Purpose of this Document:

Alberta Health Services (AHS) has conceptualized that the provision of medical assistance in dying involves five (5) patient-centered phases. This document is a guide to the most common activities to be considered by physicians and nurse practitioners when responding to an individual’s request for medical assistance in dying services in those phases.

Physicians or nurse practitioners can also refer to the AHS Medical Assistance in Dying Policy: [www.AHS.ca/MAID](http://www.AHS.ca/MAID).

Important information for Practitioners:

AHS strongly encourages all physicians, nurse practitioners and other interdisciplinary practitioners to be aware of and follow any advice documents or Standards of Practice from their respective regulatory bodies and legal protective associations before participating in any medical assistance in dying activities.

Practitioners receiving a request from an individual for medical assistance in dying information or services should undertake exploration with the individual around the motivation for the request, identify the individual’s needs and concerns leading to the request, and explore potential options with the individual.
Overview of the Five Phases of Medical Assistance in Dying and Associated Resources

To structure thinking around specific activities at different points in time, the provision of medical assistance in dying services is separated into five (5) operational phases, based on the concepts of the Transtheoretical Model of Change. Each phase has a set of sometimes overlapping activities that require appropriate assessments and guide the practitioner through their understanding of the individual’s needs, wishes and eligibility for access to assisted dying services. The phases are not intended to be linear and individuals and practitioners may move back and forth between the phases during this journey.

The activities for each phase are outlined below. It is important to remember that care is not limited to these activities alone. The objective is to guide individuals and practitioners through the therapeutic conversations, exploration of the appropriate treatment and care options, and preparations that are consistent with the individual's wishes for end of life related to medical assistance in dying.

I. Pre-Contemplative Phase (exploring end of life options)

The Pre-Contemplative phase is a time when the individual starts to explore their options but is not necessarily planning immediate action. This often begins with a period of initial thought and reflection as they gain more information and understanding of assisted dying services. During this time, the individual may wish to discuss or request information or resources from their care team. Information and resources will be provided during this phase.

Resources available for individuals:

- Patient and Family FAQ (Frequently Asked Questions)
- How do I Access Medical Assistance in Dying Services in Alberta?
- Health Link (811)

Resources available for practitioners:

- Values Based Self-Assessment
- Healing the Divide
- Engaging in End of Life Conversations Guide
- CMA Medical Assistance in Dying materials

II. Contemplative Phase (thinking specifically about medical assistance in dying and seeking more explicit information)

The Contemplative phase occurs when the individual begins to specifically contemplate and reflect on end of life options, including medical assistance in dying, but is not ready for action-oriented activities suggestive of a decision having been made.

In this phase, the individual will continue on a more focused exploration into the details of what services are available and how those services would be delivered. The health care practitioner receiving the formal request will engage in conversations about the details related to medical assistance in dying, or refer the individual to their physician and other members of the health care team.
The individual should be encouraged to discuss their thoughts and feelings with their loved ones and social network. They should be linked with the Care Coordination Service to assist with the provision of information and connection to resources. An initial assessment to confirm eligibility by the MRHP or other practitioner comfortable to discuss medical assistance in dying amongst other end of life options will be completed during this phase.

**Resources available for individuals:**

- Patient and Family FAQ
- How do I Access Medical Assistance in Dying Services in Alberta?
- Health Link (811)
- AHS Care Coordination Service

**Resources available for practitioners:**

- AHS Care Coordination Service
- Values Based Self-Assessment
- Healing the Divide
- Engaging in End of Life Conversations Guide
- Frequently Asked Questions for Physicians
- Process Map/Placemat
- Medication Protocol

**III. Determination Phase (decision-making around medical assistance in dying)**

During the Determination phase the individual will consider what type of arrangements are required to prepare for receiving assisted dying services in the future. Determination would start with submission of a formal request (signed/or verbalized and witnessed) using the approved Medical Assistance in Dying Request Form. A second, independent assessment of eligibility, may be completed during this phase.

This is the phase where individuals come to the decision that medical assistance in dying is or is not the most appropriate option for them. It is important to again consider the care that the individual is receiving, and to look for any acceptable interventions that may address symptoms being experienced which may be contributing to the decision to proceed with medical assistance in dying.

**Resources available for individuals:**

- Patient and Family FAQ
- How do I Access Medical Assistance in Dying Services in Alberta?
- Record of Request for Medical Assistance in Dying Form

**Resources available for practitioners:**

- AHS Care Coordination Service
- Values Based Self-Assessment
- Healing the Divide
- Engaging in End of Life Conversations Guide
IV. Action Phase (proceeding through the process of medical assistance in dying)

In the Action Phase, the individual has made the decision to move forward with their request for assistance with dying and is engaged in planning the specifics of the procedure and related after-death events. This decision includes completion of any outstanding assessments to determine eligibility. Discussions around choices of options for medical assistance in dying such as location, the specific drug protocol, who they wish to have present, etc. will be addressed during this phase.

Resources available for individuals:

- AHS Care Coordination Service
- Access to providing and assessing practitioners

Resources available for practitioners:

- Zone Medical Director Operations Binder
- Role of the Medical Examiner
- Medication Protocol
- Process Map
- AHS Care Coordination Service
- Engaging in End of Life Conversations Guide
- Frequently Asked Questions for Physicians
- Process Map/Placemat
- Medication Protocol
- Frequently Asked Questions about Witnessing

V. Care after Death Phase

The Care after Death Phase describes the time following the individual’s death in which the organization respects the prior wishes of the deceased individual, supports bereaved families, supports practitioners and meets reporting requirements.

Resources available for families/caregivers:

- AHS Care Coordination Service

Resources available for practitioners:

- Role of the Medical Examiner
- Supportive Review
I. Pre-Contemplative Phase (exploring end of life options)

Although an individual may start to consider the possibility of medical assistance in dying, they may or may not verbalize their thoughts to others, and may choose to seek information on their own.

<table>
<thead>
<tr>
<th>Task</th>
<th>Responsible Provider</th>
<th>Rationale / Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Individual self seeks a source of information and assistance</td>
<td>AHS webpage: <a href="http://www.AHS.ca/MAID">www.AHS.ca/MAID</a> Health Link (811)</td>
<td></td>
</tr>
<tr>
<td>☐ Individual raises possibility of medical assistance in dying</td>
<td>Health Care Practitioner</td>
<td>The individual may wish to discuss medical assistance in dying as a potential option with their Most Responsible Health Practitioner (MRHP) (i.e. physician or nurse practitioner) or other health care team member as one of a number of options available to them.</td>
</tr>
</tbody>
</table>

II. Contemplative Phase (thinking specifically about medical assistance in dying and seeking more explicit information)

The requesting individual is now actively exploring the option of medical assistance in dying and should be encouraged to discuss their thoughts with their families and social networks. They would be linked with the Care Coordination Service to assist with information and connection to resources. An initial assessment to confirm eligibility will be completed during this phase.

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<thead>
<tr>
<th>Task</th>
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</tr>
</thead>
<tbody>
<tr>
<td>☐ Individual raises possibility of medical assistance in dying</td>
<td>Health Care Practitioner</td>
<td>The individual may wish to discuss medical assistance in dying as an option in their specific context with their MRHP or another health care team member.</td>
</tr>
<tr>
<td>☐ Discussion of all end-of-life</td>
<td>Physician, Nurse</td>
<td>Understanding the individual's circumstances, perspective and reason for the request, as well as counseling on all treatment</td>
</tr>
<tr>
<td>Treatment options and available services, including palliative care</td>
<td>Practitioner or Care Coordination Service (and other team members as appropriate)</td>
<td>Options, is part of the role of the practitioner. For many who seek the option of medical assistance in dying, a discussion of all end-of-life issues and available services, including palliative care will be necessary. For others – such as those with chronic but non-foreseeably terminal conditions – this provides the opportunity to explore the individual’s personal values and concerns over time. This discussion of all end-of-life treatment options and available services, including palliative care, must be documented in the individual’s health record.</td>
</tr>
<tr>
<td>Alert Care Coordination team of request for medical assistance in dying</td>
<td>MRHP</td>
<td>Where there is not an identified practitioner prepared to participate in medical assistance in dying, the Care Coordination Service will work to identify an appropriate provider. Identification of the request to the Care Coordination Service will also allow the beginning of consideration of event planning and notification of involved health care team(s), as appropriate.</td>
</tr>
<tr>
<td>Completion of initial assessment of eligibility around contemplated options</td>
<td>Physician or Nurse Practitioner comfortable to discuss medical assistance in dying</td>
<td>An initial assessment of eligibility may be made by a MRHP or other practitioner comfortable to discuss medical assistance in dying as part of the exploration as to whether or not the potential available options include medical assistance in dying. If a physician or nurse practitioner who is prepared to discuss the option of medical assistance in dying is not readily available, the Care Coordination Service will be engaged.</td>
</tr>
<tr>
<td>Required documentation</td>
<td>MRHP or physician or Nurse Practitioner comfortable to discuss medical assistance in dying</td>
<td>Documentation needs to identify that the discussion has identified that an individual is eligible for medical assistance in dying as one of their options. The formal Record of Request for Medical Assistance in Dying will not be completed at this time as that step occurs in the Determination Phase.</td>
</tr>
</tbody>
</table>

In all circumstances, where a provider is unclear about what activities may take place on a particular site they are encouraged to seek guidance from site leadership.
### III. Determination Phase (decision-making around medical assistance in dying)

It is important to recognize that individuals may be at different stages in their thinking at the beginning of this phase. Although an initial assessment of eligibility has been completed, some individuals will not necessarily have made a decision to proceed but wish more formal exploration as they determine options for themselves. Other individuals will be confident of their desire to proceed and wish to work through the remainder of the process. Recognizing where an individual is in their thinking will allow actions to be appropriately tailored to the needs of the individual. A second, independent, assessment of eligibility may be completed during this phase.

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<thead>
<tr>
<th>Task</th>
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</thead>
<tbody>
<tr>
<td>☐ Provide approved Record of Request for Medical Assistance in Dying Form</td>
<td>Care Coordination Service or MRHP</td>
<td>A formal written or verbal request (signed/or verbalized and witnessed) using the approved Record of Request for Medical Assistance in Dying Form is required and received. The form will ordinarily be retained on the patient chart. However, if a patient is admitted to a non-participating site, the form needs to be retained by the Care Coordination Service. A copy of the form needs to be provided to the providing physician.</td>
</tr>
<tr>
<td>☐ Professionals will connect with their regulatory college as necessary</td>
<td>All staff</td>
<td>AHS encourages physicians or nurse practitioners to review the College of Physicians and Surgeons of Alberta (CPSA) or College &amp; Association of Registered Nurses of Alberta (CARNA) advice documents and Standards of Practice (if appropriate) respectively on medical assistance in dying. In any case where a physician or nurse practitioner has doubt about the legalities of any role they may play, or need for specific legal guidance, they are strongly advised to contact the Canadian Medical Protective Association (CMPA) or Canadian Nursing Protective Society (CNPS) respectively.</td>
</tr>
</tbody>
</table>
| ☐ Discuss and explore the preparedness of the MRHP to participate | Care Coordination Service | The MRHP may be the Primary Care physician or nurse practitioner, or may be a specialist physician or nurse practitioner who has primary responsibility for the individual’s care.  
- **NOTE:** Physicians or nurse practitioners may decline to provide medical assistance in dying for a number of reasons. However, a physician or nurse practitioner who declines to provide medical assistance in dying must not abandon an individual who makes this request; the physician or nurse practitioner has a duty to treat the individual with dignity and respect. |
<p>| ☐ Identify the Care | If the MRHP is not able to participate in the request, the Care |</p>
<table>
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<tr>
<th><strong>physician or Nurse Practitioner prepared to participate with medical assistance in dying</strong></th>
<th><strong>Coordination Service</strong></th>
<th><strong>Coordination Service will work with the individual to find a physician or nurse practitioner prepared to perform a formal assessment.</strong></th>
</tr>
</thead>
</table>
| **Complete and full discussion with individual** | **Physician or Nurse Practitioner comfortable to discuss medical assistance in dying** | **A complete and full discussion with the individual about options specific to the individual including medical assistance in dying is required.**  
- Physicians or nurse practitioners are expected to provide individuals with all the information required to make informed choices about treatment, including diagnosis, the natural history and prognosis of the medical condition, treatment options, including palliative care and the associated risks and benefits, and to communicate the information in a way that is reasonably likely to be understood by the individual.  

This discussion must be documented in the individual’s health record.** |
| **Independent assessment of the individual’s eligibility** | **Care Coordination Service** | **Arrange for the first independent assessment of the individual’s eligibility.**  

Note: The first independent assessment of the individual’s eligibility may have been completed by the MRHP or other practitioner comfortable to discuss medical assistance in dying during the Contemplative Phase.** |
| **Consider initiating transfer protocol from a non-participating sites (if necessary)** | **Care Coordination Service in partnership with Site Operational Lead** | **If an individual is not being cared for at a participating site or on a participating service, transfer to a participating site or service would be required before further proceeding.** |
| **Affirm individual wishes to continue with second assessment** | **Care Coordination Service** | **If the individual wishes to continue with the exploration of the request, identify if the initial assessing physician has arranged for a Consulting physician or nurse practitioner to provide a second opinion.**  

If the initial assessing physician has not arranged for a Consulting physician or nurse practitioner to provide a second opinion, assign a Consulting physician or nurse practitioner to provide a second opinion by way of a second independent assessment.** |
<table>
<thead>
<tr>
<th>Task</th>
<th>Responsible Party</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>Specialty assessments</td>
<td>MRHP or assessing physician or Nurse Practitioner and/or Care Coordination Service</td>
<td>If a specialty assessment(s) has been indicated (specialized medical area, capacity, mental health, vulnerability assessment, spiritual assessment, etc.), the MRHP or either assessing physician will arrange for a Consulting physician or subject matter expert to provide the specialized assessment. The Care Coordination Service may assist in identifying a required assessor.</td>
</tr>
<tr>
<td>Verify that two independent assessments of the individual’s eligibility are completed</td>
<td>Care Coordination Service</td>
<td>Ensure two independent assessments of the individual’s eligibility are completed.</td>
</tr>
<tr>
<td>Discussion of the assessment results with the requesting individual</td>
<td>MRHP, initial assessing physician or Nurse Practitioner</td>
<td>Following the completion of the two required and fully documented independent physician or nurse practitioner assessments regarding the individual's eligibility for medical assistance in dying, a meeting will be scheduled with the MRHP/initial assessing physician or nurse practitioner to discuss the assessments with the individual.</td>
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**Conditions to be met include:**
- The individual is an adult at least 18 years of age and has the capacity to provide informed consent.
- The individual is eligible for health services funded by a federal, provincial or territorial government in Canada (existing waiting periods or minimum residency requirements do not apply).
- The individual has a grievous and irremediable medical condition. This means all of the following criteria are met:
  - they have a serious and incurable illness, disease or disability;
  - they are in an advanced state of irreversible decline in capability;
  - that illness, disease, disability or state of decline causes them enduring physical or psychological suffering that:
    - is intolerable to them; and,
    - cannot be relieved under conditions or with treatment that they consider acceptable; and
  - their natural death has become reasonably foreseeable, taking into account all of their medical circumstances. A specific prognosis as to the specific length of time remaining is not required.

The individual has voluntarily made a written request for medical assistance in dying on the required form.
| Period of Reflection | At least 10 clear days must elapse as a period of reflection between the day on which the request was signed by the individual and the day on which the medical assistance in dying may be provided. This is a minimum period of time and not necessarily the timeline for provision of medical assistance in dying.  
- If the assessors are both of the opinion that the individual’s death or loss of capacity to provide informed consent is imminent, a shorter period that the first physician or Nurse Practitioner considers appropriate in the circumstances may be identified but must be clearly documented, with rationale. |
| Patient information | The following information must be communicated to the individual, documented in the individual’s health record, and a copy provided to the individual requesting medical assistance in dying:  
- individual’s diagnosis and prognosis;  
- other treatment options (including palliative/end of life care including comfort care, hospice care, and pain and symptom management);  
- opportunity to rescind the request medical assistance in dying at any time;  
- risks of taking the prescribed life-ending medication;  
- probable consequences of taking the prescribed life-ending medication;  
- recommendation to seek legal opinion on life insurance implications; and  
- agreed upon period of reflection. |
| Required documentation | MRHP or physician or Nurse Practitioner comfortable to discuss medical assistance in dying  
The following information must additionally be documented on the individual’s health record:  
- written and oral requests made by the individual for medical assistance in dying on the approved Record of Request form;  
- physician or nurse practitioner’s diagnosis, prognosis and statement that the individual has decision-making capacity and is making an informed and voluntary
In the Action Phase, the individual has made the decision to move forward with their request for medical assistance in dying and is engaged in planning the specifics of the procedure and related after-death events. This decision includes completion of any outstanding assessments to determine eligibility. Discussions around choices of options for medical assistance in dying such as location, the specific drug protocol, who they wish to have present, etc. will should be addressed during this phase at this point.

### IV. Action Phase

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<tr>
<th>Task</th>
<th>Responsible Provider</th>
<th>Rationale / Response</th>
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| □ Discussion of operational details with individual | MRHP or physician or Nurse Practitioner comfortable to discuss medical assistance in dying | Engage in a conversation related to the operational details required to fulfill the request with the individual including a detailed description of the medical assistance in dying services requested. This should include but not be limited to:  
  - reaffirmation of the intent to proceed, including confirming the opportunity to rescind the request at any time;  
  - drug protocol to be used:  
    - patient-administered (i.e. oral); or |
| dying | • physician/Nurse Practitioner-administered (i.e. IV)  
|       | • desired location;  
|       | • desired timeframe;  
|       | • need to ensure Goals of Care designation of C2 will be in place on the day (See attached Goals of Care Designation Order set);  
|       | • others who will be present (i.e. family members, etc.);  
|       | • all necessary clinical supports required to assist with the medical assistance in dying procedure (this may include members of the nursing team and other multidisciplinary team members);  
|       | • asking the individual to provide a voluntary signed written consent or witnessed verbal consent for medical assistance in dying as per the AHS Consent Policy;  
|       | • For individuals who choose the self-administered (i.e. oral) protocol, this should include consent to convert to the physician/Nurse Practitioner-administered (i.e. IV) protocol in case of complications, including failure to die within a pre-determined time frame, that would require conversion to the iv route to manage the complication.  
|       | • identifying that explicit consent will need to be affirmed at the time of the procedure; and  
|       | • identification of the role of others after death, including the medical examiner and associated processes (removal of the individual's body post-death, etc.)  
|       | This discussion will be documented in the individual's record. |

| Coordination of procedure | Coordination of the procedure may be completed by the providing provider or MRHP, but more commonly will engage the Care Coordination Service to assist with the coordination of the medical assistance in dying procedure. For MRHP's at non-participating sites, coordination of the procedure and required transfer must be arranged by the Care Coordination Service. Component steps include:  
| MRHP or providing physician or Nurse Practitioner; or Care Coordination Service | • ensuring the providing physician or Nurse Practitioner has the appropriate supports in place, including any required multidisciplinary team members;  
| | o Provide Roles and Responsibilities checklist(s) to members of the nursing team and other multidisciplinary team participating  
| | • identifying pharmacy source for the drugs required;  
| | • verifying for the self-administered (oral) protocol only, that the individual can swallow or has a feeding tube by which they can self-administer medication;  
| | • ensuring the individual and family/social network has made necessary post-death arrangements; and  
| | • ensuring support for practitioners is arranged, as required |
| □ Location of procedure | MRHP or providing physician or Nurse Practitioner; or Care Coordination Service | If the procedure is taking place:
- in the home, and the individual is a Home Care client, notify the Executive Director, Continuing Care for the Zone;
- in an AHS contracted continuing care facility, notify the site administrative lead, Executive Director, Continuing Care for the Zone, and on-site security;
- in an AHS facility, contact the site administrative lead and on-site security.

If a transfer to the location where the medical assistance in dying procedure will take place, the Care Coordination Service will make the necessary arrangements and may refer to the existing AHS operational transfer processes. |

| □ Practitioner Privileges | Care Coordination Service | If the MRHP or providing physician does not have privileges at the selected AHS facility, contact the ZMD who will arrange privileges (see ZMD Operations Binder for process). If a providing Nurse Practitioner is not an employee of AHS, arrangements will be required to allow them to provide medical assistance in dying if in an AHS facility. |

| □ Meeting with Pharmacist | Providing physician or Nurse Practitioner | • Meet with the dispensing pharmacist to review the standardized prescription and protocol chosen by the individual.
  - For the self-administered protocol only, ensure the pharmacy is aware of the potential need for conversion to the IV protocol if complications arise with the administration of the oral protocol. Both protocols should be prepared in this case.
  - Provide a copy of the signed consent form, and the standardized prescription form to the pharmacist. |

| □ Pharmacy | Pharmacist | • Review all medications and available concentrations, with providing physician or nurse practitioner, to ensure a clear understanding of medication to be administered.
  • Plan for the acquisition and preparation of medications for the chosen protocol and all necessary supplies to be dispensed on the day of the event.
  • Advise providing physician or nurse practitioner of ability to prepare medications in advance to ensure a clear understanding of events on the day medical assistance in dying will be administered. |

| □ Notifications | Care Coordination Team | Notify EMS of the date of the procedure so they can prepare their dispatch center in case of a call to 911.

Complete the EMS Registration Form for Medical Assistance in Dying and fax or email to the EMS contact on the form. EMS will alert Police and Fire of situation as necessary and the response... |
The following information must be documented in the record, and a copy provided to the individual:
- Proposed location of the medical assistance in dying procedure
- Proposed date/time of the medical assistance in dying procedure
- Requested method of medical assistance in dying procedure:
  - Patient-administered (Oral protocol)
  - Physician/Nurse Practitioner-administered (IV protocol)

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| ☐ Goals of Care Designation of C2 | Providing physician or Nurse Practitioner | • The Goals of Care Designation document contains important information related to the individual’s wishes for resuscitation and transportation to hospital should the physician or nurse practitioner perform the medical assistance in dying procedure in the community. This document assists EMS or other emergency personnel, who may be required to respond to a distress call or to a call for practitioner support, to assess the context of the situation and formulate an appropriate response.  
  - Updated document must be available at the location of the procedure. |
| ☐ Meeting with Pharmacist | Providing physician or Nurse Practitioner | • Meet with the dispensing pharmacist to review the standardized prescription and protocol chosen by the individual and complete any further required documentation.  
  - Pick up the medication and supplies. (see Supplies List) |
| ☐ Verification of legal requirements | Providing physician or Nurse Practitioner and Pharmacist | • Providing physicians or nurse practitioners must initial the verification section of the Standardized Prescription Protocols for Medical Assistance in Dying and affirm:
  - that the individual has decisional capacity;
  - that the presence of a grievous and irremediable condition has been determined by two physicians; and
  - that the providing physician has received consent from the patient authorizing Medical Assistance in Dying, thus satisfying the mandatory eligibility criteria for Medical Assistance in Dying, established by the Supreme Court of Canada in 2015.  
  - Pharmacists must initial the verification section of the Standardized Prescription Protocols for Medical Assistance in Dying and affirm:
    - that the pharmacist has verified with the providing
<table>
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<tr>
<th>Task</th>
<th>Provider/Role</th>
<th>Instructions</th>
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</table>
| Verification of legal requirements                                  | Nurse                                            | On or before the day of the procedure, the nurse must verify the following documents have been signed and appropriately witnessed:  
  - Record of Request for Medical Assistance in Dying;  
  - Physician’s order to start two IVs;  
  - Two independent assessments are completed and documented;  
  - Signed consent form or witnessed verbal consent for Medical Assistance in Dying as well as consent to convert to the physician/Nurse Practitioner-administered protocol (IV protocol) from the patient administered protocol (Oral protocol), should the procedure go on for an extended period of time; and  
  - Specialty assessment(s) if required (capacity, mental health, other, etc.). |
| Assess and verify decision making capacity                           | Providing physician or Nurse Practitioner         | The individual has maintained decision making capacity to request medical assistance in dying.  
  - If the assessment reveals the individual has lost their decision making capacity, the medical assistance in dying procedure may be postponed until such time as the individual has regained decision making capacity.  
    - If there is no chance the individual will regain decision making capacity, the individual will be deemed ineligible for medical assistance in dying, and the procedure will be abandoned indefinitely.  
    - The individual/family will be offered other appropriate services that were discussed in the Contemplative Phase.  
    - Offer to change the Goal of Care Designation from C2 to appropriately reflect the individual’s prior wishes and care needs until natural death. |
| Discussion with individual                                           | Providing physician or Nurse Practitioner         | Must inform the individual that they are free to rescind their formal request for medical assistance in dying at any time prior to the administration of any drugs associated with the medical assistance in dying procedure.  
  - Affirm explicit consent from the individual that they wish to proceed with the procedure of medical assistance in dying.  
  - This conversation must be documented in the individual’s health record. |
| Affirming consent                                                    | Providing physician or Nurse Practitioner         | Explain the procedure and all associated risks with the individual including their right to rescind the request. |
The individual will be asked to provide explicit consent for medical assistance in dying per AHS Consent Policy.

Because of the route of the administration of the drugs, if conversion from the oral protocol to the IV protocol is required, the providing physician and/or nurse practitioner must return to the location of the medical assistance in dying procedure to administer the IV protocol.

**Procedure**

Providing physician or Nurse Practitioner

Procedure is provided and documented, including any complications that may be encountered.

**Required Documentation**

Providing physician or Nurse Practitioner

The verification of capacity, consent, and other discussions with the individual must be documented in the individual's health record per the requirements of the federal legislation and CPSA/CARNA practice standards.

The Providing Practitioner for Medical Assistance in Dying form must be completed by the providing practitioner.

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### V. Care after Death Phase

The Care after Death Phase describes the time following the individual’s death in which the organization respects the prior wishes of the deceased individual, supports bereaved families, supports practitioners and meets reporting requirements.

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<th>Task</th>
<th>Responsible Practitioner</th>
<th>Rationale / Response</th>
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</table>
| Reporting          | Providing physician or Nurse Practitioners | • Report the event to the Office of the Medical Examiner and fax the Providing Practitioner for Medical Assistance in Dying form as soon as possible. Receipt of the form will assist the Medical Examiner to complete the mandated investigation, expedite the release of the body to the patient’s family/loved ones.  
• Report event to AHS Care Coordination Service |
| Post event arrangements | Care Coordination Service | • Ensures arrangements have been made with the Office of the Medical Examiner post-event to remove the body  
• Ensures grief/bereavement support is coordinated for family/social network (if involved)  
• Ensures support for practitioners is arranged (EFAP and/or PFSP) if required  
• Supportive Review/Formal Debrief of all aspects of the |
Process from coordination of services, procedure and post-procedure activities has been arranged to ensure the capture of lessons learned and to inform continuous quality improvement of processes.

<table>
<thead>
<tr>
<th>Completion of death certificate</th>
<th>Medical Examiner</th>
<th>Completes the death certificate following a review of the event per provincial legislation</th>
</tr>
</thead>
</table>
| Required Documentation         | Providing physician or Nurse Practitioners | Completes the following documents and faxes them to the Office of the Medical Examiner and the Care Coordination Service as part of the federal reporting requirements:  
  • AHS Record of Medication Administration |
APPENDIX A: Patient and Practitioner Documentation Required for Medical Assistance in Dying

<table>
<thead>
<tr>
<th>Documents completed by:</th>
<th>Required Practitioner Documentation for Medical Assistance in Dying</th>
</tr>
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</table>
| **The Patient**         | - The patient is responsible to complete the “Record of Request for Medical Assistance in Dying” form [https://cfr.forms.gov.ab.ca/Form/HSP11175.pdf](https://cfr.forms.gov.ab.ca/Form/HSP11175.pdf) following a discussion with the most responsible practitioner. This form is considered a formal request and must be witnessed. The form is then submitted to family doctor or the Care Coordination Service who will assist the patient in arranging the two independent eligibility assessments.  
- The patient is responsible to sign the “AHS Consent form” with the providing practitioner (physician or NP) prior to receiving medical assistance in dying. ([Link to AHS Consent Form](https://cfr.forms.gov.ab.ca/Form/HSP11175.pdf)) |

| The “Providing” Practitioner (physician or NP) | A practitioner is considered to be the Providing Practitioner if they have agreed to prescribe and or administer, to the patient, the medications indicated by the Medical Assistance in Dying Pharmacy Protocol.  
The providing practitioner may also complete one of the two independent assessments of the patient’s eligibility for medical assistance in dying. The providing practitioner (physician or NP) will:  
- If the providing practitioner is one of the two independent health care providers conducting the required assessment of the patient’s eligibility for medical assistance in dying, they will need to chart the assessment in the patient health care record and complete the “AHS Independent Practitioner Assessment” form, ([ supplied by the Care Coordination Service](https://cfr.forms.gov.ab.ca/Form/HSP11175.pdf)).  
- Completes the “Providing Practitioner Record for Medical Assistance in Dying” form [https://cfr.forms.gov.ab.ca/Form/HSP11172.pdf](https://cfr.forms.gov.ab.ca/Form/HSP11172.pdf). ([Rationale: The intent of this form is to reflect the legal requirements, under the amended Criminal Code and the CPSA standards of practice, as closely as possible. These requirements apply only to the providing practitioner](https://cfr.forms.gov.ab.ca/Form/HSP11172.pdf));  
- Obtain the patient’s consent and completes the AHS or generic “Consent to Treatment” form with the patient  
- Completes the “Standardized Prescription Protocols for Medical Assistance in Dying” form  
- Completes the “Record of Medication Administration” form, which will be supplied by the Care Coordination Service.  
- Completes the “AHS Medical Assistance in Dying Outcomes” form following the provision of the prescription for or the administration of medications in the provision of medical assistance in dying. |
<table>
<thead>
<tr>
<th>Documents faxed:</th>
<th>Practitioner Documentation for Medical Assistance in Dying</th>
</tr>
</thead>
<tbody>
<tr>
<td>As completed</td>
<td>Fax to the Care Coordination Service (as completed):</td>
</tr>
<tr>
<td></td>
<td>1. Alberta Health Record of Request for Medical Assistance in Dying form (following it being signed and witnessed);</td>
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<tr>
<td></td>
<td>2. AHS Independent Practitioner Assessment form (for assessment #1 and #2 and for any required specialty assessments for capacity, mental health, etc.);</td>
</tr>
<tr>
<td></td>
<td>3. AHS or generic “Consent to Treatment” form following it being signed and witnessed.</td>
</tr>
<tr>
<td></td>
<td>• North Sector Care Coordination Team (Edmonton/North Zone) Fax: 780-735-3307 Attention: Jo Heggerud</td>
</tr>
<tr>
<td></td>
<td>• South Sector Care Coordination Team FAX # 403-943-2781 Attention: Lise Lalonde or Tanya Paquette (Calgary zone and Central zone) or Nancy Campbell (South zone)</td>
</tr>
</tbody>
</table>
Fax to the Office of the Medical Examiner and the Care Coordination Service post death only:

1. Alberta Health Record of Request for Medical Assistance in Dying form;
2. Alberta Health Providing Practitioner Record for Medical Assistance in Dying form;
3. AHS or generic “Consent to Treatment” form following it being signed and witnessed;
4. AHS Record of Medication Administration form;
5. AHS Standardized Prescription for Medical Assistance in Dying” form.

- **North Sector Care Coordination Team (Edmonton/North Zone) Fax: 780-735-3307 Attention: Jo Heggerud**
- **South Sector Care Coordination Team  FAX # 403-943-2781 Attention: Lise Lalonde or Tanya Paquette (Calgary zone and Central zone) or Nancy Campbell (South zone)**

**Important:**

All forms must be completed submitted within 48 hours of each completed for the medical assistance in dying procedure. The original form must be placed in the patient’s health care record. A delay in the receipt of the forms to the Office of the Chief Medical Examiner will result in a delayed release of the body to the family.
APPENDIX B: Important Definitions:

**Adult** means (for the purpose of this guide) a person aged 18 years and older and excludes mature minors.

**Advance care planning** means a process which encourages people to reflect and think about their values regarding clinically indicated future health care choices; explore medical information that is relevant to their health concerns; communicate wishes and values to their loved ones, their alternate decision-maker and their health care team; and record those choices.

**Alberta Health Services setting** means any environment where treatment/procedures and other health services are delivered by, on behalf of or in conjunction with, Alberta Health Services.

**Alternate decision-maker** means a person who is authorized to make decisions with or on behalf of the patient. These may include, specific decision-maker, a minor’s legal representative, a guardian, a ‘nearest relative’ in accordance with the Mental Health Act (Alberta), an agent in accordance with a Personal Directive, or a person designated in accordance with the Human Tissue and Organ Donation Act (Alberta).

**Capacity** means (1) the patient understands the nature, risks and benefits of the procedure and the consequences of consenting or refusing and (2) the patient understands that this explanation applies to him/her.

**Concern** means a written or verbal expression of dissatisfaction that may be related to:
- the provision of goods and services to a patient;
- a failure or refusal to provide goods and services to a patient; and
- terms and conditions under which goods and services are provided to a patient.

**Consulting Practitioner** means an independent physician or nurse practitioner who is responsible for assessing the patient and advising the providing physician or nurse practitioner authorized to perform medical assistance in dying as to whether or not the patient meets the eligibility criteria for medical assistance in dying and whether or not the patient meets the capacity requirement to give consent.

**Express consent** means direct, explicit agreement to undergo a treatment/procedure(s), given either verbally or in writing. (Information on Consent can be found on the AHS external website by searching ‘Consent to Treatment/Procedure’).

**Family (-ies)** means one or more individuals identified by the patient as an important support, and who the patient wishes to be included in any encounters with the health care system, including, but not limited to, family members, legal guardians, friends and informal caregivers.

**Goals of care designation** means a codified instruction that provides direction regarding general care intentions, specific health interventions, transfer decisions and locations of care, for a patient as established after consultation between the most responsible health practitioner, patient and when appropriate, alternate decision-maker.

**Goals of care designation order** means the documented order for the goals of care designation as written by the most responsible health practitioner (or designate).
**Health care provider** means a person who provides goods or services to a patient, inclusive of health care professionals, staff, students, volunteers and other persons acting on behalf of or in conjunction with Alberta Health Services.

**Health record** means the Alberta Health Services legal record of the patient’s diagnostic, treatment, and care information.

**Informed consent** means (for the purpose of this Policy) the agreement of a patient to the patient undergoing a treatment/procedure after being provided with the relevant information about the treatment/procedure(s), its risks and alternatives and the consequences.

**Medical assistance in dying** means:
(a) the providing by a physician or nurse practitioner of a drug to a patient, at their request, that causes their death; or
(b) the prescribing or providing by a physician or nurse practitioner of a drug to a patient, at their request, so that they may self-administer the drug and in doing so cause their own death.

**Most responsible health practitioner** means the health practitioner who has the responsibility and accountability for the specific treatment/procedure(s) provided to a patient and who is authorized by Alberta Health Services to perform the duties required to fulfill the delivery of such a treatment/procedure(s) within the scope of his/her practice. For the purpose of this Policy, this may only be either a physician or nurse practitioner.

**Patient** means (for the purposes of this Policy) an adult who receives or has requested health care or services from Alberta Health Services and its health care providers or individuals authorized to act on behalf of Alberta Health Services. This term is inclusive of residents, clients, and outpatients.

**Providing Practitioner** means the physician or nurse practitioner provides or administers medication to intentionally bring about the patient’s death. This physician or nurse practitioner may be the attending practitioner, or the consulting practitioner, provided that at least two practitioners are involved and have independently assessed the patient’s eligibility for medical assistance in dying.