

HLTH 1632 – PATIENT REQUEST RECORD

Instructions for Completion

Medical Assistance in Dying

Ministry of Health

Issued: April 18, 2018

Who may use the *Patient Request Record*?

Any person who believes that they meet the eligibility criteria (listed below) may use the *Patient Request Record* to request medical assistance in dying in British Columbia.

This form fulfills the requirement in the federal legislation that a person must submit a signed and dated written request for medical assistance in dying.

What are the eligibility criteria for medical assistance in dying?

To be eligible to receive medical assistance in dying, a person must meet **all** of the following criteria:

- are eligible for health services publicly funded by a government in Canada, such as being registered or eligible for British Columbia’s Medical Services Plan;
- are at least 18 years of age and capable of making decisions about their health;
- have a grievous and irremediable medical condition, which means:
 - they have a serious and incurable illness, disease or disability;
 - they are in an advanced state of irreversible decline;
 - that illness, disease or disability or that state of decline causes them enduring physical or psychological suffering that is intolerable to them and that cannot be relieved under conditions that they consider acceptable; and
 - their 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.
- have made a voluntary request for medical assistance in dying that, in particular, was not made as a result of external pressure (for example, from caregivers, family or friends); and
- they give informed consent to receive medical assistance in dying after being informed of the means that are available to relieve their suffering, including palliative care.

Who will assess if I am eligible for medical assistance in dying?

Two separate medical practitioners (doctors or nurse practitioners) are required to assess a person’s eligibility for medical assistance in dying.

Where should I submit my completed *Patient Request Record*?

A person can submit their completed *Patient Request Record* to their doctor or nurse practitioner, or they can contact their health authority’s “care coordination service” for medical assistance in dying (contact information is provided at the bottom of page two of the form) for assistance in locating a practitioner able to assess their eligibility for medical assistance in dying.

Note: If possible, please use a black or dark blue ink pen to complete the form.

HLTH 1632 – PATIENT REQUEST RECORD – Instructions for Completion

PATIENT INFORMATION

In this section, the patient will record the following information about themselves, their medical condition, the location where their request was made, and their doctor or nurse practitioner:

- **last name**
- **first name**
- **second name(s)** – your middle name or names
- **personal health number** – this is located on your CareCard or BC Services Card
- **birthdate** - use the format “YYYY / MM / DD”, for example: “1940 / 12 / 07”
- **gender** – indicate by checkmark whether you are “male”, “female” or “other” (can specify)
- **home or residence address** - including your postal code
- **phone number** – this is the phone number the Care Coordinator should be in touch with.
- **medical diagnosis relevant to the request for medical assistance in dying** – this refers to the medical condition or conditions that make your suffering intolerable and your natural death reasonably foreseeable.
- **location at time of request** – indicate by checkmark whether the location at time of your request is your “home”, a “facility” (there is space to indicate the site or unit of the facility, if known), or “other” (there is space to specify what the “other” location is).
- **primary health care provider** – name and phone number of your doctor or nurse practitioner

PROFESSIONAL LANGUAGE SERVICE

Should the patient require an interpreter, The Provincial Language Service can be accessed 24 hours a day, seven days a week at 1-877-BC Talks (228-2557) select option 1. Ensure the interpreter’s name, identification number and the date of service are noted on the form.

PATIENT REQUEST

The intent of this section is to ensure that the patient’s request is voluntary (not influenced by caregivers, family or friends) and that the patient has carefully considered the implications of their request for medical assistance in dying.

This section has nine separate statements for the patient to review and initial in the space provided to the left of each statement. The patient’s initials beside each statement indicate their confirmation that they meet the eligibility criteria for medical assistance in dying (for example, the patient is at least 18 years of age), and that important safeguards have been addressed (for example, the patient has been fully informed about their medical condition and the options available for treatment).

PATIENT SIGNATURE FOR INITIAL REQUEST

The patient will sign and date their request for medical assistance in dying at the bottom of page 1, **in the presence of two independent witnesses** who are to be identified on page 2 of the form.

HLTH 1632 – PATIENT REQUEST RECORD – Instructions for Completion

Note: The two independent witnesses must also sign and date the patient’s request on page 2 of the form, **in the presence of the patient and each other.**

PROXY SIGNATURE (IF APPLICABLE) (must be signed in front of the patient and the two independent witnesses)

If the patient is physically unable to sign and date their request, space is provided for a “proxy” (another person) to sign and date the request on the patient’s behalf and under the patient’s express direction. If a proxy signs the form on behalf of the patient, the proxy will also record their name, relationship to the patient (for example, “friend”), phone number and address.

Who can be a “proxy” to sign and date the Patient Request Record on behalf of the patient and under their express direction?

The proxy **cannot** be either of the two independent witnesses listed on page 2 of the request form. This is because the proxy cannot be a witness to their own signature.

The proxy must be at least 18 years of age, understand the nature of the request for medical assistance in dying, not know or believe that they are a beneficiary in the patient’s will or a recipient of financial or other material benefit resulting from the patient’s death (for example, family members or “in-laws”), and **must sign the form in the presence of the patient and the two independent witnesses.** Consider whether an individual not directly named as a beneficiary, like the spouse of a named beneficiary for example, may stand to benefit and thus would not be an appropriate witness.

Note: If the patient has questions or concerns about who can be a proxy to sign their Patient Request Record, they can contact and talk to the Coordinator of the health authority’s “care coordination service” for medical assistance in dying (contact information for each care coordination service is located at the bottom of page 2 of the Patient Request Record).

CONFIRMATION OF INDEPENDENT WITNESSES

Each of the two independent witnesses will initial seven separate statements at the top of page 2, to confirm their eligibility to be an independent witness and their witnessing of the patient’s signature on page 1 of the Patient Request Record. Independent witnesses are not responsible for determining if the patient is competent to choose medical assistance in dying.

Who can be an “independent witness” to the patient’s request?

An “independent witness” can be any person who is at least 18 years of age and who understands the nature of the request, unless if they:

- know or believe that they are a beneficiary under the will of the person making the request (including family members and in-laws), or would receive a financial or other material benefit resulting from that person’s death;
- are an owner or operator of any health care facility where the person making the request is being treated or lives; or

HLTH 1632 – PATIENT REQUEST RECORD – Instructions for Completion

- are directly involved in providing health care services or personal care to the person making the request (for example, a staff member in a facility or another individual providing care to the patient).

Notes: A staff member employed at a facility where the patient is being cared for, who is not directly involved in the patient’s care, may be able to act as an independent witness to the patient’s request. However, this depends upon the facility’s policy on staff witnessing of patient consent.

If there are challenges in identifying independent witnesses, the patient or practitioner can contact and talk to the Coordinator of the health authority’s “care coordination service” for medical assistance in dying (contact information for each care coordination service is located at the bottom of page 2 of the Patient Request Record).

SIGNATURE OF INDEPENDENT WITNESSES

Each of the two independent witnesses will sign and date the *Patient Request Record* on page 2, at the same time and **in the presence of the patient and the other independent witness**. Each witness will also record their phone number, address, and relationship to the patient (for example “neighbour” or “friend”).

NEAREST RELATIVE (OPTIONAL)

If the patient chooses to do so, there is space for the patient to record the name of their nearest relative, that person’s relationship to the patient (e.g. “daughter”) and their phone number.

This section completes the Patient Request Record