

<b>POLICY TITLE: CCMB Process for Addressing Patient Requests for Medical Assistance in Dying (MAiD)</b>		
SECTION: Patient Care	POLICY NO.: 10.005	APPROVED BY THE PRESIDENT AND CEO, CCMB <i>Original signed by Dr. S. Navaratnam</i>
DATE: Jan 22 2018	PAGE: 1 of 8	

1.0 **BACKGROUND:**

- 1.1 As a consequence of the passage in 2016 of the revised Bill C-14, Medical Assistance in Dying (MAiD) can be provided to patients with grievous and irremediable medical conditions that meet specific criteria outlined below.
- 1.2 Bill C-14 provides legal protection to medical practitioners (including nurse practitioners), and to other health care workers aiding such practitioners, who provide patients with Medical Assistance in Dying.
- 1.3 Although CancerCare Manitoba (CCMB) provides care to patients with advanced cancer and serious blood disorders, many of whom may become potential candidates for MAiD, CCMB does not have the infrastructure to directly provide MAiD.

2.0 **PURPOSE:**

- 2.1 To understand the criteria for MAiD eligibility.
- 2.2 To understand CancerCare Manitoba's responsibility to provide patients with information about MAiD whenever requested.
- 2.3 To understand the process for ensuring that patients who wish to explore MAiD can be put in contact with the Manitoba MAiD team.

3.0 **DEFINITIONS:**

- 3.1 **Medical Assistance in Dying (MAiD)** - is defined in s. 241.1 of the Criminal Code to mean:
  - (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.
- 3.2 **MAiD Team** – the group of health care professionals known as the Manitoba Provincial MAiD clinical team who have been approved by the WRHA chief medical officer to provide MAiD.
- 3.3 **Medical Practitioner** - is defined in s. 241.1 of the Criminal Code to be a person

<b>CANCERCARE MANITOBA PATIENT CARE POLICIES AND PROCEDURES</b>		
<b>POLICY TITLE: CCMB Process for Addressing Patient Requests for Medical Assistance in Dying (MAiD)</b>		
SECTION: Patient Care	POLICY NO.: 10.005	PAGE: 2 of 8

who is entitled to practice medicine under the laws of a province.

- 3.4 **Physician** - a medical practitioner who is a member of the College and is both registered on the Manitoba Medical Register and licensed to practice medicine. This definition excludes a member who is only practicing within a residency training program.
- 3.5 **Nurse practitioner** – as defined in s. 241.1 of the Criminal Code, is a registered nurse who, under the laws of a province, is entitled to practice as a nurse practitioner – or under an equivalent designation – and to autonomously make diagnoses, order and interpret diagnostic tests, prescribe substances and treat patients.
- 3.6 **Staff** – All persons employed or engaged by CCMB or CCMB facility; including medical staff, physicians, nurses, nurse practitioners, volunteers, board members, students, and other individuals associated through legal contracts, while acting in the capacity or on behalf of CCMB or in a CCMB facility.
- 3.7 **Patient** - the person requesting MAiD and whose well-being must be the primary concern of any physician involved with responding to such a request.
- 3.8 **Administering Physician** – the physician who provides or administers the pharmaceutical agent(s) intended to cause the patient's death. The administering physician is responsible for confirming that all of the requirements of this Schedule have been met before the pharmaceutical agent(s) that intentionally cause the patient's death can be provided or administered. There can only be one administering physician for each patient.
- 3.9 **Member** – a member of the College of Physicians and Surgeons of Manitoba who is registered on the Manitoba Medical Register, Educational Register, Physician Assistant Register or Clinical Assistant Register
- 3.10 **CCMB Facilities** – Facilities under CancerCare Manitoba control are MacCharles, St. Boniface Outpatient, Concordia Hospital Oncology, Seven Oaks Hospital Oncology, Grace General Hospital Oncology, and Victoria General Hospital Oncology. All are outpatient facilities and would not be involved in direct provision of MAiD. As such, there are no “abstaining facilities” under the direct control of CCMB.

<b>CANCERCARE MANITOBA PATIENT CARE POLICIES AND PROCEDURES</b>		
<b>POLICY TITLE: CCMB Process for Addressing Patient Requests for Medical Assistance in Dying (MAiD)</b>		
SECTION: Patient Care	POLICY NO.: 10.005	PAGE: 3 of 8

4.0 **POLICY:**

- 4.1 The practitioner must be familiar with the criteria for eligibility for MAiD (set out below) so as to be able to provide the patient with appropriate direction.
- 4.2 As per Bill C-14, eligibility for MAiD requires that all of the following criteria are met. The patient must:
- (a) be eligible for publicly funded health services in Canada
  - (b) be at least 18 years of age and capable of making decisions with respect to their health;
  - (c) have a grievous and irremediable medical condition including an illness, disease, or disability, which meets all of the following criteria:
    - i. it is serious and incurable
    - ii. the patient must be in an advanced state of irreversible decline in capability
    - iii. the illness, disease or disability, or that state of decline causes enduring physical or psychological suffering that is intolerable to the patient and that cannot be relieved under conditions that are acceptable to the patient AND
    - iv. the patient's 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.
  - (d) they have made a voluntary request for medical assistance in dying that, in particular, was not made as a result of external pressure; AND
  - (e) they give informed consent to receive medical assistance in dying after having been informed of the means that are available to relieve their suffering, including palliative care.
- 4.3 If a patient or family member expresses interest in MAiD to any non-practitioner staff; staff (regardless if they hold a conscience-based objection) must notify their manager of the expression of interest in MAiD and comply with section 4.4 of this policy below.
- 4.4 If approached by a patient about MAiD, the practitioner or other CCMB staff member must NOT promote his or her own values or beliefs about MAiD during the interaction.
- (a) If, on the grounds of **conscience-based objection**, the practitioner or other CCMB staff member is not prepared to offer specific information about

<b>CANCERCARE MANITOBA PATIENT CARE POLICIES AND PROCEDURES</b>		
<b>POLICY TITLE: CCMB Process for Addressing Patient Requests for Medical Assistance in Dying (MAiD)</b>		
SECTION: Patient Care	POLICY NO.: 10.005	PAGE: 4 of 8

MAiD, and, in the case of the practitioner, is not prepared to refer the patient to another practitioner; he or she must notify the patient of this, and provide the patient with access to a resource within 24 hours that will provide accurate information about MAiD and direct the patient appropriately. In the CCMB environment this will most commonly involve directing the patient to the CCMB Patient Representative's Office.

(b) The practitioner noted in (a) must continue to provide care unrelated to MAiD to the patient, without bias, until his or her services are no longer required or until another practitioner has assumed responsibility for the patient.

- 4.5 If appropriate, the practitioner should provide timely referral to the MAiD team or provide the patient with directions on how to contact the team.
- 4.6 The practitioner must be prepared to make available the necessary elements of the patient's chart or electronic record and be prepared to provide other information as requested by the MAiD team.
- 4.7 The practitioner must provide the patient's name to the Patient Representatives' Office as the natural liaison with the Provincial MAiD Team.
- 4.8 The physician leading this forward will be expected to be familiar with and adhere to Schedule M of By-Law #11 of the College of Physicians and Surgeons of Manitoba regarding Physician Assisted Death (see link).  
<http://cpsm.mb.ca/cji39alckF30a/wp-content/uploads/PAD/Status%20update%20MAiD%2020160714.pdf>
- 4.9 Individual CCMB-affiliated medical practitioners may elect to provide MAiD of their own accord, beyond the premises of CancerCare Manitoba. Such practitioners do so of their own volition, and their actions are beyond the purview of this document.
- 4.10 Staff who have a conscience-based objection to MAiD will not be coerced or be at risk of retaliatory action due to their objection and beliefs; however, staff must also still ensure patients have timely access to all aspects and processes associated with MAiD regardless of their stance on MAiD, as indicated in 4.3 and 4.4 above.
- 4.11 Staff who participate in the processes which may or may not lead to MAiD, will not face retaliatory action for their participation.
- 4.12 Patients and their family members expressing interest in MAiD will not be discriminated against or experience any retaliatory action resulting from their interest in MAiD.
- 5.0 **EQUIPMENT AND SUPPLIES:**  
Not applicable.

<b>CANCERCARE MANITOBA PATIENT CARE POLICIES AND PROCEDURES</b>		
<b>POLICY TITLE: CCMB Process for Addressing Patient Requests for Medical Assistance in Dying (MAiD)</b>		
SECTION: Patient Care	POLICY NO.: 10.005	PAGE: 5 of 8

## 6.0 **PROCEDURE:**

- 6.1 If a patient requests Medical Assistance in Dying of a CCMB practitioner or provider, this must be reviewed by the most responsible physician to ensure that the criteria listed above appear to have been met.
- This will include ensuring that the patient has been informed of all remaining management options including active systemic therapy, valuable symptom control maneuvers (including palliative radiotherapy if applicable), and the possibility of involving palliative care to optimize symptom control and alleviate suffering, and has been informed of the goals of any additional therapy, of the probable course of the disease, and of the prognosis.
    - This discussion needs to be adequately documented in the oncology record.
  - The patient **must** be offered access to a Psychosocial Oncology specialist at CancerCare Manitoba to ensure that he or she has had every opportunity to discuss the decision without coercion or threat. This should also be documented.
- 6.2 If the most responsible practitioner has a *conscience-based objection* to discussing Medical Assistance in Dying, the request for discussion **must** be brought to the attention of the Patient Representative's Office and/or to the Chief Medical Officer, CancerCare Manitoba. The Chief Medical Officer will arrange for an appropriate assessment by another practitioner with the requisite knowledge to ensure that the clinical criteria for MAiD have been met, or will arrange to have the patient put in contact with the Provincial MAiD Team.
- 6.3 Once a competent practitioner has ensured that the criteria for MAiD have been met, that individual will either forward the patient's name directly to MAiD team or to the Chief Medical Officer at CancerCare Manitoba who will then forward the relevant and necessary clinical information to the Medical Lead for the Provincial Medical Assistance in Dying Program. As things stand currently, the MAiD Program is willing to contact the patient and undertake the necessary steps as outlined in the CPSM By-Law in regards to consent, and contact with legal counsel. If a CancerCare Manitoba physician wants to be actively involved in the MAiD process with their patient, the physician will be put in contact with the MAiD Program for direction.
- 6.4 It is the expectation of the institution that all CCMB health care providers and CCMB staff will be familiar with the criteria for MAiD and the CCMB process as outlined in this document. All providers are encouraged to make the most responsible physician and the patient representative or the Chief Medical Officer

<b>CANCERCARE MANITOBA PATIENT CARE POLICIES AND PROCEDURES</b>		
<b>POLICY TITLE: CCMB Process for Addressing Patient Requests for Medical Assistance in Dying (MAiD)</b>		
SECTION: Patient Care	POLICY NO.: 10.005	PAGE: 6 of 8

aware of any patients expressing an interest in or requesting MAiD.

To assist with the process, the following website can be accessed to review frequently asked questions and policies around MAiD:

<http://www.wrha.mb.ca/healthinfo/news/2016/160315-MAiD-frequently-asked-questions.php>. If a practitioner wishes to have direct communication with the Provincial program it can be reached at 204-926-1380 or [MAiD@wrha.mb.ca](mailto:MAiD@wrha.mb.ca).

Additional information can also be found at the College of Registered Nurses of Manitoba website: <https://www.crnmb.ca/support/medical-assistance-in-dying> as well as through the following Canadian Nurses Association link: <https://www.cna-aiic.ca/on-the-issues/better-health/palliative-and-end-of-life-care/medical-assistance-in-dying>.

The above contact points can also be made available to patients since they are in the public domain. Additionally, health care providers can also contact the Chief Medical Officer at CancerCare Manitoba with any questions regarding MAiD.

- 6.5 The most responsible practitioner at CancerCare Manitoba will be expected to provide optimal ongoing care, irrespective of his or her stance on MAiD, and to remain alert to any signal from the patient that she/he has reversed the decision and no longer wishes to seek Medical Assistance in Dying.
- 6.6 Should a patient or their family feel they have experienced any discrimination as a result of their interest in MAiD, the patient or their caregiver should contact the CancerCare Manitoba's Patient Representatives' Office or the MAiD team. The complaint will be thoroughly investigated and resolved according to current Patient Representatives' Office and MAiD team procedures within a reasonable timeframe.
- 6.7 Current CancerCare Manitoba staff will be made aware of the new CCMB MAiD policy (once approved) through a communication which will be sent by the Chief Medical Officer to all staff. This communication will include information on accessing further information about MAiD. The CCMB website will also have the MAiD policy with links to additional MAiD resources. New employees with CCMB will receive information regarding the CCMB MAiD policy at time of new staff orientation.

## 7.0 **REFERENCES:**

- 7.1 *An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying)* Statutes of Canada, Chapter 3:  
<http://www.parl.ca/DocumentViewer/en/42-1/bill/C-14/royal-assent>
- 7.2 The College of Physicians and Surgeons of Manitoba *Schedule M of By-Law #11*:  
<http://cpsm.mb.ca/cji39alckF30a/wp-content/uploads/PAD/Status%20update%20MAiD%2020160714.pdf>

<b>CANCERCARE MANITOBA PATIENT CARE POLICIES AND PROCEDURES</b>		
<b>POLICY TITLE: CCMB Process for Addressing Patient Requests for Medical Assistance in Dying (MAiD)</b>		
SECTION: Patient Care	POLICY NO.: 10.005	PAGE: 7 of 8

7.3 Winnipeg Regional Health Authority Medical Assistance in Dying:  
<http://www.wrha.mb.ca/MAiD/>

<b>Policy Contact(s):</b>	
All enquiries relating to this policy should be directed to:	
Name:	Dr. Piotr Czaykowski
Title/Position:	Chief Medical Officer, CancerCare Manitoba
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<b>CANCERCARE MANITOBA PATIENT CARE POLICIES AND PROCEDURES</b>		
<b>POLICY TITLE: CCMB Process for Addressing Patient Requests for Medical Assistance in Dying (MAiD)</b>		
SECTION: Patient Care	POLICY NO.: 10.005	PAGE: 8 of 8

<b>DOCUMENTATION</b>	
<b>Policy Location:</b>	
This policy is located (hard and e-copy formats):	
1.	The original signed and approved policy is on file in the Executive Office, CCMB
2.	The e-copy is located in the CCMB Policy Library (Patient Care)
3.	

<b>Revision History:</b>				
Date	Version	Status	Author	Summary of Changes
20Nov2017	1	Initial	Dr. Piotr Czaykowski	Policy information transferred into CCMB standard policy format
21Nov2017	2	Draft	Dr. Piotr Czaykowski	Minor edits
23Nov2017	3	Draft	Dr. Piotr Czaykowski	Additions to policy and procedures
27Nov2017	4	Draft	Dr. Piotr Czaykowski	Minor edits and additional links
4Dec2017	5	Draft	Dr. Piotr Czaykowski	Additions to policy and procedures
6 Dec 2017	5	Draft	Dr. Piotr Czaykowski	Approval by Clinical Programs Management Team (CPMT)
18Dec2017	6	Final	Dr. Piotr Czaykowski	Addition of definition

<b>Approvals Record:</b>		
This Policy requires approval by:		
Approval	Date	Name / Title
	22 Jan 2018	Dr. Piotr Czaykowski, Chief Medical Officer and Chair, CPMT
		<i>Original signed by Dr. P. Czaykowski</i>

<b>FINAL APPROVAL:</b>		
Date	Name / Title	Signature
22 Jan 2018	Dr. S. Navaratnam President and CEO, CCMB	<i>Original signed by Dr. S. Navaratnam</i>