

HLTH 1637 – PATIENT CONFIRMATION RECORD

Instructions for Completion

Medical Assistance in Dying

Ministry of Health

Issued: April 18, 2018

What is the purpose of the *Patient Confirmation Record*?

The *Patient Confirmation Record* is related to the patient's written request for medical assistance in dying (the *Patient Request Record* – HLTH 1632 form). If the patient decides to proceed with their request, the *Patient Confirmation Record* is to be completed after the patient has been approved as eligible for medical assistance in dying (approved by two separate doctors or nurse practitioners) and in the presence of their prescriber.

As part of the planning process for provision of medical assistance in dying, the patient will complete the first section of the *Patient Confirmation Record* to confirm their chosen method for receiving medical assistance in dying (either “practitioner-administered intravenous medication”, or “self-administered oral medication”).

The patient will sign and date the second section of the *Patient Confirmation Record* to confirm their consent **immediately before** receiving medical assistance in dying in the province of British Columbia.

This form fulfills the requirement in the federal law that a person must be given the opportunity to withdraw their request, and that they give express consent immediately before receiving medical assistance in dying.

What do I do with my completed *Patient Confirmation Record*?

The patient may request to have a copy of the first section of the *Patient Confirmation Record*, which records their chosen method for receiving medical assistance in dying.

The patient will sign and date the bottom of the second section of their *Patient Confirmation Record*, **in front of their doctor or nurse practitioner immediately before receiving medical assistance in dying**. After medical assistance in dying is provided, the doctor or nurse practitioner will retain the *Patient Confirmation Record*.

Note: If possible, please use a black or dark blue ink pen to complete the form.

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PATIENT INFORMATION

In this section, the patient will record the following information about themselves:

- last name
- first name
- second name(s) – your middle name or names

PATIENT CONFIRMATION OF CHOSEN METHOD (IV OR ORAL) OF MEDICAL ASSISTANCE IN DYING

The patient will complete this section after discussing with their doctor or nurse practitioner whether their choice is to receive “practitioner-administered intravenous medication (IV)” or “self-administered oral medication” for the purpose of medical assistance in dying.

- If the patient initials the box to indicate their choice is “**practitioner-administered intravenous medication**”, there is nothing further for the patient to complete in this section.
- If instead the patient initials the box to indicate their choice is “**self-administered oral medication**”, the patient will also need to read and initial the following statement:

I understand that if I choose to take oral medication to end my life, and it does not work within the amount of time specified below (the amount of time agreed upon after discussion with my practitioner), my practitioner will administer IV medication to fulfill my request for medical assistance in dying.

By initialing the above statement, the patient confirms their understanding that if the oral medication is not effective within a specified period of time, the practitioner will then administer intravenous medication to fulfill the patient’s request for medical assistance in dying.

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

(This section of the form is to be completed by the patient immediately before receiving 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

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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 Record* 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.

Note: 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 practitioner will make note of whether the patient’s consent was provided verbally or by some other means of communication; however, it is preferable that a written signature by the patient or a proxy be provided if possible. This section for the prescriber/practitioner to indicate steps taken to obtain consent is also included on the *Assessment Record (Prescriber)* form (HLTH 1634). To reduce duplication, the prescriber/practitioner may fill in the details on *Assessment Record (Prescriber)* form (HLTH 1634), and in the text box on this *Patient Confirmation Record*, refer to the content on the *Assessment Record (Prescriber)* form instead (example “see Assessment record (prescriber) form for detail”).

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.

This section completes the Patient Confirmation Record.

Note: After medical assistance in dying, the *Patient Confirmation Record* is retained by the doctor or nurse practitioner.