



## PRACTICE STANDARD

# Medical Assistance in Dying

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Related topic(s): [Access to Medical Care Without Discrimination: Indigenous Cultural Safety, Cultural Humility and Anti-racism](#)

A practice standard reflects the minimum standard of professional behaviour and ethical conduct on a specific topic or issue expected by the College of its registrants (all physicians and surgeons who practise medicine in British Columbia). Standards also reflect relevant legal requirements and are enforceable under the [Health Professions Act](#), RSBC 1996, c.183 (*HPA*) and College [Bylaws](#) under the *HPA*.





- g. if they are directly involved in providing health-care services or directly provide personal care to the patient as their primary occupation and they are paid to do so, they must not be either the medical practitioner or nurse practitioner who will provide
  - i. medical assistance in dying to the patient, or
  - ii. an opinion confirming the patient meets the criteria for medical assistance in dying, as set out in section 241.2(1) of the Criminal Code

### Proxy for patient request

The Criminal Code requires that if the patient requesting medical assistance in dying has the mental capacity to make a free and informed decision with respect to their health, but is physically unable to sign and date the request for medical assistance in dying, another person may sign in the patient's presence, on the patient's behalf, and under the patient's express direction. The person acting as a proxy must be at least 18 years of age, understand the nature of the request for medical assistance in dying, and not know or believe that they are a beneficiary under the will of the patient making the request, or that they will receive, in any other way, any financial or other material benefit resulting from the patient's death.

### Medical assessors

The process respecting MAiD involves the opinion of two independent medical assessors (MAs), one of whom shall also be the assessor-prescriber of the lethal substances. Only a physician or nurse practitioner may be a MA. Both MAs must be licensed for independent practice in their respective Canadian jurisdictions, and at least one MA must be licensed in British Columbia.

Registrants acting as an MA must have the appropriate competencies, qualifications, experience and training to render a diagnosis and understanding of the patient's condition, together with the appropriate technical knowledge and competency to provide MAiD in a manner that is respectful to the patient.

When death is not reasonably foreseeable, MAiD can occur in circumstances where neither MA has expertise in the condition causing the patient's suffering. However, in such circumstances, one of the MAs must consult with a medical practitioner or nurse practitioner who does have the appropriate expertise to ensure that all treatment options have been identified and explored. Both MAs must be made aware of the consultation results.

Both MAs must be independent of each other. The MAs are independent if they

- a. are not a mentor to the other MA or responsible for supervising their work,
- b. do not know or believe that they are a beneficiary under the will of the patient making the request, or a recipient, in any other way, of a financial or other material benefit resulting from that patient's death, other than standard compensation for their services relating to the request, and
- c. do not know or believe that they are connected to the other MA or to the patient making the request in any other way that would affect their objectivity.

### Eligibility assessment

Both MAs must:



the patient has been assessed and all eligibility criteria and safeguards have been met to receive MAiD

the patient is at risk of losing decision-making capacity before their preferred date to receive MAiD, and has been informed of that risk

the patient makes an arrangement in writing with their practitioner to waive final consent, and according to which the practitioner will administer MAiD on or before their preferred date if they have lost the capacity to provide final consent at that time

## Prescribing MAiD

Registrants acting as the assessor-prescriber must:

- a. be of the opinion that the patient meets all of the eligibility criteria established for medical assistance in dying
- b. ensure that the request for medical assistance in dying was a voluntary request and was not made as a result of external pressure
- c. ensure that the request was signed and dated after the patient was advised by a physician or nurse practitioner that they have a grievous and irremediable condition
- d. be satisfied that the request for medical assistance in dying was made in writing and signed and dated by the patient or by their proxy before on4c7rW\*ñBT

- iv. ensure there are 90 clear days between the day on which the first assessment for eligibility is initiated and the day on which medical assistance in dying is provided

Note: The requirement for 90 clear days can be shortened as appropriate if both the assessor and assessor-prescriber are of the opinion the patient's loss of capacity to provide consent for medical assistance in dying is imminent.

The rationale for determining whether a patient is track 1 or track 2 needs to be clearly documented in the patient's medical record by the assessor-prescriber.

Registrants acting as the assessor-prescriber must not set a date for MAiD, issue the prescription, or pick up the medications for MAiD until eligibility assessments are completed by both the prescriber and assessor.

## Administering MAiD

Immediately before providing MAiD, the registrant acting as assessor-prescriber must give the patient an opportunity to withdraw their request and ensure that the patient gives express consent to receive MAiD.

In the case of a person whose death is reasonably foreseeable, this requirement is waived if all of the following criteria is met:

- a. Before the person loses the capacity to consent to receiving medical assistance in dying
  - i. they satisfied all applicable criteria and safeguards,
  - ii. they entered into an arrangement in writing with the assessor-prescriber that the assessor-prescriber would administer a substance to cause their death on a specified day,
  - iii. they were informed by the assessor-prescriber of the risk of losing the capacity to consent to receiving medical assistance in dying prior to the day specified in the arrangement, and
  - iv. in the written arrangement, they consented to the administration by the assessor-prescriber of a substance to cause their death on or before the day specified in the arrangement if they lost their capacity to consent to receiving medical assistance in dying prior to that day.
- b. The person has lost the capacity to consent to receiving medical assistance in dying.
- c. The person does not demonstrate, by words, sounds or gestures, refusal to have the substance administered or resistance to its administration.
  - i. Involuntary words, sounds or gestures made in response to contact are not considered a demonstration of refusal or resistance.
  - ii. If words, sounds or gestures are made that demonstrate a refusal to receive the substance, medical assistance in dying can no longer be provided on the basis of the consent outlined in this section.
- d. The substance is administered to the person in accordance with the terms of the arrangement.







report MAiD in PART I (a)

report the underlying illness/disease causing the grievous and irremediable medical condition in Part I

report manner of death as "Natural"

Registrants who provide MAiD must also complete the Prescription and Medication Administration Record which can be accessed through each health authority's care coordination centre. For community-based registrants who are not affiliated with a health authority, this form can be accessed by contacting the College. For more information on reporting requirements and time frames, please visit the [BC Ministry of Health Medical Assistance in Dying website](#).