

HLTH 1632 – *REQUEST FOR MAiD*

Instructions for Completion

Medical Assistance in Dying

Ministry of Health

Issued: April 30th, 2021

Who may use the *Request for MAiD*?

A person who believes that they may meet the eligibility criteria (listed below) may use the *Request for MAiD* 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. Completing this form is the formal first step in a multi-step process towards being assessed for and receiving MAiD. At any point during the process a person can withdraw their *Request for MAiD*, including right before the provision of MAiD.

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 British Columbia's Medical Services Plan, or would be eligible but for any minimum period of residence or waiting period

Note: Canadians or permanent residents who have been residing outside of Canada for longer than six months are still eligible to receive MAiD, if they meet all other criteria. The patient may have to pay for their care as they may have not met the residency requirement to receive funded health services.

- 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
- 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 whether I am eligible for medical assistance in dying?

A person's eligibility for medical assistance in dying must be assessed by a minimum of two medical practitioners (doctors or nurse practitioners) who will consider all of the person's medical circumstances in their assessment.

Where should I submit my completed *Request for MAiD*?

A person can submit their completed *Request for MAiD* to their doctor or nurse practitioner, or they can contact their health authority's "care coordination service" for assistance in locating a practitioner who is able to assess their eligibility for medical assistance in dying. Contact information is provided at the bottom of page 2¹ of the form.

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

REQUESTOR INFORMATION

In this section the requestor 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 "x" (can specify)
- **home or residence address** - including your city and postal code
- **phone number** – this is the preferred phone number for contact by health professionals
- **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. *This information is not mandatory but may assist in responding to your request.*
- **primary health care provider** – name, city and phone number of your doctor or nurse practitioner
- **contact person for health care providers**– indicate either yourself and/or a designated person who will be the point of contact for health professionals to discuss your request. Should you choose a designated person to be your contact, please complete the preferred contact information on page 1¹

PROFESSIONAL INTERPRETER (PROVINCIAL LANGUAGE SERVICE OR OTHER) IF USED

If a professional interpreter was used during the assessment, the last name, first name, ID number, and date of service must be recorded in the provided space. The Provincial Language Service is the interpreting and translation service that is recommended, as it is commonly used by BC Health authorities and private physicians.

HLTH 1632 –REQUEST FOR MAID – Instructions for Completion

MY REQUEST – by initialing and signing below, I confirm that:

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

This section has six separate statements for the requestor to review and initial in the space provided to the left of each statement. The requestor's initials beside each statement indicate their confirmation that they meet the eligibility criteria for medical assistance in dying (for example, the requestor has been informed by a medical practitioner that their medical condition is serious and that they have an incurable illness, disease or disability).

REQUESTOR SIGNATURE (must be signed in front of the independent witness listed on page 2)

The requestor will sign and date their request for medical assistance in dying at the bottom of page 1, **in the presence of* one independent witness** who is to be identified on page 2¹ of the form. The witness must be in the presence of the requestor and must sign and date their signature at the time of witnessing. **If the requestor is unable to sign, please see the proxy section below**

Note: The independent witness must also sign and date the request on page 2¹ of the form, **in the presence of the requestor.**

Temporary Measure During the COVID-19 Public Health Emergency:* For the safety of both requestors and witnesses during the COVID-19 public health emergency, this requirement has been temporarily eased. It may be satisfied by having the signing to take place over **video conference, with the witness sending their page of the form to the requestor, or both the requestor and witnesses sending their respective pages of the form to the care coordination service

PROXY SIGNATURE (IF APPLICABLE) (must be signed in front of the requestor and one independent witness on the same date)

If the requestor 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 requestor's behalf and under the requestor's express direction. A proxy may *only* be used if the patient remains capable of providing informed consent.

When a proxy signs the form on behalf of the requestor, the proxy must also record their name, relationship to the requestor (for example, “friend”), phone number and address. The proxy must be physically in the presence of the requestor when signing on behalf of the patient.

HLTH 1632 –REQUEST FOR MAID – Instructions for Completion

Who can be a “proxy” to sign and date the *Request for MAiD* on behalf of the requestor and under their express direction?

- The proxy **cannot** be the independent witness listed on page 2¹ 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
- The proxy must understand the nature of the request for medical assistance in dying
- The proxy must not know or believe that they are a beneficiary in the requestor’s will, or a recipient of financial or other material benefit in **any way** resulting from the requestor’s death (for example, family members or “in-laws”)
- The proxy must sign the form in the **physical presence** of the requestor and the independent witness
- The proxy must initial each statement with **their own** initials and sign on behalf of the requestor

Note: If the requestor has questions or concerns about who can be a proxy to sign their *Request for MAiD*, they can contact their 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 2¹ of the *Request for MAiD*).

CONFIRMATION OF INDEPENDENT WITNESS

The independent witness will initial statements (**a-e and f OR g** at the top of page 2¹) to confirm their eligibility to be an independent witness of the requestor’s signature.

Who can be an “independent witness” to the *Request for MAiD*?

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

- know or believe that they are a beneficiary under the will of the person making the request (for example, family members or in-laws), or would receive a financial or other material benefit resulting from that person’s death in **any way**
- are an owner or operator of the health care facility at which the requestor is being treated or where the requester resides
- are directly involved in providing health care services to the requestor*
- are directly providing personal care to the requestor*

*** A witness is still considered independent if they provide paid health care services or personal care to the requestor as their primary occupation, and are not the assessor, prescriber, or consultant involved in the requestor’s assessment for MAiD.**

Note: If a person provides paid health care services or personal care as their primary occupation, they must confirm witness independence statements: **a,b,c,d,e,** and **f** (if applicable). This person

HLTH 1632 –*REQUEST FOR MAID* – Instructions for Completion

should refer to their organization’s policy as they may have their own policy regarding whether staff can act as an independent witness for the purposes of MAiD documentation.

If there are challenges in identifying an independent witness, the requestor or practitioner can contact the health authority’s “care coordination service” for medical assistance in dying (for contact information for each care coordination service is located at the bottom of page 2¹ of the *Request for MAiD*).

SIGNATURE OF INDEPENDENT WITNESS

The independent witness will sign and date the *Request for MAiD* on page 2¹, **in the presence of the requestor**. The witness will also record their phone number, address, and relationship to the requestor (for example “friend”).

This section completes the Request for MAiD

Note: The completed *Request for MAiD* will be retained by the doctor or nurse practitioner who will assesses the requestor’s eligibility and who will provide medical assistance in dying, if the requestor is found to be eligible and wishes to proceed with their request.

¹Corresponds to page 3 of the large print version of the *Request for MAiD*