

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

**Instructions for Completion**

**Medical Assistance in Dying**

**Ministry of Health**

Updated: March 18, 2021

### 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>

You may also contact the MAiD Care Coordination Service within your health authority for access to forms.

The related *Assessment Record (Prescriber)* form (HLTH 1634) is to be used by the medical practitioner who is prepared to prescribe the medication and administer medical assistance in dying. (Please complete the 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. *Request For Medical Assistance in Dying (MAiD)* – 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 *Request For MAiD* to ensure it was appropriately completed, signed and witnessed. Instructions for completion, signing and witnessing are noted in the *Request for MAiD* and its instruction guide, are 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 must fax or email, in accordance with the Personal Information Protection Act (PIPA), their *Assessment Record (Prescriber)* form, to the health authority MAiD Care Coordination Service (if required per health authority policy).

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Contact information for each health authority is provided at the bottom of page five of the form.

### **For reporting purposes:**

**When planning is discontinued** - the Assessor **must** fax or email (in accordance with PIPA) their completed *Assessment Record (Assessor)* (HLTH 1633) form, as well as the *Request for MAiD* (HLTH 1632) to the Ministry of Health at 778-698-4678, or [hlth.maidoversight@gov.bc.ca](mailto:hlth.maidoversight@gov.bc.ca) **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 not 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). For example, if the Prescriber receives the patient’s *Request for MAiD* (HLTH 1632) on January 1st and becomes aware May 15th that the patient has died from another cause, the Prescriber is not required to report as this exceeds 90 days from the date the request was received
- ii. The Assessor is not required to submit reporting to the Ministry of Health 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. Retention of these records by a health authority Care Coordination Service is *not* sufficient.

## **1 PATIENT INFORMATION**

The Assessor will record information pertaining to the patient (i.e., name, personal health number, birthdate, gender, province, postal code). 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 record it and indicate the province or territory

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that issued the health insurance number and the associated postal code.

### **2. PRACTITIONER CONDUCTING ASSESSMENT**

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

### **3. 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.
- province or territory where the request was received

### **4. 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. It is advisable for the Assessor to inform the Provincial Language Service that the discussion is in regard to medical assistance in dying **prior to initiation of the interview with the patient.**

### **5. 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 initial 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 *Request for MAiD* (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: Telemedicine assessments must meet the requirements set out in federal legislation as well as the standards and expectations that apply to in-person assessments. For MAiD assessments, telemedicine is assumed to include video of sufficient quality to ensure expected safeguards are followed. A telephone

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interview is **not** sufficient in most circumstances. 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** – the location of the patient during the 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 ensured that the patient’s request for medical assistance in dying was made in writing and signed and dated by the patient or by another person permitted to do so on their behalf’.** The Assessor will ensure that if a proxy is used to sign the request on behalf of the patient that the proxy meets the following eligibility requirements:
  - be at least 18 years of age
  - understand the nature of the request for medical assistance in dying
  - is not a beneficiary under the will of the person making the request or a recipient *in any other way* of a financial or other material benefit resulting from the person’s death signed the request for MAiD in the physical presence of the person making the request, on their behalf and under their express direction.
- **“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 one independent witness who then signed and dated the request.”** The Assessor will review the patient’s *Request for MAiD* to ensure that the form has been completed correctly, and that the patient (or proxy) has signed and dated on the same date as the witness. The Assessor must ensure that the witness meets all eligibility requirements listed below:
  - Are at least 18 years of age
  - Understand the nature of the request for medical assistance in dying
  - The requestor is personally known to the witness, or has provided them with proof of identity
  - The requestor signed in the presence of the witness
  - They do not know or believe that they are a beneficiary under the will of the requestor

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- They are not an owner or operator of a health care facility where the requestor is receiving treatment or in which the requestor resides
- They are not directly involved in providing health care services to the requestor (an exception is made if this is their primary occupation and they are paid to do so)
- They do not directly provide personal care to the provider (an exception is made if this is their primary occupation and they are paid to do so)
- If they do if they provide health care services or personal care to the requestor as their primary occupation and are paid to do so, they are not the Assessor, Prescriber, or a consultant involved in the patient’s assessment for MAiD

Note: These criteria are specified in the federal legislation and identified on the *Request for MAiD* (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 the Assessor has any concerns regarding their independence. If the Assessor is not satisfied with independence of proxy or witnesses, the patient may be expected to re-submit their *Request for MAiD* (HLTH 1632).

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) or care coordination service.

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

The Assessor will indicate by checkmark their agreement with each of two statements pertaining to information that the patient has been informed of the patient’s medical diagnosis and prognosis and their right to withdraw their request at any time and in any manner. 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.

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.

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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 eligible for health services funded by a government in Canada?”** Answer “Yes” if the patient would have been eligible but for an applicable minimum waiting period of residence of waiting period
- **“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

- **“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.

Note: Mental illness as the sole condition is **not** an eligible condition for MAiD; the individual would need to have another medical condition that meets the eligibility requirements

- **“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.

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### 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 practitioner (e.g. medical or nurse practitioner) 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.

### 6. CONCLUSION REGARDING ELIGIBILITY and PRACTITIONER SIGNATURE

The Assessor must check **one of three** 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 and the patient’s natural death is reasonably foreseeable”**, the Assessor must:

- Have ticked **“Yes”** to all eight eligibility questions on pages 2 and 3 of the HLTH 1633 form.
- Have no reason to believe the patient is incapable of providing informed consent to medical assistance in dying.

**OR**

To determine the patient **“Does meet ALL the criteria for medical assistance in dying and the patient’s natural death is NOT reasonably foreseeable”**, the Assessor must:

- Have ticked **“Yes”** to all eight eligibility questions on pages 2 and 3 of the HLTH 1633 form.
- Have no reason to believe the patient is incapable of providing informed consent to medical assistance in dying.

For a patient whose natural death is not reasonably foreseeable, the Prescriber must ensure both of the



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following safeguards have been met, and must record their answers in the provided spaces:

- **“I have discussed and agree with the patient that they have appropriately considered reasonable means of alleviating their suffering”**

Note: I have discussed with the patient reasonable means of alleviating their suffering and agree the patient has given them serious consideration

- **“Either I or the other assessor who determined eligibility (i.e. prescriber) has expertise in the condition that causes the patient’s suffering, or a practitioner or nurse practitioner with expertise was consulted and the results have been shared with both assessors determining eligibility”**

Note: The practitioner with expertise in the condition causing the patient’s suffering must complete a thorough assessment of the patient’s status and treatment options, which would include advising on the reasonable and available types of services and/or treatment options that might relieve the patient’s suffering. In addition, they might also advise on the:

- stage/state/nature of the patient’s condition that is causing the suffering,
- status of the patient’s state of decline based on their knowledge of the trajectory associated with the medical condition.

The practitioner with expertise in the condition that causes the patient’s suffering must be recorded in the spaces provided. If you are not satisfied you have the expertise in the condition causing the patient suffering, and the Prescriber does not have expertise, then a third physician or nurse practitioner with expertise in the condition causing the patient’s suffering must be consulted. The feedback provided by the consulting practitioner with expertise must be provided in writing to be shared with both the MAiD Assessor and MAiD Prescriber

Note: The Consultant is not assessing for MAiD, and is only assessing the condition that causes the patient’s suffering

For a patient whose natural death is not reasonably foreseeable, the assessor must indicate the date on which their initial assessment began, if it was earlier than the in-person or telemedicine assessment indicated in the Eligibility Criteria section (this may include the MAiD assessor reviewing the patient’s file or meeting with the patient, or engaging in any other reflection or consideration of information that forms part of a MAiD assessment). This information will be used by the Prescriber in assessing the start of the 90-day reflection period for patients whose natural death is not reasonably foreseeable.

If the Assessor ticked **“No”** or **“Did Not Assess”** to any of the eight 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 eight 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

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

If it is determined that the patient does not meet the criteria, the Assessor is to advise the Prescriber and the patient of the determination and of the patient's option to seek another opinion.

### **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 *Request for MAiD* 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.