

Request for and Consent to Medical Assistance in Dying

I, _____, of _____, Nova Scotia request and consent to medical assistance in dying with reference to the following facts:

1. I am eligible for health services funded by the Province of Nova Scotia, and hold a Health care issued under the *Health Services and Insurance Act*.
2. I am _____ years old, and am fully aware of my circumstances. I have carefully considered this request for medical assistance in dying, and have discussed it with my physician(s)/nurse practitioner(s) and with my family. I believe that I am fully capable of making decisions with respect to medical assistance in dying.
3. My request for medical assistance in dying is completely voluntary, and is made freely, without coercion, undue influence, or any form of external pressure from anyone.
4. I have been advised by my physician(s)/nurse practitioner(s) and believe that I am suffering from _____, a grievous and irremediable medical condition, from which my natural death has become reasonably foreseeable.
5. This condition causes me enduring suffering that is intolerable to me in my circumstances, which cannot be relieved under conditions that I consider acceptable.
6. I have discussed with my physician(s)/nurse practitioner(s) my diagnosis, prognosis, and treatment options, including a discussion of the availability of palliative care and the material risks of proceeding with medically-assisted death. My questions have all been answered in a way that was understandable to me.
7. A. My physician(s) has given me a copy of the *Professional Standard regarding Medical Assistance in Dying* of the College of Physicians and Surgeons of Nova Scotia.

AND/OR

B. My nurse practitioner(s) has given me a copy of the College of Registered Nurses of Nova Scotia's document entitled *Medical Assistance in Dying: A Practice Guideline for Nurse Practitioners*.



If the person requesting medical assistance in dying is physically unable to sign and date this request, another person may do so in the person’s presence, on the person’s behalf and under the person’s express direction.

I am at least 18 years of age;

I understand the nature of the request for medical assistance in dying;

I do not know or believe to be the beneficiary under the will of the person making the request, or a recipient, in any other way, of a financial or other material benefit resulting from that person’s death;

I am signing this request for and consent to medical assistance in dying on behalf of _____ in their presence and under their express direction.

Signature Place Date

Signed by _____ in our presence. We are independent witnesses of the execution of this document by _____ as described below.

Witness Place Date

Witness Place Date

Independent Witnesses

An independent witness is any person who is an adult and who understands the nature of the request for medical assistance in dying, except if they

- a) know or believe that they are a beneficiary under the will of the person making the request, or a recipient, in any other way, of a financial or other material benefit resulting from that person's death;
- b) are an owner or operator of any health care facility at which the person making the request is being treated or any facility in which that person resides;
- c) are directly involved in providing health care services to the person making the request; or
- d) directly provide personal care to the person making the request.