

HLTH 1633 – ASSESSMENT RECORD (ASSESSOR)

Instructions for Completion

Medical Assistance in Dying

Ministry of Health

Updated: March 26, 2019

What is the purpose of the *Assessment Record (Assessor)* form?

The federal legislation for medical assistance in dying requires that two independent medical practitioners (i.e. physicians or nurse practitioners) each provide a written opinion confirming that a requesting person (i.e. patient) meets all of the eligibility criteria set out in the legislation.

The *Assessment Record (Assessor)* form (HLTH 1633) is to be used by the medical practitioner who is willing to be an Assessor in relation to the patient's request for medical assistance in dying. The Assessor will use this form to record their assessment of patient eligibility. The Assessor's completion and submission of this provincial form fulfills both their federal and provincial reporting obligations under the federal *Regulations for Monitoring of Medical Assistance in Dying* and the provincial standards of the regulatory colleges for physicians and nurse practitioners.

The Assessor must **always use the most recent version** of the *Assessment Record (Assessor)* form (HLTH 1633) each time that they complete an eligibility assessment. The 1633 form is located on the Ministry of Health webpage for forms related to medical assistance in dying, at:

<https://www2.gov.bc.ca/gov/content/health/accessing-health-care/home-community-care/care-options-and-cost/end-of-life-care/medical-assistance-in-dying/forms>

The related *Assessment Record (Prescriber)* form (HLTH 1634) is to be used by the medical practitioner who is willing and prepared to prescribe the medication and administer medical assistance in dying. (Please complete form using black ink.)

How is the *Assessment Record (Assessor)* form laid out?

The three-page *Assessment Record (Assessor)* form has sections for the Assessor to record their assessment and conclusion regarding a patient's eligibility for medical assistance in dying, in relation to a patient's written request (i.e. *Patient Request Record* – HLTH 1632).

Note: Page 3 of the *Assessment Record Assessor* form is **not** to be finalized (i.e. signed and dated) until after the Assessor has reviewed the *Patient Request Record* to ensure it was appropriately completed, signed and witnessed. Instructions for completion, signing and witnessing are noted in the *Patient Request Record* and its instruction guide, available at the following link: <https://www2.gov.bc.ca/assets/gov/health/forms/1632fil.pdf>

Where and when should I submit my completed *Assessment Record (Assessor)* form?

For service planning purposes, the Assessor is to provide a copy of their completed *Assessment Record (Assessor)* to the Prescriber practitioner, and to the applicable health authority MAiD Care Coordination Service for health authority involved cases (if required per health authority policy). Contact information for each health authority is provided at the bottom of page 3 of the form.

For reporting purposes, the Assessor **must** fax their completed *Assessment Record (Assessor)* form, as well as the *Patient Request Record* (HLTH 1632) and a *Consultant's Assessment* of patient

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capability if applicable (HLTH 1635 – see page 6 for guidance) to the Ministry of Health at 778-698-4678 **within 30 days** of becoming aware of any of the following reportable information:

1. The patient is assessed as ineligible for medical assistance in dying.
2. The patient is now ineligible after previously being assessed as eligible.
3. The patient has withdrawn their request.
4. The patient has died from another cause.

Reporting Caveats (reporting is not required in the following scenarios):

- i. Reporting is no longer required if the Assessor becomes aware of the reportable information “after the 90th day after the day on which the practitioner received the request” (under the federal *Regulations*).
- ii. The Assessor is not required to submit reporting for an assessment of patient eligibility, *unless the patient later becomes ineligible for this service*.
- iii. The Assessor is not required to submit reporting on a death resulting from medical assistance in dying, which is the responsibility of the Prescriber to report to the BC Ministry of Health (i.e. the Prescriber will submit all required provincial forms including a copy of the Assessor’s assessment (HLTH 1633)).

Is electronic format acceptable for forms retention?

Assessors are to retain a copy of all completed provincial forms for medical assistance in dying in the patient’s health record, and must comply with any request for information or provision of medical records sought by the BC Ministry of Health for the purpose of oversight or monitoring of medical assistance in dying. Electronic retention of the forms in “pdf” format meets the requirement for provincial oversight and monitoring of medical assistance in dying.

PATIENT INFORMATION

The Assessor will record information pertaining to the patient (i.e., name, personal health number, province, postal code, birthdate and gender). If the patient does not have a BC personal health number (PHN), the Assessor will select the N/A (not applicable) checkbox. If the patient has health insurance from another province or territory, the Assessor will indicate the province or territory that issued the health insurance number and the associated postal code.

PRACTITIONER CONDUCTING ASSESSMENT

The Assessor will record information pertaining to themselves (i.e., name, CPSID# or BCCNP Prescriber #, phone, fax, work email address, work mailing address and area of specialty if a physician).

RECEIPT OF WRITTEN REQUEST FOR MAID

The Assessor will record the following information pertaining to their receipt of the patient's written request for medical assistance in dying:

- date the request was received;
- from whom the Assessor received the written request; and,
- whether the patient and practitioner had a prior therapeutic relationship prior to making the request for MAiD.

PROFESSIONAL INTERPRETER (PROVINCIAL LANGUAGE SERVICE OR OTHER) IF USED

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. The Assessor will record the interpreter's name, identification number and the date of service.

ELIGIBILITY CRITERIA AND RELATED INFORMATION

The Assessor will record information pertaining to their assessment of the patient's eligibility for medical assistance in dying. The following provides clarity on a number of requested information elements:

- **Assessment Date** – the date of the in-person or telemedicine assessment of eligibility, which is not necessarily the date the Assessor records their signature at the bottom of page 3 (i.e. the Assessor is required to review the patient's formal *Patient Request Record* (HLTH 1632) to ensure it is completed appropriately, before signing off on their eligibility assessment).
- **Telemedicine Assessment** - in British Columbia, one of the two eligibility assessments for medical assistance in dying can be conducted using telemedicine. A telemedicine assessment requires that a regulated health professional be present with the patient to witness the assessment; therefore, the Assessor would record the witness' name, profession and college ID.

Note: The regulated health professional who acts as a witness to the Assessor's telemedicine assessment should **not** be the Prescriber, unless there are no other reasonable options in which case a written explanation is required.

- **Location of Assessment** – "Facility" refers to licensed community care settings and assisted living residences (if applicable also indicate the facility's unit).

I confirm that the following safeguards are met:

The Assessor will indicate by checkmark to confirm that each of five statements pertaining to the federal and provincial safeguards for medical assistance in dying are met. Clarity is provided on the following:

- **"I was satisfied that the request was signed and dated by the patient, or by another person permitted to do so on their behalf, and before two independent witnesses who then signed and dated the request."**

Note: Both the Assessor and the Prescriber are required to review the *Patient Request Record* (HLTH 1632) to ensure they are satisfied that the two witnesses, and, if applicable, a proxy signor, meet the criteria for being “independent” from the patient. These criteria are specified in the federal legislation and identified on the *Patient Request Record* (HLTH 1632), and on the following Ministry of Health webpage for patients and families: <http://www2.gov.bc.ca/gov/content/health/accessing-health-care/home-community-care/care-options-and-cost/end-of-life-care/medical-assistance-in-dying>

The Assessor should inquire with the patient and/or witnesses and/or proxy, if they have any concerns regarding their independence.

If the Assessor requires further guidance on the above responsibility, they can contact their professional regulatory college (i.e. the College of Physicians and Surgeons of British Columbia, or the British Columbia College of Nursing Professionals).

I have determined that the patient has been fully informed of:

The Assessor will indicate by checkmark their agreement with each of three statements pertaining to information that the patient has been informed of (e.g. the patient’s medical diagnosis and prognosis). These statements pertain to a number of the federal safeguards for medical assistance in dying.

I have determined that the patient meets the following criteria to be eligible for medical assistance in dying:

The Assessor will indicate by checkmark their determination of whether the patient meets each question regarding eligibility criteria in the federal legislation for medical assistance in dying.

Note: If the Assessor indicates a patient does not meet one or more of the eligibility criteria, and does not proceed with their assessment, the Assessor must also indicate by checkmark those eligibility criteria that they “Did Not Assess” (i.e. the Assessor must complete this entire section to meet their reporting obligation).

Clarity is provided on the following questions pertaining to patient eligibility:

- **“Is the patient capable of making this health care decision?”**
See also page three of the *Assessment Record (Assessor)* form for further considerations regarding the patient’s capability to provide informed consent for medical assistance in dying.
- **“Did the patient give informed consent to receive MAiD after having been informed of the means that were available to relieve their suffering, including palliative care?”** The federal government has defined palliative care as an approach that improves the quality of life of patients and their families facing life threatening illnesses, through the prevention and relief of pain and other physical symptoms, and psychological and spiritual suffering. It may be provided in any setting, by specialists or by others who have been trained in the palliative approach to care.

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- **“Does the patient have a serious and incurable illness, disease or disability?”** Select all illnesses, diseases or disabilities that apply. Use the additional space provided at the bottom of the page to clarify any responses and to provide additional information relating to the patient’s diagnoses.
- **“Is the patient in an advanced state of irreversible decline?”**
The Assessor is asked to evaluate if the patient is in an advanced state of irreversible decline due to their medical condition.
- **“Does the patient’s illness, disease or disability, or their state of decline cause them enduring physical or psychological suffering that is intolerable to them and cannot be relieved under conditions that they consider acceptable? If yes, indicate how the patient described their suffering (select all that apply)”**

Note: The federal *Regulations* require practitioners to provide the patient’s description of their suffering. The list of options is intended to support practitioners in relaying the patient’s description of their suffering. It is not intended to validate or invalidate various forms of suffering in respect of eligibility for medical assistance in dying.

- **“Has the patient’s natural death become reasonably foreseeable, taking into account all of their medical circumstances?”**

In the absence of a specific question on “prognosis”, the Assessor is encouraged to use the additional space available under question 6 to provide clarifying information regarding the patient’s diagnoses and the assessment that natural death has become reasonably foreseeable.

Consideration of capability to provide informed consent

The Assessor will indicate by checkmark their determination of the patient’s capability to provide informed consent to receive medical assistance in dying:

- I have **no reason** to believe the patient is incapable of providing informed consent to medical assistance in dying.

OR

- I have **reason to be concerned** about the capability of the patient to provide informed consent.

Note: The Assessor will also indicate by separate checkmark if they referred the patient to another practitioner for a capability assessment, and the name of that practitioner.

If either the Assessor or Prescriber has **reason to be concerned** about the patient’s capability, they **must** refer the patient to another medical practitioner (e.g. with enhanced knowledge and skills in psychiatry or geriatric medicine) for a capability assessment. Once the consulting practitioner’s determination of patient capability has been received (*Consultant’s Assessment of Patient’s Informed Consent Decision Capability* – HLTH 1635), the Assessor will indicate by checkmark whether they determine the patient to be capable or not capable of providing informed consent.

CONCLUSION REGARDING ELIGIBILITY and PRACTITIONER SIGNATURE

The Assessor must check one of two statements regarding their determination of the patient’s eligibility for medical assistance in dying, and record their signature, date and time of signing.

To determine the patient **“Does meet ALL the criteria for medical assistance in dying”**, the Assessor must:

- Have ticked **“Yes”** to all nine eligibility questions on pages 2 and 3 of the HTHH 1634 form.
- Have no reason to believe the patient is incapable of providing informed consent to medical assistance in dying.

If the Assessor ticked **“No”** or **“Did Not Assess”** to any of the nine eligibility questions or has reason to believe the patient is incapable of providing informed consent, they must indicate the patient **“Does not meet all the criteria for medical assistance in dying”**.

Assessors cannot deem that a patient is eligible for MAID if they have answered **“No”** to any of the nine eligibility questions. The federal legislation clearly states that patients must meet **all** criteria to be eligible for medical assistance in dying.

Note: This section at the bottom of page 3 of the *Assessment Record (Assessor)* form should only be signed and dated after the Assessor has reviewed the *Patient Request Record* (HLTH 1632) to ensure it was appropriately completed, signed and witnessed (i.e. instructions for completion of the *Patient Request Record*, including instructions for signing and witnessing, are specified in the *Patient Request Record* and its instruction guide, available at the following link:
<https://www2.gov.bc.ca/assets/gov/health/forms/1632fil.pdf>)

If planning was discontinued prior to administration, indicate reason

The Assessor will indicate by checkmark one of three possible reasons for planning being discontinued prior to the administration of medical assistance in dying (i.e. patient withdrew request, patient’s capability deteriorated and they are no longer capable of providing informed consent, or death of the patient occurred prior to administration of medical assistance in dying).

This completes the Assessment Record (Assessor) form.

The Assessor's submission of the HLTH 1633 form:

For planning purposes: For an assessment of eligibility or ineligibility, or if the Assessor becomes aware that planning has been discontinued, the Assessor is to provide their completed 1633 form to the Prescriber (if known) and health authority MAiD Care Coordination Service (if required per health authority policy). (Fax numbers for MAiD Care Coordination Services are located at the bottom of the 1633 form.)

For reporting purposes: For an assessment of ineligibility, or if the Assessor becomes aware that planning has been discontinued, **the Assessor must fax their 1633 form (and the 1632 Patient Request Record and a consultant's assessment of patient capability if applicable) to the BC Ministry of Health at 778-698-4678 within 30 days** of their determination of patient ineligibility or of becoming aware of a reason for planning being discontinued.