



Medical Assistance in Dying

FAQ for Patients and Families

Assistance in Dying: frequently asked questions

Introduction

This handout is about the personal decision to request “medical assistance in dying.” Assistance in dying is intended for capable adults whose deaths are reasonably foreseeable.

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

Medical assistance in dying means:

(a) Administering by a doctor or nurse practitioner of a substance to a person, at their request, that causes their death;

or

(b) Prescribing or providing by a doctor or nurse practitioner of a substance to a person, at their request, so that they may self-administer the substance and in doing so cause their own death.

Note 1: Ontario nurse practitioners are not currently permitted to prescribe controlled substances, some of which may be used in medical assistance in dying.

Note 2: Until further notice, oral medications are not widely available in Canada.

Note 3: Types of medication used for medical assistance in dying should be discussed with your doctor or nurse practitioner.

2. Who is eligible for Assisted Dying?

A person may be eligible for assisted 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 below)¹
- e) Have made a voluntary request for assisted dying that, in particular, was not made as a result of external pressure, and;
- f) Give informed consent to receive assisted dying after having been informed of the means that are available to relieve their suffering, including palliative care.²

¹ *Criminal Code* S. 241.1

<http://www.parl.gc.ca/HousePublications/Publication.aspx?Language=E&Mode=1&DocId=8384014>

3. 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 your health
and
- Appreciate the reasonably foreseeable consequences of a decision or lack of decision.³

Your health care team assesses capacity by asking you questions.

4. What does it mean to give informed consent?

Before you request 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 that you are making this decision voluntarily -- that you are not being forced into it by someone.

Your consent is given in writing in front of two witnesses. This shows you are sure about your request. If you are unable to provide consent in writing, certain persons can sign on your behalf. (See questions #6 & #28 for more details).

5. 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 assistance in dying. This may be reduced if both the doctors/ 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 #14 for details on doctor/nurse practitioner eligibility assessments).

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

² *Criminal Code* S. 241.2 (1)

<http://www.parl.gc.ca/HousePublications/Publication.aspx?Language=E&Mode=1&DocId=8384014>

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

- is not providing personal care to the patient making the request.

7. 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.

8. What is enduring suffering?

Enduring suffering is physical or psychological pain or distress that has continued over time.

9. What is intolerable suffering?

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

10. How do I get started?

First, talk to your healthcare team about your concerns and your request. They will discuss all of your options with you. If you want to be formally assessed for assisted dying, you need to provide a request in writing, signed by two witnesses. This request should be given to your healthcare team. You can find the “Patient Request for Medical Assistance in Dying” form at

<http://www.health.gov.on.ca/en/pro/programs/maid/default.aspx>

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

Patients choose when to stop treatment or when not to start treatment. These decisions, like assisted dying, are the personal decisions of each patient. Patients base these decisions on their values, beliefs and health care 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**. The cause of death is the medication given to the patient.

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

Yes. Assisted dying includes both patient administered and doctor/nurse practitioner 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 any 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. Does another doctor or nurse practitioner have to agree I meet the criteria?

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

15. Is there a right decision?

If you meet the criteria, this is a personal decision based on your values, beliefs and health care goals. You determine what is right or wrong for you.

16. What if I do not have a doctor or nurse practitioner?

If you do not have a doctor or nurse practitioner, you can contact health care connect:

<https://www.ontario.ca/page/find-family-doctor-or-nurse-practitioner>

or call **Service Ontario, Infoline** 1-866-532-3161 TTY 1-800-387-5559. In Toronto, TTY 416-327-4282
Core hours : 8:30am - 5:00pm and ask how to join health care connect.

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

This varies. Some health care professionals will not be willing or able to help with medically assisted dying because it is not comfortable for them. It is a very personal choice for them, too. If they cannot help, you will be referred to someone who will.

18. Do I have to inform my family⁵?

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

⁵ Family is defined as anyone important to the patient.

It is usually a good idea to try to involve your family – getting assisted 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 health care team (e.g., social workers, spiritual care providers, occupational therapists, or others).

19. How long will the assessment take?

It depends how much time the doctors and nurse practitioners need to make sure that you meet the criteria. Please speak to your health care team if you have concerns.

20. Where can I have medical assistance in dying?

Medically assisted dying can be provided in hospital and at home. Your health care team will help you decide what is best for you.

21. Who can provide medical assistance in dying?

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

22. Can family provide medical assistance in dying?

Family can help you to complete forms and provide support during the process. Family cannot administer the medication that was prescribed by a doctor and intended to be administered by a doctor/nurse practitioner. However, if an eligible patient wishes to self-administer, and receives a prescription for self-administration, the family may assist at the patient's explicit request, for the purpose of helping the patient to self-administer.

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

Yes, you can have anyone you choose with you during the medical assistance in dying procedure. 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.

24. How long does the medical assistance in dying procedure take?

For doctor or nurse practitioner administration of medical assistance in dying, the procedure takes approximately 30 minutes to complete.

25. Can others make the decision for me?

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

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

No. You must be able to ask for medically assisted dying at the moment you wish to receive it. You cannot write your wishes for assistance in dying in an advance care plan (e.g., living will).

27. Do I need to get court permission?

No. In Ontario, you do not need court permission to proceed. The decision is between you and your doctor or nurse practitioner.

28. 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.

Health care team members will confirm your wishes throughout the process.

29. 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.

30. 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 <http://www.giftoflife.on.ca/en/> or 1-800- 263-2833.

31. What if I have other questions?

If you have other questions, please ask a member of your health care team.

Additional information can also be obtained from the:

College of Physicians and Surgeons of Ontario <http://www.cpso.on.ca/>

Ontario Ministry of Health and Long-Term Care

<http://www.health.gov.on.ca/en/pro/programs/maid/default.aspx>

