

Medical Assistance in Dying: Frequently Asked Questions for the Public

Updated July 4, 2016

This document provides answers to some of the most common questions patients, families and members of the public have around medical assistance in dying. On June 17, Bill C-14 was passed into law. This action strikes down the law making it a criminal offence for a physician(s) or nurse practitioner to help a patient die in certain circumstances.

1. What is medical assistance in dying and what does this mean in Nova Scotia?

“Medical assistance in dying” (which you may have heard about as “physician assisted death”) describes the situation where a physician or nurse practitioner provides/prescribes or administers a lethal dose of drugs that intentionally causes death, at the request of the adult.

Individuals seeking medical assistance in dying who satisfy all of the appropriate access criteria are either:

- provided with the drugs to take themselves (assisted suicide); or
- a physician will directly administer the drugs to them for the purpose of causing death (voluntary euthanasia).

Nova Scotia Health Authority is working on the detailed processes to make medical assistance in dying available for situations that are allowed under the law. In the meantime, an interim process is in place.

2. Is there a difference in the terms “physician assisted death” and “medical assistance in dying”?

Before April 2016, you will have heard references to “physician assisted death.” The Supreme Court of Canada was using this language to describe the role of physicians in “physician assisted dying, physician assisted death and medical assistance in dying.”

Federal legislation uses the term “medical assistance in dying,” which includes physicians and nurse practitioners.

3. What does it mean now that Bill C-14 has been given royal assent?

The fact that Bill C-14 has been given royal assent means that the bill has now been passed into law. A physician or nurse practitioner who is qualified to perform medical assistance in dying and meets the requirements in Bill C-14 will not be criminally prosecuted for doing so. This will happen across all Canadian provinces and territories.

4. Who is eligible to receive Medical Assistance in Dying in Nova Scotia?

The legislation includes eligibility requirements that need to be met for an adult to access medical assistance in dying. All of the following criteria need to be met in order to be eligible to receive medical assistance in dying:

The law now states that a person may receive medical assistance in dying only if they meet the following criteria:

- (a) they are eligible — or, but for any applicable minimum period of residence or waiting period, would be eligible — for health services funded by a government in Canada;

- (b) they are at least 18 years of age and capable of making decisions with respect to their health;
- (c) they have a grievous and irremediable medical condition;
- (d) they have made a voluntary request for medical assistance in dying that, in particular, was not made as a result of external pressure; and
- (e) they give informed consent to receive medical assistance in dying.

In Nova Scotia, physicians and nurse practitioners will use existing health care processes to assess an individual's competence and consent in line with their standards of practice and existing laws.

5. What is a grievous and irremediable medical condition?

Legislation states that a person has a grievous and irremediable medical condition if:

- (a) they have a serious and incurable illness, disease or disability;
- (b) they are in an advanced state of irreversible decline in capability;
- (c) that illness, disease or disability or that state of decline causes them enduring physical or psychological suffering that is intolerable to them and that cannot be relieved under conditions that they consider acceptable; and
- (d) their natural death has become reasonably foreseeable, taking into account all of their medical circumstances, without a prognosis necessarily having been made as to the specific length of time that they have remaining.

6. How long does a person need to wait between making the request and medical assistance in dying is performed?

There need to be at least 10 clear days between the day on which the request was signed by or on behalf of the person and the day on which the medical assistance in dying is provided. If both of the physicians or nurse practitioners involved in the medical assistance in dying are of the opinion that the person's death – or the loss of their capacity to provide informed consent – is imminent, a shorter period may be permitted as the first medical practitioner or nurse practitioner considers appropriate in the circumstances.

7. What happens if my physician/nurse practitioner does not provide Medical Assistance in Dying?

Not all physicians or nurse practitioners will choose to participate in providing medical assistance in dying. Physicians or nurse practitioners who do and do not provide medical assistance in dying will follow standards from the College of Physicians and Surgeons of Nova Scotia and the College of Registered Nurses of Nova Scotia. They will also seek assistance through a Nova Scotia Health Authority contact line. Through this contact line, NSHA will work with willing physicians/nurse practitioners to help to co-ordinate medical assistance in dying.

8. If I am considering Medical Assistance in Dying, how can I get more information?

A patient can start this process by having a discussion with a physician/nurse practitioner. The physician/nurse practitioner may be the patient's family physician, or another physician or nurse practitioner. If this is not possible, patients can call NSHA at 902-491-5892. The voicemail box will be checked regularly during the hours of 8:30 a.m. to 4:30 p.m., Monday to Friday, and we are committed to getting back to you as soon as possible. Please leave your name, number and a brief explanation of the information you are seeking so we can best address your questions and concerns.

9. Who is eligible and able to perform medical assistance in dying, and what assessments will be required?

Physicians and Nurse Practitioners are able to perform medical assistance in dying. The assessment includes:

- a) conducting a comprehensive assessment of the root cause(s) of the persons suffering with the goal of providing relief
- b) providing a diagnosis and prognosis of an individual's condition;
- c) assessing the individual's decision-making capacity.

10. Which health care providers are involved in medical assistance in dying and what is their role?

Physicians and Nurse Practitioners are the only health care providers able to perform medical assistance in dying. However, it is legal for other health care providers such as pharmacists, nurses, and social work to aid a physician or nurse practitioner to provide medical assistance in dying.

11. How is Nova Scotia Health Authority preparing for medical assistance in dying?

Nova Scotia Health Authority is working with partners to develop information resources for patients, families, physicians, nurse practitioners and staff. Nova Scotia Health Authority has prepared a draft policy and procedures which will apply to medical assistance in dying in any of its involved facilities/programs. However, because the information around this matter has been changing, NSHA has an interim process in place to respond to requests.

12. What should I be doing to plan ahead for the end of life?

Planning for end of life is important. Each person will need to consider the many details that are unique to them. Individuals may benefit from having family members or others help them find the resources needed to ensure that their wishes are known related to health care decisions, financial, estate and funeral arrangements. Physicians and other health care providers can support individuals and their families to access information and resources to help them put arrangements in place. One resource to consider is www.AdvanceCarePlanning.ca

13. What if I change my mind about proceeding with medical assistance in dying?

Individuals requesting medical assistance in dying can change their mind at any time before medical assistance in dying is provided. This can be done in writing or verbally but the decision must be made by the individual him/herself.

14. Where can medical assistance in dying take place?

Decisions as to the exact location within NSHA facilities will be made in consultation with NSHA to ensure privacy, safety and a peaceful environment. This procedure can take place in your home if there are physicians/nurse practitioners willing to provide this service in your area. Nova Scotia Health Authority is committed to working to ensure medical assistance in dying be available as close as possible to the patient's home community.

This new procedure may not be available in all facilities.

15. What about my privacy about medical assistance in dying decisions?

The Personal Health Information Act (PHIA) applies to NSHA and all health care providers in Nova Scotia. Your discussions or decision regarding medical assistance in dying is personal health information and will be treated in the same way as any of your other personal health information. NSHA will not disclose your health information, including information about your decision relating to medical assistance in dying, unless you consented to the disclosure or where PHIA permits the disclosure without your consent.

16. Does my family need to know?

If you do not provide consent to the sharing of information with your family, including your decisions regarding medical assistance in dying, NSHA will not release your information to your family. **However**, if you become incapable of making your own health care decisions, your delegate/substitute decision maker will have access to your health information in order to make decisions on your behalf and may request a copy of your health record. In these circumstances your delegate/substitute decision maker would be aware of your decisions relating to medical assistance in dying.

As well, death certificates across Canada may include information that refers to medical assistance in dying.

17. What other options are there to lessen my suffering and/or provide end-of-life medical care?

Palliative Care is different than medical assistance in dying.

A member of the health care team and a patient's physician can and will, with their patient's consent and involvement, take steps to connect the patient with palliative care services. It is important that when a patient has been given a diagnosis of a life-limiting illness with a serious or grave prognosis, that they have the option for palliative care.

Palliative Care is defined by the World Health Organization as an approach that improves the quality of life of patients and their families facing challenges associated with life-threatening illness through the prevention and relief of suffering by means of early identification and assessment and treatment of pain and other physical, psychological and spiritual problems.

Palliative Care and other practitioners will continue to work closely with patients and families to understand and manage their disease and symptoms. Palliative care seeks to:

- provide relief from pain and other distressing symptoms
- help individuals manage symptoms, address physical, emotional and spiritual concerns
- support families
- enhance quality of life and help patients live as actively as possible
- prepare individuals for death, and
- offer bereavement support to loved ones

Palliative care involves a team made up of various health providers. This type of care can support people in their homes, at hospices, in supportive living environments and in hospitals. We understand that the Provinces and Territories will be working with the Federal Government to improve palliative care services for all Canadians.