

**HLTH 1635 – CONSULTANT’S ASSESSMENT OF PATIENT’S  
INFORMED CONSENT DECISION CAPABILITY**

**Instructions for Completion**

**Medical Assistance in Dying**

**Ministry of Health**

Updated: March 18, 2021

### **What is the purpose of the *Consultant’s Assessment of Patient’s Informed Consent Decision Capability (i.e. Consultant’s Assessment)* 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. One of the criteria is that the patient is able to provide “informed consent” to medical assistance in dying.

If one or both of the medical practitioners have reason to be concerned about the patient’s capability to provide informed consent, 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. The consultant medical practitioner must use the *Consultant’s Assessment* form (HLTH 1635) to record their assessment of the requesting person’s capability to provide informed consent to receive medical assistance in dying.

Note: Related forms are the *Request for MAiD* (HLTH 1632), the *Assessment Record (Assessor)* (HLTH 1633) used by the medical practitioner willing to be an assessor, and the *Assessment Record (Prescriber)* (HLTH 1634) used by the medical practitioner willing to be an assessor and provider of medical assistance in dying.

### **Where should I submit my completed *Consultant’s Assessment* form?**

The Consultant is to provide their completed *Consultant’s Assessment* form to the practitioner who requested the patient capability assessment, 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 the form. (Please complete the form using black ink.)

All deaths resulting from medical assistance in dying, as well as information related to patient ineligibility or planning being discontinued (due to patient withdrawal or death from another cause), are required to be reported to the BC Ministry of Health. The assessor or provider practitioner must fax a copy of all required provincial forms, including the *Consultant’s Assessment*, to the BC Ministry of Health within the timeframe required for reporting.

### **Is electronic format acceptable for forms retention?**

Practitioners are to retain all original 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 and 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 Consultant 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 (i.e. diagnoses that indicate a grievous and irremediable medical condition, intolerable suffering, and death being reasonably foreseeable). The patient's medical diagnoses are also recorded on the *Assessment Record (Assessor)* (HLTH 1633) form and the *Assessment Record (Prescriber)* (HLTH 1634) form. (If the patient does not have a personal health number, use the N/A checkbox.)

### REFERRING PRACTITIONER

The Consultant will record information pertaining to the referring medical practitioner (i.e. the Assessor and/or Prescriber who referred the patient for the capability assessment (i.e. name, CPSID # or BCCNM Prescriber#, phone number and address).

### CONSULTANT PRACTITIONER

The Consultant will record information pertaining to themselves (i.e., name, college #, phone, fax, mailing address, email address, specialty, and the location of the assessment). A general practitioner will provide details on their additional training and expertise for conducting an in-person capability assessment under the category "other".

### 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 Consultant will record the interpreter's name and identification number and the date of service.

### CONSULTANT PRACTITIONER ASSESSMENT AND DETERMINATION OF PATIENT'S CAPABILITY TO PROVIDE INFORMED CONSENT

The Consultant will record the date and location of the patient's examination. Details on the assessment process and findings are to be documented in the patient's medical record.

### Confirmation

The Consultant will indicate by checkmark that on the date of the assessment, they met with the patient, informed the patient of the reason for the assessment, and obtained patient consent to conduct the assessment to determine their capability to consent to medical assistance in dying. The Consultant will then initial one of the following two statements, and discuss their findings with the patient and advise the referring practitioner:

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Initials

**The patient does not have capability.** A psychiatric illness/cognitive impairment is present to a degree that impairs ability to make an informed consent decision regarding medical assistance in dying.

**OR**

Initials

**The patient has capability.** A psychiatric illness/cognitive impairment is **not** present to a degree that impairs ability to make an informed consent decision regarding medical assistance in dying.

### CONSULTANT PRACTITIONER SIGNATURE

The Consultant will record their signature, date and time of signing.

***This completes the Consultant's Assessment form.***