

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.

Please complete this voluntary aid (Clinician Aid C) if you have been asked by a "Medical Practitioner" or "Nurse Practitioner" to provide a written opinion confirming that the Patient meets the eligibility criteria to receive medical assistance in dying. 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)			

Section 2 - Practitioner Information

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

Current Business Address

Unit Number	Street Number	Street Name	PO Box
City/Town		Province	Postal Code
Telephone Number _____ ext. _____			

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

I am independent of the Patient and the (primary) Medical Practitioner or Nurse Practitioner, in that:

- I and the other medical practitioner or nurse practitioner are not in a mentoring or supervisory relationship with each other;
- I do not know or believe that I am a beneficiary under the will of the Patient, or a recipient, in any other way, of a financial or other material benefit resulting from the Patient's death (other than standard compensation for services I provide relating to this request); and
- I do not know or believe that I am otherwise connected to the Patient or other practitioner in a way that could affect my objectivity.

Signature (Physician or Nurse Practitioner)

Date (yyyy/mm/dd)

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.
- The Patient has been informed of the means that are available to relieve their suffering, including palliative care.

I have discussed the following with the Patient, and following this discussion the Patient provided their informed consent to medical assistance in dying:

- 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 - 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: _____

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