



# MEDICAL ASSISTANCE IN DYING (MAID) ASSESSMENT GUIDE

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CANADA

**Canada's medical assistance in dying (MAID)** law requires that two independent health care providers evaluate an individual's eligibility for MAID. It is understandable to feel stressed or uncertain about these eligibility assessments; however, they are necessary and invaluable to ensure that your nurse practitioner(s) or physician(s) understand who you are, your medical history, and why you are interested in MAID. This guide provides information on what to expect during the MAID assessment process.

## HOW DO I ARRANGE AN ASSESSMENT?

There are two options for arranging an assessment. One option is to speak to your primary health care provider (nurse practitioner or physician). Not all primary care providers are involved in MAID; however, they do have an expectation – and in some cases, a requirement – to provide an effective referral or transfer of care. This could mean directly referring you to another provider, or giving you the contact information for a local MAID care coordination or navigation service.

MAID care coordination services are available in most provinces and territories and many of them allow patients to register themselves without a referral. A full list of these services can be found on Dying With Dignity Canada's (DWDC) website. You are welcome to contact DWDC directly at [support@dyingwithdignity.ca](mailto:support@dyingwithdignity.ca) or by phone at **1-844-395-3640** for information about your local MAID care coordination service.

If you are an in-patient in a hospital, it is best to talk to your health care team because hospitals will often have their own internal MAID program. You can ask to speak to the MAID team, the most responsible practitioner (MRP), or a social worker. You should know that not all hospitals allow MAID onsite; if you run into difficulties, you can call your provincial/territorial/regional care coordination team or contact us at DWDC.



# WHAT IS INVOLVED IN AN ASSESSMENT?

You can think of an assessment as a conversation. This is an opportunity for you to share your experience with the assessors. While they may be able to tell a lot about your health journey by looking at your medical records, the assessment is an opportunity for you to discuss your values and explain your level of suffering and decline as it relates to your quality of life.

During this conversation, the assessor aims to get to know you and better understand your history, suffering, and life experiences – both good and bad. They will want to make sure you are mentally competent and capable of making decisions about your health. They also need to ensure that you understand your options and confirm that there are no signs that you are being influenced in any way to make a particular decision.

**Most of this meeting is a verbal conversation; however, there may be times when a brief physical examination is needed.**

**Here are some examples of when this may occur:**

- **Venous access:** The assessor may look at the veins in your inner arm or hand to determine whether there may be issues with inserting the IV, if you do move ahead with MAID
- **Decreased mobility:** If decreased mobility was part of your reason for requesting MAID, you might be asked to demonstrate how you can move in a room, so the assessor fully understands what you are describing to them.

It is common for your assessors to take a lot of notes – either written or typed on their computer. It is important for them to capture your words and get a thorough understanding of who you are and what you are experiencing.

## WHO IS INVOLVED IN AN ASSESSMENT?

Under the federal assisted dying law, only nurse practitioners and physicians can assess MAID eligibility.\*

You will require two eligibility assessments by either two nurse practitioners, two physicians, or one of each. Some individuals may require additional eligibility assessments or consultations (see: How does a nurse practitioner or physician determine eligibility? below). Sometimes, other members of the health care team, such as a registered nurse, MAID coordinator, or social worker, may be present for your assessment.

## WHERE DO I GO FOR MY ASSESSMENT?

MAID assessors typically come to wherever you are. They will make home visits or see you in hospice or long-term care. As mentioned, if you are an in-patient, it is best to inquire with your health care team within the hospital as they may have nurse practitioners or physicians providing MAID within the hospital.

Eligibility assessments may take place in person; however, video communication platforms, such as FaceTime or Zoom, can also be used.

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\*Some provinces and territories have their own rules around whether nurse practitioners can be involved in MAID eligibility assessments or provisions.

# HOW DO I PREPARE FOR MY ASSESSMENT?

You may feel some anxiety leading up to your appointment; this is normal. It is important to think about making the environment as comfortable as possible.

## **Tips:**

- Consider sitting or lying on a comfortable piece of furniture and wearing comfortable clothes
- Use the bathroom ahead of time
- Ensure that you have a glass of water or other drink with you during the conversation
- It is important to also consider the assessors and refrain from smoking during or immediately before their visit
- Secure any pets
- Turn down televisions or radios to allow you to hear one another as best as possible

It is also important to think about who you would like to be present. Most assessors allow – and often encourage – you to have a support person (friend, family member) with you during the assessments. There may be times, however, when the assessor asks for some time alone with you.

**MAID assessors across Canada also offered the following advice:**

## **Medical records and health care provider information**

Another way you can prepare for the assessments is to ensure that your medical records are easy to access so your assessors can review

them ahead of time. In some provinces and territories, there is a straightforward process for accessing your medical records; some regions, however, have a less centralized process. You can help the assessors by providing the names and contact information of all your health care providers (nurse practitioner, physician, specialists, psychiatrist) or contacting your health care providers directly to ask for your files (in some cases, there may be a fee involved).

## **Personal considerations**

Try to get a good sleep the night before the assessment so you are well-rested. If you typically feel better at specific times of day, be sure to tell your assessors so they can try to schedule your meeting during that time.

If you take medications that make you sleepy, it may be beneficial to arrange your assessment at a time when you will be less affected by the medications.

Eligibility assessments can be emotionally exhausting, so choose a time and date that is convenient for you. Let your assessors know if you want a break during the process.

## **Understanding eligibility**

No one expects you to be an expert on MAID; however, it may be helpful to read the eligibility requirements and procedural safeguards. That way, you are prepared to ask any questions of your assessors.

# HOW DOES A NURSE PRACTITIONER OR PHYSICIAN DETERMINE ELIGIBILITY?

During the assessment, the nurse practitioner or physician's goal is to determine whether you meet the eligibility requirements laid out in the law. According to Health Canada, a person must satisfy all the following criteria to be eligible for MAID:

- Be eligible for health services funded by the federal government, or a province or territory (or during the applicable minimum period of residence or waiting period for eligibility)
  - Visitors to Canada are not eligible for medical assistance in dying
- Be 18 years or older and mentally competent. This means you are capable of making decisions about your health
- Have a grievous and irremediable medical condition, meaning that:
  - You have a serious and incurable illness, disease, or disability (excluding a mental illness until March 17, 2024)
  - You are in an advanced state of decline in capability that cannot be reversed
  - You experience unbearable physical or mental suffering from your illness, disease, disability or state of decline that cannot be relieved under conditions that you consider acceptable
- Make a voluntary request for MAID that is not the result of outside pressure or influence
- Give informed consent after having received all information needed to make this decision, including a medical diagnosis, available forms of treatment, and options to relieve suffering (including palliative care)

Some of the criteria listed above are simple and straightforward. For example, it is easy to determine someone's age and whether they are eligible for health care. Other requirements are a bit more difficult to navigate, which is why the assessments are so vital.



## Tracks

If it seems likely that a person is eligible for MAID, the second question that an assessor will ask themselves is whether a person will be Track 1 or Track 2. This two-track system was introduced in March 2021 through Bill C-7. People whose natural deaths are “reasonably foreseeable” are considered Track 1, while those whose natural deaths are “not reasonably foreseeable” are considered Track 2.

“Track 1” and “Track 2” are informal terms that are not in the Criminal Code; therefore, some nurse practitioners and physicians may not use these terms or be familiar with them. However, those involved with MAID will understand the importance of distinguishing one’s natural death as “reasonably foreseeable” or not.

This table explains some of the key similarities and differences between the two tracks but does not list all the safeguards.

<b>TRACK 1</b> (Reasonably Foreseeable Natural Death)	<b>TRACK 2</b> (Not Reasonably Foreseeable Natural Death)
<ul style="list-style-type: none"><li>• Assessment by at least two nurse practitioners or physicians</li><li>• After being approved for MAID, there is no wait time. You can move forward whenever you can schedule the procedure with your MAID provider</li></ul>	<ul style="list-style-type: none"><li>• Assessment by at least two nurse practitioners or physicians, <b>AND</b> consultation with a third health care provider with expertise in your medical condition, if your first two assessors do not have that expertise. This consultation may involve the patient being seen and examined by the person with expertise, but often the assessor speaking directly to that person with expertise is sufficient</li></ul>

<b>TRACK 1</b> (Reasonably Foreseeable Natural Death)	<b>TRACK 2</b> (Not Reasonably Foreseeable Natural Death)
<ul style="list-style-type: none"> <li>• You must provide informed consent, meaning you must be made aware of your diagnosis, treatment options, and means of relieving suffering, including palliative care</li> <li>• The choice of a waiver of final consent is available (see below)</li> <li>• You <b>do not</b> need to have a terminal condition</li> </ul>	<ul style="list-style-type: none"> <li>• Your eligibility assessment will take at least 90 days</li> <li>• You must be made aware of and give serious consideration to means to relieve your suffering, and must be offered consultations with professionals who provide these services and treatments</li> <li>• The choice of a waiver of final consent is not available (see below)</li> <li>• You <b>do not</b> need to have a terminal condition</li> </ul>

There are other differences between Track 1 and Track 2.

The table above lists those that are most applicable to the assessment process. For a full list of MAID eligibility information and procedural safeguards, refer to the [Dying With Dignity Canada website](#), the [federal government's website](#), or contact us at [support@dyingwithdignity.ca](mailto:support@dyingwithdignity.ca) or 1-844-395-3640.

## Waiver of Final Consent

Those whose natural death is considered reasonably foreseeable (Track 1) may be offered the choice of signing a waiver of final consent during or after their assessment. This is an agreement entered into with a MAID provider that allows someone who has already been assessed and approved for MAID to receive it on or

before their chosen date, even if they do not have the capacity to consent at the time of the provision. For example, if you have a stroke that leaves you unconscious and unable to communicate before your scheduled provision, the waiver of final consent gives the MAID provider your consent to proceed.

## Track 2 and the requirement to consult a health care provider with expertise

For those whose natural death is not reasonably foreseeable, a consultation by a third provider with expertise in your medical condition may be needed. This is only necessary if the two nurse practitioners or physicians assessing you do not have expertise in that condition. Sometimes the assessor will consult with the other health care provider directly and, at other times, they may want you to meet with them. The following situations may affect whether you will be asked to see additional health care providers:

- If you have **never** been seen by a health care provider with expertise in your condition
- If it has been **more than a few years** since you have been seen by a health care provider with expertise in your condition
- If there are treatments available that you may want to consider
- If you have a psychiatric condition in addition to your other medical conditions
- If you have a rare condition that is outside of your assessors' scope of practice

# WHAT TYPE OF QUESTIONS ARE ASKED DURING THE ASSESSMENT?

One goal of the assessment is to better understand the patient. If you have a family member or friend with you, they may also be asked to contribute to the conversation.

Some assessors will begin with a conversation to build their understanding of the person and their history.

For example, the following topics related to your **social history** may be asked:

- Marital status and whether you have children
- Who you have in your support system
- Your hobbies and interests
- Your work history and education
- Your values and beliefs – personal, cultural, and/or religious
- Where you live

Assessors will usually review your **medical history** before meeting with you. That said, they may ask questions to clarify your medical history and ensure that they are understanding your conditions as accurately as possible. They may ask about:

- Medications, including vitamins or herbal remedies, that you take
- Current, past, or pending surgeries, procedures, or treatments
- Past or present mental health issues
- The limitations – physical or psychological - caused by your suffering and condition(s)
- History of drug or alcohol use

- Allergies
- Existing medical or other supports you are receiving (physicians, specialists, palliative care, counselling, spiritual services)
- Your past experiences within the health care system

The assessors will also want to **understand your MAID request** and what it means to you:

- Why are you asking for MAID now?
- How long have you been considering MAID?
- Is there anything that would change your mind about MAID?
- What does suffering look like to you?
- Do you have any fears about MAID?
- Do you have any concerns related to your religious beliefs?
- Do you have any concerns related to your family or friends, either now or after you die?
- What does your family think of your request for MAID?
- If you are not looking to move forward with MAID now, what would have to change for you to be ready?
- Have you considered palliative care? Is it something you have access to?
- Are you aware of what the MAID process entails?
- When and where would you like MAID to happen? Who would you want with you?

# HOW LONG DOES A MAID ASSESSMENT TAKE?

Some eligibility assessments will be short conversations and others will require much more time – both during the assessment and following, while the assessor deliberates and does more research. Eligibility assessments may also occur over more than one visit. If a person is close to dying (for example, at the end stage of a terminal cancer diagnosis), the assessment process may be straightforward and take between 30 and 90 minutes. However, the length of an assessment will depend on the situation.

Eligibility assessments take longer for people whose natural deaths are not reasonably foreseeable (people on Track 2). The length of the first assessment will usually take between 30 and 90 minutes; however, there are often multiple meetings that take place over many months. One requirement in Canada's assisted dying law is that those who are Track 2 must wait at least 90 days so that their assessors can ensure they have a strong understanding of their case. During this 90-day period, there may be more meetings with the assessors.

In addition to the conversations with you, your assessors will spend many hours speaking to members of your current care team or those who treated you in the past – going through your medical records, writing clinical notes, and filling out the relevant forms needed for MAID provisions.

## WHAT HAPPENS AFTER THE ELIGIBILITY ASSESSMENTS?

Sometimes, your nurse practitioner or physician will tell you their decision at the end of the assessment. This is more common with patients who are considered Track 1. Other assessors will take more time to review their notes and your medical records and, if needed, consult with other health care providers.

## CONCLUSION

Once they have come to a decision, your MAID assessors will follow up with you directly. Just because you are having an assessment does not mean that you need to move forward with MAID. You do not need to commit to MAID, nor do you need to set a date. Some people opt to start the process early, especially if they are at risk of capacity loss, to ensure that they have adequate time to reflect, plan and go through the required procedural steps. You can change your mind about MAID at any time.

For more information, please contact us at [support@dyingwithdignity.ca](mailto:support@dyingwithdignity.ca) or 1-844-395-3640.



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