HLTH 1634 – ASSESSMENT RECORD (PRESCRIBER)

Instructions for Completion

Medical Assistance in Dying

Ministry of Health

Issued: April 18, 2018

HLTH 1634 – ASSESSMENT RECORD (PRESCRIBER) – Questions and Answers

What is the purpose of the *Assessment Record (Prescriber)* 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 (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 should the patient's request proceed. The prescriber physician will use this form to record their assessment of patient eligibility and, if applicable, details related to their planning and providing of medical assistance in dying.

(The related *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.)

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

The first two pages of the *Assessment Record (Prescriber)* form have sections for the prescriber practitioner to record their assessment and conclusion regarding a person's eligibility for medical assistance in dying, in relation to the written request (i.e. *Patient Request Record* – HLTH 1632).

Note: Page 2 of the *Assessment Record (Prescriber)* form is not to be finalized (i.e. signed and dated) until after the prescriber 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).

The third page of the *Assessment Record (Prescriber)* form has sections for the prescriber practitioner to record details pertaining to their planning and providing of medical assistance in dying, in relation to the patient's chosen method (i.e. physician-administered intravenous medication, or self-administered oral medication) and patient's confirmation of request and consent to receive medical assistance in dying (see related *Patient Confirmation Record* – HLTH 1637).

Where should I submit my completed *Assessment Record (Prescriber)* form?

The prescriber practitioner is to fax or mail a copy of the *Assessment Record (Prescriber)* 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.)

All deaths resulting from medical assistance in dying are required to be reported to the BC Coroners Service. If medical assistance in dying is administered, the prescriber practitioner must fax a copy of all provincial forms, including the *Assessment Record (Prescriber)* and *Assessment Record (Assessor)*, to the BC Coroners Service at 250-356-0445. The provincial forms to be submitted are listed on the *Document Submission Checklist* (HLTH 1636) 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?

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

PATIENT INFORMATION

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

The prescriber practitioner will also initial a statement confirming their willingness to be an assessor and prescriber in relation to the patient's written request for medical assistance in dying.

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 and identification number are noted on the form.

CONFIRMATION OF ELIGIBILITY AND INFORMED CONSENT

The prescriber practitioner will record in the patient's medical 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 prescriber 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 prescriber 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 prescriber practitioner is to provide sufficient information on the patient 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 prescriber practitioner should indicate the patient's score on the Clinical Frailty Scale (see link below), and to list any comorbidities. 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 prescriber 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 prescriber 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:

- **4th 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 prescriber practitioner and the assessor practitioner should review the *Patient Request Record* (HLTH 1632) to ensure they are satisfied that the two witnesses, and, if applicable, a proxy signer, meet the criteria for being "independent" from the patient. The criteria for independence 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 prescriber 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).

- **6th 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 medical practitioner's professional regulatory college.

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

The prescriber 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 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 prescriber 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 prescriber 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 prescriber practitioner or assessor practitioner has **reason to be concerned** about the patient's capability, they must refer the patient to another medical practitioner (e.g. with expertise 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 prescriber 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 prescriber 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 (Prescriber)* form should not be signed and dated until after the prescriber 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).

PLANNING FOR MEDICAL ASSISTANCE IN DYING

The prescriber practitioner will review and initial each of six statements (and provide additional detail where necessary) pertaining to their planning for medical assistance in dying. A number of the statements pertain to the federal and provincial safeguards for medical assistance in dying.

- **1st statement** – "I have received and reviewed the assessment by at least one other colleague indicating the patient is eligible for medical assistance in dying."

  Note: The federal legislation requires that a person's eligibility for medical assistance in dying be assessed by two independent medical practitioners.

- **2nd statement** – "I have discussed with the patient the following options for administration and the patient has requested *(indicated by checkmark)*: practitioner-administered IV regimen, or patient-administered oral regimen."

  Note: The patient's confirmation of their chosen method for receiving medical assistance in dying is also recorded on the *Patient Confirmation Record* (HLTH 1637).

- **3rd statement** – "I have planned for potential issues (failure of oral route to achieve effect, issues with initiation of intravenous access, etc.)."

  Note: The Prescription order for medical assistance in dying specifies that for both protocols (i.e. the IV and oral drug protocols) a back-up kit of IV medication is to be prescribed by the practitioner and dispensed by the pharmacist. The prescriber practitioner can contact the health authority MAiD Care Coordination Service for assistance in obtaining the pharmacy protocols and/or nursing support for initiation of intravenous access.

- **4th statement** – "… if intended date is less than 10 clear days from initial request, the assessor, the patient and I are in agreement that *(indicated by checkmark)*: death is imminent, or patient's loss of capacity to provide informed consent is imminent".

  Note: The safeguard of "at least 10 clear days" is specified in the federal legislation, and means that there must be at least 10 full days between the date on which the *Patient Request Record* is signed (i.e. day 1) and the date on which medical assistance in dying is provided (i.e. day 12), unless ***both*** practitioners are of the opinion that the person's death or loss of capacity to provide informed consent is imminent.

The opinion of each practitioner is to be documented in the patient's health record and/or the practitioner's record pertaining to their assessment of the patient.

- **5th and 6th statements** – "I have reviewed with the pharmacist the request, assessments, and a plan to provide and administer medical assistance in dying, as well as to return any unused medications to the pharmacist within 72 hours after confirmation of death", and, "I have indicated on the Prescription or order that the medication is for medical assistance in dying."

  Note: These two statements refer to the Prescription order for medical assistance in dying and its sections on "Prescription Planning" and "Prescription Accountability", which are completed by the prescriber practitioner and the dispensing pharmacist. For additional guidance on the Prescription, the prescriber practitioner can access the *British Columbia Pharmacy Protocols* guidance document (includes the medication administration records for intravenous and oral drug protocols, as well as drug protocol monographs) through a health authority or their professional regulatory college.

If planning was discontinued prior to administration, indicate reason and submit this form to the appropriate Health Authority

The prescriber practitioner will indicate by checkmark one of three possible reasons why planning was 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 patient death occurred prior to administration of medical assistance in dying.)

ADMINISTRATION OF MEDICAL ASSISTANCE IN DYING

The prescriber practitioner will record information pertaining to their providing of medical assistance in dying. This includes initialing the following statement, which is a safeguard specified in the federal legislation and a responsibility of the prescriber practitioner:

- "Immediately prior to administering the prescription, the patient was given an opportunity to withdraw their request and gave express informed and voluntary consent to receive medical assistance in dying."

The prescriber practitioner will indicate whether the patient's express consent was obtained via written signature of the patient or a proxy (i.e., a signature should be obtained whenever possible, recorded on the *Patient Confirmation Record* (HLTH 1637)), or was instead communicated by the patient via verbal or other means. If the patient communicated their express consent via verbal or other means, the prescriber practitioner will provide additional details on the steps taken to obtain consent, in the space provided in this section of the *Assessment Record (Prescriber)* form.

Note: On the date scheduled for the patient to receive medical assistance in dying, the prescriber practitioner should **bring a printed copy of the *Patient Confirmation Record* (HLTH 1637) form**, in the event the patient does not have the form available for completion.

The prescriber practitioner will retain the original completed and signed *Patient Confirmation Record* in the patient's health record, and will submit a copy of that form, along with a copy of all other completed provincial forms for medical assistance in dying, to the BC Coroners Service (i.e. all provincial forms are noted on the *Document Submission Checklist* – HLTH 1636).

PRACTITIONER SIGNATURE

The prescriber practitioner will record their signature, and the date and time of their signing.

This completes the Assessment Record (Prescriber) form.