4.3.1. A completed Continuing Care Referral Order form, including an indication that the referral is for MAiD, with an anticipated date and time for the procedure (if known).
 - 4.3.2. Physician/NP order form.
 - 4.3.3. Copy of the signed [Request for and Consent to Medical Assistance in Dying](#).
 - 4.3.4. A copy of the completed physician/NP assessment forms so staffing and equipment requirements for section 8 of this procedure — [Responsibilities for documentation](#) — can be actioned.

5. Responsibility of physicians/NPs when prescribing and administering medication

- 5.1. There must be at least 10 clear days between the day on which the request for and consent for MAiD was signed by, or on behalf of, the patient and the day on which MAiD is provided.
- 5.2. If the **first and second physician/NP** are both of the opinion that the person's death or the loss of Capacity to provide informed consent is imminent, a shorter period as determined appropriate by the assessors is permitted.
- 5.3. Administration of the MAiD medication protocol is to be carried out by either the **first or second physician/NP**; if neither is available, a **third physician/NP** can review the documentation to ensure eligibility criteria are met. [NSHA Medical Assistance in Dying Documentation and Procedure Checklist](#) — Third Physician/Nurse Practitioner Assessment.
 - 5.3.1. If this assessment concurs with the initial assessments, wherein the patient is found to meet the criteria for MAiD, the **third physician/NP** may administer the procedure.
- 5.4. The **physician/NP** who takes on the role of prescribing and administering the medication:
 - 5.4.1. Reviews the documentation provided by the other physician/NP to be satisfied that eligibility criteria are met.

- 5.4.2. Completes the requirements of the Medication Protocol and ensures the waiting period has been met (See [Appendix C](#)).
- 5.4.3. Works collaboratively with the hospital/community pharmacist to allow for safe acquisition, administration, and disposition of all MAiD-related medications, and completes the requirements of the Medication Protocol. The pharmacist or the physician/NP provides information to the patient and the patient's support about the medications and what they can expect upon administration.
- 5.4.4. The physician/NP, immediately before providing MAiD, gives the patient an opportunity to withdraw their request and ensures that the patient gives expressed, informed final consent to receive MAiD.
 - 5.4.4.1. If the patient rescinds the request for MAiD, and subsequently makes another request for it, the first **physician/NP** re-starts the process and completes all the duties of the first **physician/NP** as if the process had not been previously commenced.

6. Patient location and responsibility for registration

- 6.1. A patient who has freely and formally consented to assisted death may request for the procedure to be undertaken in an NSHA facility or in a community location (their home, care facility, relative's home, etc.). (See [Policy Statement 1.](#))
- 6.2. If the patient is in a community location and will be coming in to an NSHA facility for the procedure, **Health Information Services clerks** will register them as an outpatient in accordance with [Appendix D](#), and the health services manager/facility administrator arranges for a location.
- 6.3. If the patient is in the community and is undergoing the procedure at home, register them in accordance with [Appendix D](#).

7. Administration, care, and support

- 7.1. The procedure is performed in accordance with the Nova Scotia College of Nursing [Medical Assistance in Dying Practice Guidelines](#), the College of Physicians and Surgeons of Nova Scotia [Professional Standard Regarding Medical Assistance in Dying](#), and the Nova Scotia College of Pharmacists [Standards of Practice: Medical Assistance in Dying](#).
- 7.2. A MAiD supply list can be accessed on the [NSHA MAiD webpage](#).
- 7.3. The manager offers a pre-MAiD intervention huddle/meeting and/or debriefing session to members of the interdisciplinary care team involved in the procedure. Where members wish to have a session, the manager will facilitate the coordination of the session.

Note: See [Appendix D](#) for registration procedure for in-facility and community procedures.

8. Responsibilities for documentation

- 8.1. The **physician/NP** or the interdisciplinary care team member documents in the progress notes that patient's request for information on MAiD and/or request for MAiD.
- 8.2. The patient, in consultation with the **physician/NP**, fills out and signs the [Request For and Consent to Medical Assistance in Dying form](#).
- 8.3. The **first and second physician/NP** complete all sections of the [NSHA Medical Assistance in Dying Documentation and Procedure Checklist](#).
- 8.4. The **prescribing physician/NP** completes the Medical Assistance in Dying pre-printed order form and notice to pharmacist.
- 8.5. The **pharmacist** completes and retains the Pharmacy MAiD Form.
- 8.6. **All care providers** involved in the procedure document in the patient's health record progress/interdisciplinary progress notes **and** in the interdisciplinary Progress Notes Section of the [NSHA Medical Assistance in Dying Documentation and Procedure Checklist](#).
- 8.7. Place documentation forms in the patient's health record. ([See Appendix D.](#))
- 8.8. Upon completion of the procedure, all documentation must be sent to the Medical Affairs Advisor.

Required documentation includes:

- First Physician/NP Assessment
- Second Physician/NP Assessment
- Request for and Consent to MAiD
- Pre-procedure Documentation
- Procedure Documentation
- Post Procedure Documentation
- Death Certificate

8.9. How to complete the Medical Certificate of Death in cases of MAiD:

- **Section 13, line (A):** Write "Injection of" and identify the medication administered in the immediate cause of death.
- **Section 13, line (D):** Note the condition that led the applicant to seek MAiD as the underlying cause of death. (This will be the last item in Section 13.)
- **Section 18:** Identify the manner of death appropriate to the underlying cause of death.
- **Section 14:** Write in "MAiD" on the very last line in Section 14 of the Medical Certificate of Death.

REFERENCES

Legislative Acts

An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying), Statutes of Canada (2016, c. 3). Retrieved from the Justice Laws website: https://laws-lois.justice.gc.ca/eng/AnnualStatutes/2016_3/FullText.html

Other

College of Physicians & Surgeons of Nova Scotia. (2019). Medical assistance in dying. Retrieved from <https://cpsns.ns.ca/Standards-Guidelines/Medical-Assistance-in-Dying/>

Nova Scotia College of Nursing. (2017). *Guideline for nurse practitioners: Medical assistance in dying*. Retrieved from https://cdn1.nscn.ca/sites/default/files/documents/resources/MAID_NP_Guidelines.pdf

Nova Scotia College of Pharmacists. (2016). *Standards of practice: Medical assistance in dying*. Retrieved from http://eol.law.dal.ca/wp-content/uploads/2017/05/SOP_MAiD.pdf

RELATED DOCUMENTS

Policies

[AVH 280.001 Consent to Treatment, Procedure or Operations](#)

[CBDHA A-3-41 Consent to Treatment](#)

[CDHA CH 30-045 Consent to Treatment](#)

[CEHHA 101-003 Consent to Treatment](#)

[CHA 101-003 Consent](#)

[GASHA 3-11 Consent to Treatment](#)

[PCHA 6-c-10 Consent for Treatment](#)

[SSH-AD-110-206 Consent to Treatment](#)

[SWH 504.0 Consent](#)

Forms

[Request For and Consent to Medical Assistance in Dying Form](#)

[Medical Assistance in Dying Documentation and Procedure Checklist](#)

Medical Assistance in Dying Pre-Printed Order

Directory

[MAiD Directory](#)

Appendices

[Appendix A](#) – Definitions

[Appendix B](#) – Medical Assistance in Dying - Policy Quick Reference Guide

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[Appendix C](#) – Medication Protocol

[Appendix D](#) – Registration for MAiD Patients

[Appendix E](#) – Continuing Care Quick Reference Guide for Physicians/NPs: MAiD in the Community

[Version History](#)

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Appendix A: Definitions

Adult	For the purposes of this policy, an Adult is defined as a person 18 years or older so as to be in line with the eligibility criteria identified in the legislation.
Capacity	Refer to applicable <i>Consent for Treatment Policy</i> click on Criteria for Valid Consent
Conscientious Objection	Conscientious Objection is the refusal to perform a legal role or responsibility because of personal beliefs. In health care, Conscientious Objection can involve practitioners not providing certain treatments to their patients. Health care providers/professionals with moral objections (conscientious objector) to specific health care services have an obligation to alert their colleagues and/or and supervisors to these objections, in the interests of minimizing disruption in the delivery of care and minimizing burdens on other providers (see definition of Effective Transfer of Care). (Adapted from The Hastings Centre.)
Effective Transfer of Care	A transfer by one practitioner in good faith to another practitioner who is available to accept the transfer, who is accessible to the patient, and willing to provide medical assistance in dying to the patient if the eligibility criteria are met.
Independent	The second medical practitioner or nurse practitioner providing the opinion are Independent if they: <ul style="list-style-type: none">• Are not in a business relationship with the other practitioner, a mentor to them, or responsible for supervising their work;• 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 relating to the request;• Do not know or believe that they are connected to the other practitioner or to the person making the request in any other way that would affect their objectivity. (Bill C-14.)
Independent Witness	An independent witness is any person who is at least 18 years of age and who understands the nature of the request for medical assistance in dying. Anyone meeting these criteria may act as an independent witness, except if they:

- Know of or believe that they are a beneficiary under the will of the person making the request, or a recipient, in any other way, of financial or other material benefit resulting from that person's death.
- Are an owner or operator of any health care facility at which the person making the request is being treated or any facility in which that person resides.
- Are directly involved in providing health care services to the person making the request. *NSHA staff cannot act as an independent witness.*
- Directly provide personal care to the person making the request.
- Questions or concerns about witnessing forms may be directed to the Medical Affairs Advisor.

Medical Affairs Advisor

The NSHA staff member responsible for support and coordination of MAiD. Contact information for the Medical Affairs Advisor can be accessed on the [NSHA MAiD webpage](#) and [related documents](#) section of this policy.

Relational Autonomy

A description of personal autonomy that draws attention to the ways in which decision making occurs within context, particularly the ways in which relationships can legitimately affect both the process of decision making and the content of decisions.

Vulnerable Person

Any Adult who, by nature of a physical, emotional, or psychological condition, is dependent on other persons for care and assistance in day-to-day living. (Federal Department of Justice.)

Appendix B: Medical Assistance in Dying Policy Quick Reference Guide

Note: This is a **quick reference guide only** and does not substitute for reference to the policy proper.

Health Care Team

1. The primary/attending physician or nurse practitioner (NP) is notified by the member of the interdisciplinary team that receives the patient request for medical assistance in dying (MAiD). The patient can be provided written information available on NSHA website as requested and team members can answer questions on the lawful provision of MAiD.
2. If after being informed of the grievous and irremediable medical condition and being informed of the means that are available to receive their care, the patient requests MAiD, the patient is provided the [Request For and Consent to Medical Assistance in Dying Form](#) by the physician/NP. The patient upon signing the form will return the form to the physician or NP. The primary/attending physician or NP will notify and discuss this request with the VP Medicine/delegate or the Medical Affairs Advisor.
3. If the attending physician or NP does not feel they have enough experience/knowledge or is a conscientious objector, then they must complete an Effective Transfer of Care.
 - 3.1. See [procedure section 1.2.3](#) for more information on making an Effective Transfer of Care.
4. Physicians and NPs may provide MAiD only where all of the eligibility criteria are met.
 - 4.1. See [procedure section 2](#) for an outline of the eligibility criteria.
 - 4.2. The first physician/NP — First Physician/Nurse Practitioner Assessment —assesses the patient in person to determine whether the patient meets the eligibility criteria by completing the [NSHA Medical Assistance in Dying Documentation and Procedure Checklist](#)
 - 4.3. Once satisfied the patient meets the eligibility criteria, the physician/NP seeks out the opinion of a second physician/NP.
 - 4.4. The second physician/NP assesses the patient in person, or via Tele-Health (Virtual Care), to determine whether the patient meets the eligibility criteria by completing the [NSHA Medical Assistance in Dying Documentation and Procedure Checklist — Second Physician/Nurse Practitioner Assessment](#).
5. The health services manager helps to arrange the staff and equipment requirements for the procedure when taking place in NSHA facilities. For community-based (personal residence or care facility) procedures, Continuing Care (if a referral has been made) completes the arrangements. (See [Appendix E](#).) Primary Health Care teams or community care facilities may not require referrals to Continuing Care when nursing services are part of the team.
6. The prescribing physician/NP must complete the pre-printed order (PPO) Medical Assistance in Dying (MAiD) — Physician Administered IV Protocol including the notice to the pharmacist.

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- 6.1. Administration of the MAiD medication protocol is to be carried out by either the first or second physician/NP; if neither is available, the administration of the MAiD medication protocol can be carried out by a third physician/NP. The third physician/NP assesses the patient in person, or via Tele-Health (Virtual Care), to determine whether the patient meets the eligibility criteria by completing the [NSHA Medical Assistance in Dying Documentation and Procedure Checklist](#) – Third Physician/Nurse Practitioner Assessment.
- 6.2. If this assessment concurs with the initial assessments, wherein the patient is found to meet the criteria for MAiD, the third physician/NP may administer the procedure.
7. The physician/NP performing the MAiD procedure works collaboratively with the hospital/community pharmacist to allow for the safe acquisition, administration, and disposition of all MAiD-related medications, and completes the requirements of the Medication Protocol (see [Appendix C](#)).
8. The pharmacist dispenses medications for MAiD in accordance with NSCP Standards of Practice and the NSHA interdepartmental policy and procedure. The pharmacist also documents the details of the MAiD process on the Pharmacy MAiD Form and retains this record.
9. The procedure, consent, and assessments should be documented by completing the [NSHA Medical Assistance in Dying Documentation and Procedure Checklist](#).

Appendix C: Medication Protocol

1. At the beginning of the 10 day (or shorter if deemed appropriate by physician/NP) reflection phase the physician/NP notifies the pharmacy/pharmacy manager by phone of the forthcoming prescription.
2. In a timely manner, the physician/NP provides the pharmacist with a completed pre-printed order including:
 - 2.1. Protocol selected for patient's drug therapy, and
 - 2.2. Notice to the pharmacist that the medications are intended for MAiD and for a specific patient who meets the eligibility criteria.

Note: Pre-printed orders (PPO) are intended for internal NSHA use in conjunction with NSHA policies. The NSHA-written MAiD PPO can be used as a prescription for outpatients obtaining medications from community pharmacy; however, it cannot be faxed and, in order to meet legal requirements, controlled substance/narcotic prescriptions must be written on the NS Prescription Monitoring Program (PMP) duplicate pad form. Physicians/NPs administering MAiD in a private setting should contact the community pharmacy at the earliest opportunity to confirm ability to participate and to facilitate acquisition of medications not routinely stocked in the community setting.

3. The physician/NP and pharmacist discuss:
 - Time required to order the medications
 - Date, time and location for medication release and administration
 - To whom the medication will be released; if not to the prescribing physician/NP, to a licensed health care professional designated by the physician/NP
 - Who will provide counselling to the patient and/or family members related to the MAiD medications
 - That physician/NP is aware of the preparation, stability, and storage requirements for MAiD medications
 - Procedure for secure and timely return of unused medication
4. The pharmacist is responsible for the preparation of the medications in a kit for dispensing as per departmental policy and in accordance with the [Nova Scotia College of Pharmacists Standards of Practice: Medical Assistance in Dying](#).
5. The pharmacist shall release the MAiD medication(s) to the physician/NP or licensed health care professional pre-designated by the physician/NP on the date specified by the physician or nurse practitioner.
6. At the time of medication release the pharmacist and physician/NP or designated licensed health care professional must sign the Pharmacy Medical Assistance in Dying (MAiD) form.
7. The physician/NP provides the patient's date of death to the pharmacist for documentation on the Pharmacy MAiD Form.

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8. The physician/NP confirms medications were administered and identifies unused medications. They arrange for secure return of medications to the same location where medications were dispensed to permit timely disposal.
9. Upon return of unused medication, the pharmacist and physician/NP or designated licensed health care professional signs the Pharmacy MAiD form.

Appendix D: Registration for MAiD Patients

- For all NSHA outpatients participating in MAiD, regardless of where they reside in the province or what facility/location, the physician/NP will see that the patient is registered in the NSHA Central Zone Registration System (STAR).
- Registration may be completed following the MAiD procedure. Forward your completed MAiD forms by fax, available on the [NSHA website](#), to the Medical Affairs Advisor at 902-454-0379. Information on your forms will be captured for reporting purposes and then forwarded to Health Information Services and your patient registration will be completed.
- For those performing the registration, follow the table below to select the appropriate codes based on the location where the patient is being seen and complete the STAR System Registration.
- Each patient consult and procedure performed will require a separate registration for the patient.
- The documentation supplied to complete the registration will be filed within the patient legal health record at NSHA Central Zone.
- Copies of this information will be available to care providers involved in the continuum of care for the patient by contacting Health Information Services at 902-473-6318.

Facility	Department Locations	CUT Codes	Patient Types
Q	PHOM (patient home)	MDS	XSH
Q	IMDS (inpatient visit)	MDS	QIS
Q	OMDS (outpatient visit)	MDS	OSC

If you are completing STAR registration for a patient procedure, you will be manually required to change the discharge disposition for any expired patient to the morgue following the procedure and include the correct date and time for the change.

Documentation Requirements for MAiD Patients

- All NSHA patients participating in the MAiD program, regardless of where they reside or are seen in the province, are registered in the NSHA Central Zone computer systems and the required forms are filed to the legal health record for the patient within Central zone.
- All clinicians providing direct patient care to NSHA patients participating in MAiD are required to complete the forms for the appropriate visit type as identified on the [NSHA website](#).
- Clinicians can complete dictations for MAiD patients using the NSHA Provincial eScripton System.
- Instructions for system use, access and user support are included as follows.

NSHA Central Zone — Dictation Instructions for eScripton

Important: Always use your own Dictation ID even if you are dictating for the attending physician. The system will create your own voice profile based on this ID. If you do not know your ID please call 902-473-2568.

1. Lift handset and dial 902-473-5300 or 1-888-940-8088 (long distance).
2. Enter your **User ID** followed by the # key.
3. If you are clinician who dictates for an attending you will be prompted for the attending's PMB#. If you are an attending staff you will not be prompted for this number, continue to step 4.

Enter attending physician's **PMB#** followed by the # key.

Important: If you do not know the attending physician's PMB#, you will not be able to continue.

4. Enter the **Facility code (1) for QEII Health Sciences Centre** followed by the # key.
5. Enter **Worktype** followed by the # key.
6. Enter patient's **MRN** followed by the # key.
7. You will hear an intermittent tone — **press 2 to begin recording**.

Note: You will be in record mode **until** you interrupt it with a keypad function (see chart on following page).

8. When dictation on *that* chart is complete, press **8** to complete the report. Then to continue, repeat steps 3 through 6, or to complete the last report and disconnect press **5**. You will hear "goodbye" and may then hang up.

Note: When you press 8 to complete your dictation *or* 5 to complete dictation and disconnect, the system will provide you with a **Job ID #**. This is a confirmation number assigned to each individual dictated report. You should write down this # as it will be the reference number in the dictation system.

Instead of pressing 8 to complete report then 5 to disconnect, simply press 5 to complete your final report *and* disconnect. You will be given the **Job ID#** of the last report dictated and the system will say 'goodbye'.

KEYPAD FUNCTIONS

Throughout your dictation you can use **ANY** of the following features by entering the corresponding number to assist you in completing your dictation.

1.	PAUSE	Press 1 to put dictation on hold for 15 min. If not resumed before 15 min. is up, the report will be sent through to transcription.
2.	RECORD/STOP	Press 2 to begin your dictation.
3.	SKIPBACK/PLAY	Press 3 for an incremental rewind with automatic playback. Press 2 to stop playback.
4.	FAST FORWARD	Press 4 for an incremental fast forward.
5.	COMPLETE REPORT/DISCONNECT	Press 5 to complete the last report and disconnect.
6.	STAT REPORT	Press 6 anytime after you enter worktype # and before you complete the report. The system will confirm that you have indicated that this report is a priority. Priority reports will be transcribed within 24 hours.
7.	REWIND	Press 7 for rewind then 3 for playback.
8.	COMPLETE REPORT	Press 8 to complete report <i>or</i> Press 5 to complete report and disconnect.
9.	INTERRUPT REPORT	Press 9 to put correct dictation in "holding pattern." You must complete this dictation within 24 hours or the system will automatically end the report.

MAID E-scription Work Type Selection Options for Dictation

Work Type	E-scription Report Template	Report Location in HPF
26	MAID Consultation Letter	Consultation Records
27	MAID Progress Note/Phone Consult	Progress Notes
28	MAID Death Summary Report	Discharge Summary/ Death Report

Appendix E: Continuing Care Quick Reference Guide for Physicians/NPs: MAiD in the Community

This reference guide applies to the delivery of medical assistance in dying (MAiD) in the community requiring Continuing Care services. These settings may include a patient's home, a long-term care facility, other care facility, etc.

- Screen and assess the patient and complete required MAiD documentation and process as per NSHA policy and professional practice standards.
- If the patient **lives in a care facility** in the community, contact the administrator to inform them of the request (with consent of the patient).
 - If the care facility will support delivery of MAiD in the facility and community nursing is required, send a referral to Continuing Care.
 - If the care facility will not support delivery of MAiD in the facility, discuss this with the patient and identify an alternate setting for the procedure to occur.
- If the alternate setting is in the community (e.g., someone's home) and community nursing is required, send a referral to Continuing Care.
- If the alternate setting is in a hospital, follow the procedures for the delivery of MAiD in a hospital setting.
- If the patient **lives at home** in the community and community nursing service is required, send a referral to Continuing Care.
 - Arrange for the delivery of medication to the home and for post-procedure items.
 - Arrange for the required MAiD documentation to be in the home or facility the day of the procedure (i.e., Pre-Procedure Form).

Nursing services will not be delivered if the documents are not available the day of the procedure. The complete **Continuing Care Referral Package** for the purpose of MAiD must include:

- Continuing Care *Referral Form*
- Continuing Care *Physician/NP Order Form*
- A copy of the patient's signed [Request for and Consent to Medical Assistance in Dying](#) form
- A copy of the completed *Physician/NP Assessment Forms* (First and Second).

The referral must indicate that the request is for the delivery of MAiD and include the planned date for delivery (if known). Consider providing a cell phone number to expedite communication with Care Coordination and the nursing agency, particularly if the timelines are shortened.

Referral to Continuing Care as early as possible and specifying the request is for MAiD is critical to ensure they and their contracted service providers can uphold the legal rights and professional responsibilities of their staff. Continuing Care makes every effort to expedite MAiD referrals.

Continuing Care Intake: 1-800-225-7225

This is a CONTROLLED document for internal use only. Any documents appearing in paper form are not controlled and should be checked against the electronic file version prior to use.

Version History

Major Revisions (e.g. Standard 4 year review)	Minor Revisions (e.g. spelling correction, wording changes, etc.)
New to NSHA Aug. 7, 2019	