Medical Assistance in Dying
Frequently Asked Questions
What is medical assistance in dying?

Medical assistance in dying means:
• The administering by a doctor or nurse practitioner of a substance to a patient, at their request, that causes their death; or,

• The prescribing or provision by a doctor or nurse practitioner of a substance to a patient, at their request, so that they may self-administer the substance and in doing so cause their own death.

Is medical assistance in dying legal?

Yes. Following a Supreme Court of Canada ruling, medical assistance in dying became legal on June 6, 2016 and is governed under federal law.

For more information, visit:
Government of Canada information on Medical Assistance in Dying
canada.ca/en/health-canada/services/medical-assistance-dying.html
and
Federal Bill C-14: Medical Assistance in Dying
parl.ca/DocumentViewer/en/42-1/bill/C-14/royal-assent

Who is eligible for medical assistance in dying?

A patient may receive medical assistance in dying only if they meet all the following criteria:
• Possess a provincial health card;
• At least 18 years of age;
• Capable of making decisions with respect to their health;
• Have a grievous and irremediable medical condition;
• Have made a voluntary request for medical assistance in dying that, in particular, was not made as a result of external pressure; and,
• Give informed consent to receive medical assistance in dying after having been informed of the means that are available to relieve their suffering, including palliative care.

What does capable mean?

A capable patient has decision making capacity. The patient is able to understand the information that is relevant to making a decision about their health; and, appreciate the reasonably foreseeable consequences of a decision or lack of decision.

What does grievous and irremediable medical condition mean?

Legislation states that a patient has a grievous and irremediable medical condition only if they meet all of the following criteria:
• The patient has a serious and incurable illness, disease or disability;
• The patient is in an advanced state of irreversible decline in capability;
• That illness, disease or disability, or the state of decline causes the patient enduring physical or psychological suffering that is intolerable to the patient and that cannot be relieved under conditions that the patient considers acceptable; and,
• The patient’s natural death has become reasonably foreseeable, taking into account all of their medical circumstances.
What is enduring suffering?

Enduring suffering is physical or psychological pain or distress that the patient has lived with for a long time.

What is intolerable suffering?

Intolerable suffering is physical or psychological pain or distress that the patient finds unbearable.

How does a patient know whether they meet the criteria?

In Newfoundland and Labrador, doctors and nurse practitioners are legally authorized to assess whether a patient meets the criteria. The patient will be assessed by two or more doctors or nurse practitioners independent of one another. The two physicians or nurse practitioners will have to agree that the patient meets the criteria.

How long will the assessment take?

It depends on how much time the doctor(s) or nurse practitioners will need to make sure that the patient meets the criteria. Patients are encouraged to speak to their doctor or nurse practitioner about their concerns.

It is recommended that patients use the Patient Request (Declaration of Intent) for medical assistance in dying, but other formats of written request that are signed by two independent witnesses are also acceptable.

Patient Request form:

gov.nl.ca/health/forms

Forms can also be obtained from the doctor's office, or by requesting a form from the regional coordinators. Once the written request is complete and signed, it can be faxed or emailed to the regional contact.

How does a patient get the medical assistance in dying process started?

STEP 1: A patient should talk with their doctor or nurse practitioner about any concerns or questions.

STEP 2: A formal request must be made for medical assistance in dying. If a patient wants to be formally assessed for assisted dying, they need to provide a request in writing, signed by two independent witnesses.

Patient Request form can be found at:

gov.nl.ca/health/forms
Does a patient have to have a terminal illness diagnosed to be eligible for medical assistance in dying?

No. Rather, there must be a real possibility of death, evidenced by the patient's irreversible decline, within a period of time that is foreseeable in the not too distant future.

Could a patient with a mental illness potentially meet the criteria for medical assistance in dying?

Patients with mental illness are not prevented from accessing medical assistance in dying, as long as they have capacity and meet the criteria for medical assistance in dying, as set out in the federal legislation. This includes the requirement that the patient who is seeking medical assistance in dying has decision-making capacity. The Federal Government has committed to conducting further studies to examine the legal, medical and ethical questions that arise where patients, who suffer from mental illness only, are seeking a medically assisted death.
Who can be an independent witness to a patient’s request for medical assistance in dying?

An independent witness can be any person who is at least 18 years of age and who understands the nature of the request for medical assistance in dying, except if they:

- 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;
- Are an owner or operator of any health care facility at which that patient making the request is being treated or any facility in which that patient resides;
- Are directly involved in providing health care services to the patient making the request; or,
- Directly provide personal care to the patient making the request.

What happens if the patient is not able to sign the written request?

Another person can be assigned the role of a designate, who may sign for the individual. This person must:

- Be at least 18 years of age;
- Understand that the patient is requesting assisted dying; and,
- Not know or believe they will benefit under the patient’s will.

The signing must be done in the presence of, and under the direction of, the patient.

If a patient has communication challenges, regional speech language pathologists are available to assist.

In the event that a patient cannot sign their own written request and they require a designate to do this, it is the responsibility of the patient, the designate, and the two assessing practitioners to ensure that at all times they are acting in accordance with the expressed wishes of the patient.

What does it mean to give informed consent?

The patient’s doctor or nurse practitioner will discuss their medical condition with them. They will make sure the patient has considered all of the services or treatments that are available to them. These may include comfort care, pain control, symptom management, palliative care or other options.

The patient does not have to accept any of these services, but it is important that they know about them before they pursue medical assistance in dying.

The health care providers need to be sure that the patient is making this decision voluntarily and not being persuaded or pressured into medical assistance in dying by someone.

Is there a waiting period?

Yes. There must be at least 10 days between the day the patient signs the request and the day the patient receives medical assistance in dying. This waiting period may be reduced if both doctors or nurse practitioners who assessed the patient’s eligibility agree that death or loss of capacity to consent is near.
Who can administer medical assistance in dying, and what assessments will be required?

In Newfoundland and Labrador, doctors or nurse practitioners are able to administer medical assistance in dying. The assessment includes:

- Conducting a comprehensive assessment of the root cause(s) of the patient’s suffering with the goal of providing relief;
- Providing a diagnosis and prognosis of a patient’s condition; and,
- Assessing the patient’s decision-making capacity.

What if a physician or nurse practitioner does not want to provide medical assistance in dying?

For a variety of reasons, not all doctors or nurse practitioners will provide medical assistance in dying and no doctor or nurse practitioner will be forced to do so.

While some doctors and nurse practitioners may choose not to be involved in medical assistance in dying, they must follow professional requirements set by the College of Physicians and Surgeons of Newfoundland and Labrador and the Association of Registered Nurses of Newfoundland and Labrador (ARNNL). In this situation, the College and ARNNL recommends that the physician and nurse practitioner “offer the patient timely access to another medical professional, (or appropriate information source, clinic or facility) who is: available, accessible and willing to provide medical assistance in dying to a patient who meets the eligibility requirements.”

College of Physicians and Surgeons of Newfoundland and Labrador: cpsnl.ca

Nurse Practitioners providing Medical Assistance in Dying (Maid):
arnnl.ca/sites/default/files/documents/RD_NPs_Providing_Medical_Assistance_in_Dying.pdf
Which health care providers are involved in medical assistance in dying and what is their role?

At this time in Newfoundland and Labrador, doctors and nurse practitioners are the only health care providers able to provide medical assistance in dying. It is legal for other health care providers such as pharmacists, nurses, and social workers to aid a doctor or nurse practitioner in providing medical assistance in dying.

Where can a patient receive medical assistance in dying?

A decision about where assisted dying should occur will be determined following a discussion between a patient and their physician or nurse practitioner or health care provider.

Medical assistance in dying may take place in a hospital, long-term care facility, or other community locations such as a patient's home, personal care home or private clinic depending on the patient's wishes, and the feasibility of their requests.

What if a patient changes their mind about receiving medical assistance in dying?

Patients requesting medical assistance in dying can change their mind and rescind their request at any time.

Does the patient's family need to know about their medical assistance in dying decision?

The decision to consider medical assistance in dying is a personal one. It is up to the patient to determine with whom they would like to discuss this.

Can a patient have family and friends with them when they die?

Yes. The decision to have family and friends with the patient when they die is open for discussion between the patient and their health care provider, considering all factors including the patient's wishes, cultural sensitivity, feasibility and the safety of all involved.

Is there a cost to receive medical assistance in dying?

No. Where assisted dying is provided through the Regional Health Authorities, the physician and/or nurse practitioner and medication costs will be paid by the Regional Health Authority/ MCP.

Will there be any issues with a patient's pension or life insurance?

It is recommended that patients requesting medical assistance in dying contact their pension provider and life insurance provider for specific information.

What is available to prevent and relieve suffering at end of life?

Palliative and end of life care are important parts of comprehensive care for patients diagnosed with a life limiting illness. For a patient to truly make an informed decision, they must first be fully aware of all their end of life options including palliative care as well as pain and symptom management.

Palliative care can be provided at any time to control symptoms and to provide support for patients and families during an advanced illness.
End of life care is compassionate care that focuses on comfort, quality of life, respect for personal health care treatment decisions, support for the family, and psychological, and spiritual concerns for patients who are dying and their families, in a culturally appropriate manner.

Palliative and end of life care professionals have specialized training and expertise in pain management and symptom control and work with patients and families to maintain comfort and dignity. Care can be provided at home, in an assisted living residence or a residential care facility. Services available include; care co-ordination and consultation, pain and symptom management, pastoral care, nursing services, home support, and respite for the caregiver. Services are personalized to meet the unique needs of each individual and family.

What about Advance Care Planning?

Advance Care Planning involves the patient, as a capable adult, thinking and talking about their beliefs and values, and writing down their wishes or instructions regarding future health care treatment in the event they become incapable of speaking for them self or making their own decisions. Advance Care Planning enables those who know the patient best to speak up for the patient and respect their wishes if asked to make a decision on their behalf. When the Advance Care Planning documentation is completed it is then called an advance directive.

Can requests for medical assistance in dying be made through an advance directive, or the patient’s substitute decision maker?

No. Advanced consent for medical assistance in dying is not permitted. Patients must be able to give consent at the time medical assistance in dying occurs.
Can a patient write down their wishes in case they lose capacity?

No. A patient cannot write their wishes for medical assistance in dying in an advance directive or in their living will. The patient must be able to provide consent at the time medical assistance in dying occurs.

Does a patient need to get court permission to receive medical assistance in dying?

No. Canadian law allows medical assistance in dying to proceed for eligible patients who follow the established process without involving the courts.

What if a patient wants to be an organ donor?

If a patient is considering medical assistance in dying and would like to be an organ donor, please speak to the health care provider or contact the Nurse Coordinator NL Provincial Organ/Tissue Donor Program:

Call 709.777.6600 or Toll free 1.877.640.1110

Contacts for palliative care and end of life regional services:

**Labrador-Grenfell Health**
Regional Palliative Care Coordinator
178-200 West St.
St. Anthony, NL
A0K 4S0
t: 709.454.0665

**Central Health**
End of Life Home Care Coordinator
394-412 Main Street
P.O. Box 1209
Lewisporte, NL A0G 3A0
t: 709.535.0926  f: 709.535.2912

**Western Health**
Regional Home Nursing Coordinator
149 Montana Dr., 2nd Floor
Stephenville, NL A2N 2T4
t: 709.643.8717

**Eastern Health**
Regional Palliative End of Life Care Coordinator
P.O. Box 13122
St. John's, NL A1B 4A4
t: 709.466.6407