

**HLTH 1642 – Transfer of Request**

**Instructions for Completion**

**Medical Assistance in Dying**

**Ministry of Health**

Issued: November 1, 2018

### What is the purpose of the *Transfer of Request* form?

The *Transfer of Request* form (HLTH 1642) is to be used by a medical or nurse practitioner (practitioner) who receives a person's **written request** for medical assistance in dying, does not intend to be the Assessor or Provider for that patient, and transfers the patient's written request or care to another practitioner or health authority medical assistance in dying (MAiD) Care Coordination Service for medical assistance in dying.

#### What constitutes a written request?

A person's written request for medical assistance in dying (either explicitly for or reasonably interpreted as such) may take any form. It does not have to be in the format required by the *Criminal Code* as a safeguard when medical assistance in dying is provided (i.e. duly signed, dated and witnessed). It must, however, be an explicit request (or reasonably interpreted as such) and not just an inquiry or request for information in order to trigger the reporting requirement for the practitioner.

Examples of a written request include the provincial *Patient Request Record* form (HLTH 1632), a patient's written request on paper, or an email or text message from a patient requesting medical assistance in dying.

The information to be reported on this form fulfils the practitioner's reporting obligation under the federal *Regulations for the Monitoring of Medical Assistance and Dying (Regulations, effective November 1, 2018)*, as well as the provincial reporting requirement specified under the College of Physicians and Surgeons of British Columbia's *Practice Standard for Medical Assistance in Dying*, and the British Columbia College of Nursing Professionals' *Nurse Practitioner Scope of Practice Standards, Limits, and Conditions for Medical Assistance in Dying*.

### How is the *Transfer of Request* form laid out?

The one page *Transfer of Request* form has sections for the practitioner to record information related to the patient, practitioner, the patient's written request, and the practitioner's transfer of the patient's written request or care to another practitioner or MAiD Care Coordination Service. Each section is explained in greater detail on page 3 of this instructions guide.

### Where and when should I submit my completed *Transfer of Request* form?

The practitioner **must** FAX their completed *Transfer of Request* form (HLTH 1642) to the **BC Ministry of Health at 778-698-4678 within 30 days** of the day on which they transferred the patient's written request or care.

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Reporting Caveat: Reporting is not required if the practitioner becomes aware of the reportable information “after the 90<sup>th</sup> day after the day on which the practitioner received the request” (under the federal *Regulations*). **This reporting caveat is not intended to delay the practitioner’s transfer of a patient’s written request for medical assistance in dying;** rather, as per the professional regulatory college standards for medical assistance in dying (i.e. College of Physicians and Surgeons of BC, and BC College of Nursing Professionals) practitioners are required to perform an effective transfer of care for their patients.

### Is electronic format acceptable for forms retention?

Practitioners are to retain a copy of the completed *Transfer of Request* form 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.

### PATIENT INFORMATION

The practitioner will record information pertaining to the patient (name, personal health number, province, postal code, birthdate and gender). If the patient does not have a BC personal health number (PHN), the practitioner will select the N/A (not applicable) checkbox. If the patient has health insurance from another province or territory, the practitioner will indicate the province or territory that issued the health insurance number and the associated postal code.

### PRACTITIONER INFORMATION

The practitioner 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

The practitioner 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;
- province where the written request was received;
- whether the patient and practitioner had a prior therapeutic relationship; and,
- from whom the practitioner received the written request.

### TRANSFER OF REQUEST

The practitioner will record the following information pertaining to their transfer of the patient's written request for medical assistance in dying or care:

- date the practitioner transferred the patient's written request or care;
- an indication of whether the practitioner completed an eligibility assessment (i.e. a HLTH 1633 or 1634 form, or an informal eligibility assessment) prior to transferring the request or care, and, if so, whether the patient was eligible for medical assistance in dying in their opinion.

Note: A practitioner is not required to complete a formal or informal eligibility assessment prior to transferring a patient's written request for medical assistance in dying.

- an indication of the reasons for transferring the patient's written request or care;

For example:

- due to policies on medical assistance in dying of a hospital, community care facility (i.e. residential care or assisted living residence) or palliative care facility where the patient is located;
  - due to a lack of relevant expertise to assess patient eligibility or to provide MAiD;
- an indication of where the practitioner transferred the patient's written request or care to.

***This completes the Transfer of Request form.***