

**HLTH 1633 – ASSESSMENT RECORD (ASSESSOR)**

**Instructions for Completion**

**Medical Assistance in Dying**

**Ministry of Health**

Issued: April 18, 2018

### 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 (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 practitioner will use this form to record their assessment of patient eligibility.

The related *Assessment Record (Prescriber)* form (1634) 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, and who is also prepared to prescribe the medication and administer medical assistance in dying.

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

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

Note: Page 2 of the *Assessment Record Assessor* form is not to be finalized (i.e. signed and dated) until after the assessor practitioner has reviewed the *Patient Request Record* to ensure it was appropriately completed, signed and witnessed (i.e. 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 should I submit my completed *Assessment Record (Assessor)* form?

The assessor practitioner is to fax or mail a copy of the *Assessment Record (Assessor)* form to the applicable health authority MAiD Care Coordination Service. Contact information for each health authority is provided at the bottom of page 2 of the form. (Please complete form using black ink.)

The assessor practitioner is to provide a copy of their *Assessment Record (Assessor)* to the prescriber practitioner. All deaths resulting from medical assistance in dying are required to be reported to the BC Coroners Service; therefore, if medical assistance in dying is administered, the prescriber practitioner will fax all provincial forms, including the *Assessment Record (Assessor)* form, to the BC Coroners Service at 250-356-0445. The provincial forms are listed on the *Document Submission Checklist* (HLTH 1636) which is available on the Ministry of Health website at the following link: <http://www2.gov.bc.ca/assets/gov/health/forms/1636.pdf>

### Is electronic format acceptable for forms retention?

Assessor practitioners 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 Coroners Service or an agency tasked with

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completing a review of medical assistance in dying. Electronic retention of the forms in “pdf” format is acceptable.

### PATIENT INFORMATION

The assessor practitioner will record information pertaining to the patient (i.e. name, personal health number, birthdate and gender) and their medical diagnosis or diagnoses relevant to the request for medical assistance in dying.

### PRACTITIONER CONDUCTING ASSESSMENT

The assessor practitioner will record information pertaining to themselves (i.e., name, CPSID# or CRNBC Prescriber #, phone, fax, email address and mailing address).

### 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.

### CONFIRMATION OF ELIGIBILITY AND INFORMED CONSENT

The assessor practitioner 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 elements:

- **date of assessment** – the date of the in-person or telemedicine assessment of eligibility, which is not necessarily the date the practitioner records their signature at the bottom of page 2 (i.e. the assessor practitioner 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 practitioner would record the witness’ name, profession and college ID.

Note: The regulated health professional who acts as a witness to the prescriber’s telemedicine assessment should not be the assessor practitioner, unless there are no other reasonable options.

- **patient diagnosis** - the assessor practitioner is to provide sufficient information on the patient’s diagnoses and conditions that indicate a grievous and irremediable medical condition, intolerable suffering, and natural death has become reasonably foreseeable.

Note: If “frailty” is recorded, the assessor practitioner should indicate the patient’s score on the Clinical Frailty Scale (see link below), and to list any comorbidities.

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[http://geriatricresearch.medicine.dal.ca/clinical\\_frailty\\_scale.htm](http://geriatricresearch.medicine.dal.ca/clinical_frailty_scale.htm)

- **patient prognosis** – this is the estimated amount of time by which MAiD, if provided, would shorten the patient’s life. The assessor practitioner will indicate by checkmark whether based on their professional opinion, the patient’s life would be shortened by less than a month, between 1-3 months, 4-6 months, 7 months to a year, or over a year.

### By initializing and signing, I confirm that:

The assessor practitioner will initial to confirm each of six statements pertaining to the federal and provincial safeguards for medical assistance in dying. Clarity is provided on the following statements:

- **4<sup>th</sup> statement** – “I am satisfied that the request was signed and dated by the patient, or by another person on their behalf and under their express direction, before two independent witnesses who then also signed and dated the request.”

Note: Both the assessor practitioner and the prescriber practitioner should 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 *Patient Confirmation Record* (HLTH 1637), 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>

Practitioners should make inquiry with patient and/or witnesses and proxy, if applicable, to confirm independence if there are any questions as to their independence.

If the assessor practitioner 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 College of Registered Nurses of British Columbia).

- **6<sup>th</sup> statement** – “The other assessor and I are not each other’s mentor or supervisor, and I do not know or believe that I am connected to the other assessor or to the patient in any other way that would affect my objectivity.”

Note: Practitioners who work out of the same office should consider whether this arrangement affects their ability to provide an objective assessment of a patient’s eligibility.

Further guidance on the above safeguard can be sought through the assessor practitioner’s professional regulatory college.

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

The assessor practitioner will indicate by checkmark their agreement with each of six statements pertaining to information that the patient has been informed of (e.g. the patient’s medical diagnosis and

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prognosis, and the potential risks and probable outcome of taking the medication to be prescribed), which pertain to a number of the federal safeguards for medical assistance in dying.

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

The assessor practitioner will initial each of six statements pertaining to their assessment of the patient's eligibility for medical assistance in dying, in relation to the six eligibility criteria specified in the federal legislation.

### Consideration of capability to provide informed consent. Initial one of the following:

The assessor practitioner will initial one of the following two statements pertaining to their assessment of the patient's capability to provide informed consent to receive medical assistance in dying:

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

**OR**

Initials I have **reason to be concerned** about capability and I have referred the patient to another practitioner for an assessment of capability to provide informed consent to medical assistance in dying.

If either the assessor practitioner or prescriber practitioner 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 practitioner 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 practitioner will indicate by checkmark one of two statements regarding their determination of the patient's eligibility for medical assistance in dying (i.e. whether the patient does or does not meet the eligibility criteria), and will record their signature, date and time of signing.

Note: This section at the bottom of page 2 of the *Assessment Record (Assessor)* form should not be signed and dated until after the assessor practitioner has reviewed the *Patient Request Record* 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 and submit this form to the appropriate Health Authority**

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The assessor practitioner 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.***