

Medical Assistance in Dying means: (a) the administering by a medical practitioner or nurse practitioner of a substance to a person, at their request, that causes their death; or (b) the prescribing or providing by a medical practitioner 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.

Medical practitioner means a person who is entitled to practise medicine under the laws of a province.

Nurse practitioner means a registered nurse who, under the laws of a province, is entitled to practise as a nurse practitioner - or under an equivalent designation - and to autonomously make diagnoses, order and interpret diagnostic tests, prescribe substances and treat patients.

A grievous and irremediable medical condition is defined as:

- having a serious and incurable illness, disease or disability; and,
- being in an advanced state of irreversible decline in capability; and,
- experiencing enduring physical or psychological suffering, due to the illness, disease, disability or state of decline, that is intolerable to the person and cannot be relieved in a manner that they consider acceptable; and,
- where the person's natural death has become reasonably foreseeable, taking into account all of their medical circumstances, without requiring a specific prognosis as to the length of time the person has left to live.

Authorized third person: In accordance with ss. 241.2(4) of the Criminal Code, a person who is at least 18 years of age and who understands the nature of the request for medical assistance in dying and who does 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 may sign and date the request in the presence and on behalf of the person requesting medical assistance in dying.

The use of this aid is voluntary. It is being provided to assist you in maintaining records of requests for medical assistance in dying. Please use this aid if you are a "Medical Practitioner" or "Nurse Practitioner" and a patient is requesting medical assistance in dying and it is your intention to provide medical assistance in dying to the patient. You should also include the completed aid in the patient's medical records.

For more information related to your professional obligations with respect to medical assistance in dying, please refer to any guidance and/or policies on medical assistance in dying issued by your regulatory college.

Section 1 - Patient Information

Last Name		First Name	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		Date of Birth (yyyy/mm/dd)	
Ontario Health Insurance Plan (OHIP) Number		Version Code	
Proof of other Canadian publicly-funded health insurance (For non-OHIP patients only)		I have received the patient's completed Patient Request (Clinician Aid A) for medical assistance in dying. Date of Request Received (yyyy/mm/dd)	

Section 2 - Practitioner Information

I am a <input type="checkbox"/> medical practitioner <input type="checkbox"/> nurse practitioner		College Registration Number	
Last Name		First Name	

Section 3 - Confirmation of Patient's Eligibility

I declare that:

- 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; (i.e., has a valid OHIP card or proof of other Canadian publicly-funded health insurance – e.g., from another province).
- The Patient is 18 years of age or older.
- I am of the opinion that the Patient is capable of making decisions with respect to their health.
- The Patient has a grievous and irremediable medical condition, meaning that:
- The Patient has a serious and incurable illness, disease, or disability;
 - The Patient is in an advanced state of irreversible decline in capability;
 - I believe that the illness, disease or disability causes the Patient enduring physical or psychological suffering that is intolerable to them and that cannot be relieved under conditions that they consider acceptable; and
 - I am of the opinion that the Patient's natural death has become reasonably foreseeable, taking into account all of their medical circumstances.
- I have discussed the following with the Patient, and that following this discussion the Patient provided their informed consent to medical assistance in dying:
- after having been informed of the means that are available to relieve their suffering, including palliative care;
 - all possible results including potential risks associated with the lethal medication to be prescribed or administered;
 - the probable result of the lethal medication to be prescribed or administered; and
 - any other information that must be discussed in order for the patient to provide informed consent, as set out in the *Health Care Consent Act, 1996*.
- I believe that the Patient has made a voluntary request for medical assistance in dying, and I have no reason to believe that the Patient does not otherwise meet the eligibility requirements to receive medical assistance in dying.

Signature (Physician or Nurse Practitioner)

Date (yyyy/mm/dd)

Note: If the "Medical Practitioner" or "Nurse Practitioner" has additional comments on the Patient's eligibility, please include in the Patient's medical records.

Section 4 - Confirmation of Safeguards

Note: The consulting "Medical Practitioner" or "Nurse Practitioner" will complete a separate aid (Clinician Aid C).

As the "Medical Practitioner" or "Nurse Practitioner" for the above named Patient, I declare that:

- The Patient has made a written request for medical assistance in dying that was signed and dated by the Patient, or an **authorized third person**, before two independent witnesses, after the Patient was informed by me or another physician or nurse practitioner that they have a **grievous and irremediable** condition.
- I informed the Patient that they may at any time, and in any manner, withdraw their request.
- An independent (secondary) medical practitioner or nurse practitioner has provided a written opinion confirming that the Patient meets the eligibility requirements for medical assistance in dying.

Signature (Physician or Nurse Practitioner)

Date (yyyy/mm/dd)

Section 5 - Confirmation of a Period of Reflection for the Patient

This section should be completed by the (primary) "Medical Practitioner" or "Nurse Practitioner" following the approval of eligibility by the (secondary) "Medical Practitioner" or "Nurse Practitioner".

As the (primary) "Medical Practitioner" or "Nurse Practitioner" for the above named Patient, I declare that:

There will be at least 10 clear days between the day on which the request was signed by the Patient and the day on which I will provide medical assistance in dying;

Or

I and the other medical practitioner or nurse practitioner are both of the opinion that the person's death, or the loss of their capacity to provide informed consent, is imminent - and therefore I considered the following period of reflection to be appropriate in the circumstances.

- Please specify term in days _____

Signature (Physician or Nurse Practitioner)

Date (yyyy/mm/dd)

Section 6 - Withdrawal of Request

As the (primary) "Medical Practitioner" or "Nurse Practitioner" for the above named Patient, I declare that immediately before providing medical assistance in dying (For example, before the provision of physician-administered MAID or before the writing of a prescription for patient self-administered MAID), I gave the Patient the opportunity to withdraw their request, and that the Patient:

Withdrew their Request

Or

Provided their express consent to receive medical assistance in dying.

- List manner in which express consent was provided: (i.e., verbal, written):

Signature (Physician or Nurse Practitioner)

Date (yyyy/mm/dd)

Section 7 - Approval Status (to be completed by medical or nurse practitioner only)

Is the patient eligible to access medical assistance in dying?

Yes No If no, explain: _____

Section 8 - Provision of Medical Assistance in Dying

As the (primary) "Medical Practitioner" or "Nurse Practitioner" for the above named Patient, I declare that I

Provided the patient with a prescription for a lethal medication, which the patient may self-administer for the purposes of hastening death.

Date prescription provided by (primary) "Medical Practitioner" or "Nurse Practitioner" (for patient-administered MAID)
(yyyy/mm/dd)

(If applicable) Date patient self-administered lethal medication
(yyyy/mm/dd)

Or

Administered a lethal medication to the patient, for the purpose of hastening death.

Date lethal medication was administered to the patient by (primary) "Medical Practitioner" or "Nurse Practitioner" (yyyy/mm/dd)

Signature (Physician or Nurse Practitioner)

Date (yyyy/mm/dd)

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