



Medical Assistance in Dying

FAQs for Patients
and Families

PRHC
Peterborough Regional
Health Centre

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MEDICAL ASSISTANCE IN DYING: Frequently Asked Questions

This handout is about the personal decision to request “medical assistance in dying.”

Medical assistance in dying is intended for patients with a serious condition that causes long-term suffering.

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1. What is “Medical Assistance in Dying”?¹

Medical Assistance in Dying means:

Administration by a doctor or nurse practitioner of a substance to a person, at that person’s request, that causes their death;
or

Prescription or provision of a substance by a doctor or nurse practitioner to a person, at that person’s request, so that they may self-administer the substance and in doing so cause their own death.

Please note: Until further notice, there may be limitations on the prescription or provision of oral medications.

2. Who can provide medical assistance in dying?

Any physician (medical doctor) and or nurse practitioner (licensed in the province) can provide medical assistance in dying.

¹ Bill C-14. An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying). S. 241.1
www.parl.gc.ca/LegisInfo/BillDetails.aspx?Language=E&Mode=1&billId=8177165

3. Who is eligible for medical assistance in dying?

A person qualifies for medical assistance in dying if they meet **all** the following criteria:

- a. Possess or are eligible for a provincial health card;
- b. At least 18 years of age;
- c. Capable of making decisions with respect to their health;
- d. Have a grievous and irremediable medical condition (See question #8);
- e. Have made a voluntary request for medical assistance in dying that, in particular, was not made as a result of external pressure, and;
- f. 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.²

² Bill C-14. An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying). S. 241.2 (1) www.parl.gc.ca/LegisInfo/BillDetails.aspx?Language=E&Mode=1&billId=8177165

4. What does “capable” mean?

A capable person has decision-making capacity.
You are able to:

Understand the information that is relevant to making
a decision about the treatment
and
Appreciate the reasonably foreseeable consequences of
a decision or lack of decision.³

Your healthcare team assesses capacity by asking
you questions.

5. What does it mean to give informed consent?

Before you request medical assistance in dying, you need
to know about the options available to relieve suffering,
including palliative care. Your health care team wants to
make sure you have all the information you need to make
this important decision.

Your team also wants to be certain you are making this
decision voluntarily – that you are not being forced into
it by someone.

³ Health Care Consent Act, 1996, S.O. 1996, c.2 Sched. A, s. 4(1).

6. Does my request need to be witnessed?

Yes, the request for assistance in dying must be signed and dated before **two** independent witnesses.

An independent witness

- is at least 18 years old
- understands the patient is requesting assisted dying
- will not benefit or does not believe they will benefit under the will or in any other way from the patient's death
- is not the owner or operator of a health facility in which the patient lives or is being treated
- is not providing health care services to the patient making the request

7. Is there a waiting period?

Yes. Under normal circumstances there must be 10 days between the day you sign the request and the day you receive medical assistance in dying,. This may be reduced if both the doctor/nurse practitioners agree that death or loss of capacity to consent is near. Please ask your team for details on how this affects you. (See question #15 for details on doctor/nurse practitioner eligibility assessments).

8. What does “grievous and irremediable medical” condition mean?

A person has a grievous and irremediable medical condition if:

- a) they have a serious and incurable illness, disease or disability;
- b) they are in an advanced state of irreversible decline in capability;
- c) that illness, disease or disability or that state of decline causes them enduring physical or psychological suffering that is intolerable to them and that cannot be relieved under conditions that they consider acceptable; and
- d) their natural death has become reasonably foreseeable, taking into account all of their medical circumstances, without a prognosis necessarily having been made as to the specific length of time that they have remaining.

9. What is enduring suffering?

Enduring suffering is physical or psychological pain or distress that you have lived with for a long time.

10. What is intolerable suffering?

Intolerable suffering is physical or psychological pain or distress that you find unbearable.

11. How is medical assistance in dying different from stopping or not starting treatment?

Patients may choose to stop treatment or not to start treatment. These decisions, like medical assistance in dying, are each patient's decisions to make. Patients base these decisions on their values, beliefs and healthcare goals.

The key difference is the intent of the decision. Patients who choose to stop treatment or not to start treatment intend to avoid treatment that will not provide a benefit or that is too difficult. Their intent is not necessarily to bring about their own death. If death happens, the cause of death will be their disease.

With medical assistance in dying, the patient's death is intended.

12. Is medical assistance in dying the same as assisted suicide?

Yes. Medical assistance in dying includes both patient administered and physician administered methods. In the past, the patient administered method was called assisted suicide.

13. Do I have to undergo treatment first?

No, you do not have to undergo treatment (e.g. chemotherapy, surgery) you find unacceptable. The Supreme Court wrote that irremediable: "... does not require the patient to undertake treatments that are not acceptable to the individual."⁴

14. Is there a right decision?

This is a personal decision based on your values, beliefs and health care goals. You determine what is right or wrong for you.

15. Does another physician/nurse practitioner have to agree I meet the criteria?

You will be assessed by two (2) or more physicians or nurse practitioners. They will have to agree that you meet the criteria. If one or more feel you do not meet the criteria, you can ask to be assessed by another physician or nurse practitioner.

⁴ Carter v. Canada (Attorney General) 2015 SCC 5, [2015] 1 S.C.R. 331.[127] scc-csc.lexum.com/scc-csc/scc-csc/en/item/14637/index.do.

16. Can I expect my health care team to provide medical assistance in dying?

Maybe. Many healthcare professionals and some healthcare institutions will be unwilling to help with medical assistance in dying because it is not comfortable for them or goes against an institution's faith-based mission. It is a very personal choice for them, too. If they cannot help, you will be connected with a person or resource that will.

17. Do I have to inform my family?⁵

It is usually a good idea to try to involve your family – getting medical assistance in dying may have a major impact on them. If it is difficult to talk with your family for any reason, you can ask for help from your healthcare team (e.g. social workers, spiritual care providers, or others).

18. How long will the assessment take?

Generally each assessment takes approximately one (1) hour. Please speak to your healthcare team if you have concerns.

⁵ Family is defined as anyone important to the patient.

19. Where can I have medical assistance in dying?

Medical assistance in dying can be provided in hospital and at home. Your healthcare team will help you to review the options and discuss what is best for you.

20. Can family provide medical assistance in dying?

Family can help you to complete forms and provide support to the physician or nurse practitioner during the process.⁶

21. Can I have family and friends with me when I die?

Yes, you can have anyone you choose with you during assisted dying. You should discuss this with them well in advance to make sure they are willing to be present. The health care team will help prepare you and them. They need to understand what they will see before they agree.

⁶ Bill C-14. An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying). S. 227(2)
www.parl.gc.ca/LegisInfo/BillDetails.aspx?Language=E&Mode=1&billId=8177165.

22. Can others make the decision for me?

No, only you can make the decision to request assistance in dying. If you are not capable, others cannot make the decision for you.

23. Can I write down my wishes in case I lose capacity?

No. You must be able to ask for medical assistance in dying at the time. You cannot write your wishes for assistance in dying in an advance care plan (e.g., living will).

24. Can I change my mind?

Yes, you can change your mind at any time, for any reason. Simply tell a member of your health care team. If you change your mind, there will be no negative consequences; you will continue to receive high quality care. No one will think any less of you if you change your mind.

25. What happens if I can't sign?

If you are not able to sign and date the request, another person may sign for you. This person must:

- be at least 18 years of age
- understand that the patient is requesting medical assistance in dying, and
- not know or believe they will benefit under the patient's will

The signing must be done in your presence and under your direction.

26. What if I want to be an organ donor?

If you are considering medical assistance in dying and would like to be an organ and/or tissue donor, please speak to your health care team or Trillium Gift of Life Network, www.giftoflife.on.ca or 1-800-263-2833.

27. What if I have other questions?

If you have other questions, please ask a member of your health care team. Additional information can be obtained from the:

College of Physicians and Surgeons of Ontario

www.cpsso.on.ca or 1-800-268-7096 Ext. 603

Ontario Ministry of Health and Long-Term Care

www.health.gov.on.ca/en/pro/programs/maid/default.aspx

Medical Assistance in Dying (MAID) Practical steps and checklist for patients and their families

<input type="checkbox"/>	I have a valid Ontario health card
<input type="checkbox"/>	I have spoken with my physician/nurse practitioner about MAID
<input type="checkbox"/>	I have spoken with my family/significant others about MAID (if desired)
<input type="checkbox"/>	I have spoken with a lawyer about any legal concerns if I choose MAID (if desired)
<input type="checkbox"/>	I have access to spiritual and social support should I choose
<input type="checkbox"/>	I have ensured that my will is current and my executor is aware that I may want MAID
<input type="checkbox"/>	I have made funeral plans
<input type="checkbox"/>	I am aware that bereavement support is available for my family after my death

**Peterborough Regional Health Centre
would like to acknowledge
Sinai Health System for developing the
content used in this patient document.**



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