

**HLTH 1634 – ASSESSMENT RECORD (PRESCRIBER)**

**Instructions for Completion**

**Medical Assistance in Dying**

**Ministry of Health**

Updated: March 26, 2019

### 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 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 Prescriber'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 Prescriber must **always use the most recent version** of the *Assessment Record (Prescriber)* form (HLTH 1634). The 1634 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 (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. (Please complete form using black ink.)

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

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

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

Pages four through six of the *Assessment Record (Prescriber)* form have sections for the Prescriber 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-

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administered oral medication) and the patient’s confirmation of request and express consent to receive medical assistance in dying (replacing the expired *Patient Confirmation Record* – HLTH 1637).

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

**For service planning purposes**, the Prescriber is to fax their *Assessment Record (Prescriber)* form to the health authority MAiD Care Coordination Service (if required per health authority policy). 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 Prescriber **must** fax their completed *Assessment Record (Assessor)* form, as well as the *Patient Request Record* (HLTH 1632) and a *Consultant’s Assessment* of patient capability if applicable (HLTH 1635 – see page 7 for further 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 Caveat (under the federal *Regulations*):

Reporting is not required if the Prescriber becomes aware of the reportable information “after the 90<sup>th</sup> day after the day on which the practitioner received the request”.

**When medical assistance in dying is administered** - the Prescriber **must** fax all required provincial forms, including their completed *Assessment Record (Prescriber)* form, to the BC Ministry of Health at 778-698-4678 **within 72 hours** of confirmation of the patient’s death. The provincial forms to be submitted are listed on the Medical Assistance in Dying in British Columbia: Reporting at a Glance one-page reference document available on the [Ministry of Health website](#).

### Is electronic format acceptable for forms retention?

Prescribers 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.

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### PATIENT INFORMATION

The Prescriber 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 Prescriber will select the N/A (not applicable) checkbox. If the patient has health insurance from another province or territory, the Prescriber will indicate the province or territory that issued the health insurance number and the associated postal code.

### PRACTITIONER CONDUCTING ASSESSMENT

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

### ELIGIBILITY CRITERIA AND RELATED INFORMATION

The Prescriber 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:

- **Assessment Date** – the date of the in-person or telemedicine assessment of eligibility, which is not necessarily the date the Prescriber records their signature on page four (i.e. the Prescriber 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).

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- **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 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, 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 Prescriber will indicate by checkmark to confirm each of six statements pertaining to federal and provincial safeguards for medical assistance in dying. Clarity is provided on the following statements:

- **“I was 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 and the Assessor are required to 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. 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 Prescriber should inquire with the patient and/or witnesses and/or proxy, if they have any concerns regarding their independence.

If the Prescriber 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 was satisfied that the other practitioner and I are independent.”**

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. Assessors should not be each other's mentor or supervisor.

Further guidance on the above safeguard can be sought through the Prescriber's professional regulatory college.

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

The Prescriber will indicate by checkmark their agreement with each of four 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). These statements pertain to a number of the federal and provincial 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 Prescriber 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. If the Prescriber indicates a patient is ineligible based on one or more of the eligibility criteria, and does not proceed further with their assessment, the Prescriber must indicate by checkmark those eligibility criteria that they “Did Not Assess” (i.e. the Prescriber 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 (Prescriber)* form for further considerations regarding the patient’s capability to provide informed consent for medical assistance in dying.
- **“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 Prescriber 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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- “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 Prescriber 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.

### Other Information:

The Prescriber will report details if known about the patient’s receipt of palliative and disability support services. The federal government has provided the following definitions:

- Palliative Care is 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.
- Disability Support Services could include but are not limited to assistive technologies, adaptive equipment, rehabilitation services, personal care services and disability-based income supplements.

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

The Prescriber 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 capability of the patient to provide informed consent.

Note: The Prescriber 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 Prescriber or Assessor 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 Prescriber 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 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 Prescriber must:

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

If the Prescriber 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”**.

Prescribers 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 on page four of the *Assessment Record (Prescriber)* form should only be signed and dated after the Prescriber 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>

### CHANGE IN ELIGIBILITY (to be completed if, in your opinion, the patient was NOT eligible)

- **“Had you previously determined that the patient was eligible for MAiD?”**  
Tick **“Yes”** if you have completed a previous assessment and a determination was made the patient was previously eligible or not eligible. If you have ticked **“Yes”**, please indicate the answers to the sub-questions below on loss of capacity and/or a request that was not voluntary.

Tick **“No”** if you have never assessed the patient prior to this assessment.

### PLANNING FOR MEDICAL ASSISTANCE IN DYING

The Prescriber will review and indicate by checkmark their confirmation with each of seven 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.

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- **“I have ensured that another physician or nurse practitioner provided a second assessment (HLTH 1633) confirming that the patient met ALL of the criteria”.**

Note: The federal legislation clearly states that patients must meet **all** criteria to be eligible for medical assistance in dying.

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 HLTH 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 indicated they have reason to believe the patient is incapable of providing informed consent, the patient is not eligible for MAiD.

Note: The federal legislation requires that a person’s eligibility for medical assistance in dying be assessed by two independent medical practitioners. In BC, this second assessment completed by the Assessor using the HLTH 1633 form.

- **“On what date did the other practitioner sign their second assessment?” (HLTH 1633)**

Note: This refers to the date the Assessor signed their *Assessment Record (Assessor)* (HLTH 1633), not the date the assessment or telemedicine assessment was performed (if different from the Assessor’s signature date).

- **“I have discussed with the patient the following options for administration and the patient has requested (*indicated by checkmark*): Practitioner-administered Intravenous (IV) Regimen, or Patient self-administered Oral Regimen.”**

Note: The patient’s confirmation of their chosen method for receiving medical assistance in dying is also recorded on the last page of this form.

- **“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 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.

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- **“There is a location and timeline for provision.”**

As well as recording information on the planned location and date, if the planned date is fewer than 10 clear days from the date of the patient’s written request (HLTH 1632) the Prescriber will indicate the number of days.

- **“Where you considered a shorter period than 10 clear days appropriate in the circumstances, was it the patient’s death or loss of capacity to provide informed consent that was deemed imminent?”** Please select all that apply.

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 0) and the date on which medical assistance in dying is provided (i.e. day 11 or later), unless **both** practitioners are of the opinion that the person’s death or loss of capacity to provide informed consent is imminent.

- **“Were the Assessor and Prescriber in agreement to proceed to MAiD in less than 10 clear days?”**

The federal legislation requires that both practitioners are of the same opinion that the person’s death or loss of their capacity to provide informed consent is imminent.

- **“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 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 the new *Dispensing Record (Pharmacist)* form (HLTH 1641) that contains sections on “Prescription Planning” and “Prescription Accountability” and is completed collaboratively by the Prescriber and the dispensing pharmacist. For additional guidance on the *Prescription*, the Prescriber 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**

The Prescriber 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).

**For planning purposes:** For an assessment of ineligibility, or if the Prescriber becomes aware that planning has been discontinued, the Prescriber is to provide their 1634 form to the 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 1634 form.)

**For reporting purposes:** For an assessment of ineligibility, or if the Prescriber becomes aware that planning has been discontinued, **the Prescriber must fax their 1634 form (and the *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.

### PATIENT CONFIRMATION OF REQUEST AND CONSENT IMMEDIATELY PRIOR TO MEDICAL ASSISTANCE IN DYING

**Complete this section with patient immediately prior to medical assistance in dying.**

The patient will sign and date this section to confirm that they were given the opportunity to withdraw their request for medical assistance in dying, and to confirm that they give express consent immediately before receiving medical assistance in dying.

#### PROXY SIGNATURE (IF APPLICABLE) (must be signed in front of patient)

If the patient is physically unable to sign and date their confirmation of request and consent, space is provided for a “proxy” (another person) to sign and date the confirmation of request and consent on the patient’s behalf, under the patient’s express direction and in the presence of the patient. If a proxy signs on behalf of the patient, the proxy will also record their printed name, relationship to the patient (e.g. “friend”), phone number and address.

#### **Who can be a “proxy” to sign and date the patient confirmation of request on behalf of the patient and under their express direction?**

The proxy must be at least 18 years of age, understand the nature of the request for medical assistance in dying, not know or believe they are a beneficiary in the patient’s will or a recipient of financial or other material benefit resulting from the patient’s death (for example, this may include “in-laws”), **and must sign the form in the presence of the patient.** A proxy signing here can be one of the two independent witnesses listed on page 2 of the *Patient Request Record*, or can be any other person who meets the criteria to be a proxy.

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### CONSENT VIA VERBAL OR OTHER MEANS (IF APPLICABLE)

It is also possible for the patient to communicate their consent verbally or by some other means (for example, making their mark using a tablet). The Prescriber will make note of whether the patient's consent was provided verbally or by some other means of communication in the absence of a proxy; however, it is preferable that a written signature by the patient or a proxy be provided if possible.

### ADMINISTRATION OF MEDICAL ASSISTANCE IN DYING

The Prescriber will record information pertaining to their providing of medical assistance in dying, including information on the location, method of administration (intravenous, oral, or both routes if applicable) and details regarding self-administration (if applicable).

Note: Under the responses for "Location Type", there are "Yes / No / Do Not Know" checkboxes for the Prescriber to indicate their response to the question "If the patient had to be transferred to this location, was transfer due to an originating facility's policy regarding MAiD provision?"

The Prescriber will indicate by checkmark their confirmation of the following statement, which is a safeguard specified in the federal legislation and a responsibility of the Prescriber:

- Immediately before providing medical assistance in dying, I gave the patient an opportunity to withdraw their request and ensured that the patient gave express consent to receive medical assistance in dying.

There is space at the end of the form for the Prescriber to provide supplementary information to clarify responses, if applicable.

### PRACTITIONER SIGNATURE

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

***This completes the Assessment Record (Prescriber) form.***

**When medical assistance in dying is administered** - the Prescriber **must** fax all required provincial forms, including the *Assessment Record (Prescriber)* form, to the BC Ministry of Health at 778-698-4678 **within 72 hours** of confirmation of the patient's death. The provincial forms to be submitted are listed on the Reporting at a Glance document found on the Ministry of Health website [here](#).