

PROFESSIONAL STANDARD REGARDING MEDICAL ASSISTANCE IN DYING: FREQUENTLY ASKED QUESTIONS FOR PHYSICIANS

[Bill C-14](#) which permits medical assistance in dying came into force on June 17, 2016. The College of Physicians and Surgeons of Nova Scotia developed a [Professional Standard Regarding Medical Assistance in Dying](#) aligned with federal legislation.

The College standard outlines the legal requirements and procedures to be followed by Nova Scotia licensed physicians who are involved with the provision of medical assistance in dying in the province.

The following attempts to address frequently asked questions raised by physicians.

Questions regarding the delivery of medical assistance in dying should be directed to the [Nova Scotia Health Authority](#).

1. What is the meaning of medical assistance in dying (MAID) and what does it encompass?

Medical assistance in dying as defined in the College's Professional Standard 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.

2. What are the obligations of physicians who choose not to provide MAID to their patients?

Physicians unable or unwilling to participate in MAID must complete an effective transfer of care for any patient requesting medical assistance in dying.

The physician must at the earliest opportunity:

- advise the patient that he or she is not able or willing to provide medical assistance in dying;
- provide the patient with a copy of this Standard;
- provide all relevant patient medical records to the physician providing services related to medical assistance in dying;
- continue to provide medical services unrelated to medical assistance in dying unless the patient requests otherwise or until alternative care is in place.

3. What is meant by an effective transfer of care?

An effective transfer of care means a transfer made by one practitioner in good faith to another practitioner who is available to accept the transfer, who is accessible to the patient, and willing to provide medical assistance in dying to the patient if the eligibility criteria are met.

4. Who is eligible to receive medical assistance in dying?

The patient is at least 18 years of age, capable of making decisions with respect to their health, requests MAID voluntarily and is eligible for health services funded by the province of Nova Scotia. The patient must have a grievous and irremediable medical condition.

5. What is a 'grievous and irremediable medical condition'?

Under the federal legislation, an individual has a grievous and irremediable medical condition if a physician is of the opinion that:

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

6. Does the patient have to be competent both when requesting and then when receiving MAID?

Yes. The federal legislation specifies that medical assistance in dying is available only to individuals who are capable of decisions with respect to their health. The patient must provide the physician or nurse practitioner with expressed consent immediately prior to receiving medical assistance in dying. An individual therefore cannot arrange for MAID through an advance directive.

7. Can MAID be arranged for by a patient through an advanced directive?

No. Physicians cannot act on a request for medical assistance in dying set out in a Personal Directive or similar document. All requests for medical assistance in dying must be made directly by the patient, and not be through an advance directive, or the patient's substitute decision-maker.

8. A second physician or nurse practitioner must confirm, in writing, whether the patient meets the eligibility criteria for MAID. The first and second physician or nurse practitioner must be independent of each other. What does this mean?

The two practitioners are independent from each other if they:

- i. are not a mentor to the other practitioner or responsible for supervising their work;
- ii. do 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, other than standard compensation for their services relating to the request;
or
- iii. do not know or believe that they are connected to the other practitioner or to the person making the request in any other way that would affect their objectivity.

9. Is the 10 day reflection or waiting period after a request for medical assistance in dying is made flexible?

Before prescribing or administering the medication a physician must ensure that there are at least 10 clear days between the day on which the request was signed by or on behalf the patient (which must be after the date the patient was informed of the grievous and irremediable medical condition) and the day on which the medical assistance in dying is provided, or, if the First Physician and the Second Physician are both of the opinion that the patient's death, or the loss of their capacity to provide informed consent, is imminent, any shorter period of time that the First Physician considers appropriate in the circumstances.