Medical Assistance in Dying:  
Patient and Family Centered Approach

Telehealth Session held July 20, 2016 - Q and A:

1. What Alberta Health forms are required for medical assistance in dying?

Only two forms are currently required (below) for provincial reporting of medical assistance in dying events. These forms are currently being revised by Alberta Health. These two forms must be completed and submitted to the Office of the Chief Medical Examiner ONLY after the client/patient has died. Both forms contain a fax number for the Calgary and Edmonton offices of the Chief Medical Examiner.

These forms can be found on the AHS Medical Assistance in Dying Webpage:   www.ahs.ca/MAID

   a)  Record of Request for Medical Assistance in Dying - To be completed by the patient as the official request for medical assistance in dying. The patient should give this form to providing practitioner (physician or Nurse Practitioner [NP]) who will ensure it is faxed to the Office of the Chief Medical Examiner following the client/patient’s death.

   b)  Providing Practitioner Record for Medical Assistance in Dying - To be completed by the providing practitioner (physician or Nurse Practitioner).

2. Will the Care Coordination Team come to our site and provide medical assistance in dying?

No. The AHS Care Coordination Service does not directly participate with the providing team in the administration or delivery of medical assistance in dying services on the day of the event.

The Care Coordination Service will, however:

   a) support patients and families by providing information related to medical assistance in dying inquiries, assist with connections to supports and facilitate linkages to medical assistance in dying services from the Pre-Contemplative phase through to the Care after Death phase;

   b) support AHS physicians or nurse practitioners, non-AHS physicians or nurse practitioners and interdisciplinary health care team members across the province in the coordination of medical assistance in dying related care and services and provide linkages to education, resource materials, and specialty consultative services from the Pre-Contemplative phase through to the Care after Death phase

   c) support and facilitate the collection and reporting of data from the Pre-Contemplative phase through to the Care after Death phase related to all medical assistance in dying care services provided for patients, families and physician or nurse practitioner providers.
3. **What is the pharmacy role specific to the participation in medical assistance in dying?**

It is important for pharmacists to understand that, by law, they have a limited role in medical assistance in dying. Pharmacists should also be aware that, before participating in any activities related to medical assistance in dying, the pharmacist(s) shall either contact their regulatory college to inform themselves of professional standards or ensure that they are aware of, and in compliance with, professional standards from their regulatory college and any legal responsibilities.

The role of AHS pharmacists is to collaborate with the providing practitioner (physician and/or NP) in determining and providing the most appropriate medications, as per the pharmacy protocol, after the client/patient has been deemed eligible for medical assistance in dying. Pharmacists willing and able to participate will be required to:

a) Verify the request with the providing practitioner by ensuring the providing practitioner has initialed the following three (3) items on the Standardized Prescription Protocols for Medical Assistance in Dying form:

- ☐ affirmed that the patient has been assessed to have decisional capacity;
- ☐ affirmed that the patient has been determined to suffer from a grievous and irremediable medical condition; AND
- ☐ received consent from the patient authorizing medical assistance in dying.

b) Discuss the following:

- the protocol selected
- additional or alternative medications required
- the scheduled time for the provision of medical assistance in dying
- the time required to prepare the medications
- how to complete the medication administration record
- procedure for returning unused medications to the pharmacy

c) Procure and dispense the medications and supplies related to the protocol selected to the providing practitioner ONLY.

AHS pharmacists are encouraged to contact their local Manager/Supervisor and/or Karen Horon, Senior Operating Officer, Pharmacy Services with further questions or concerns.

4. **What is the Nurse’s role specific to the participation in medical assistance in dying?**

According to CARNA, the CLPNA and the CRPNA, a nurse is expected to acknowledge the request for information in a competent and compassionate way. It must be recognized that the client/patient’s request for additional information or further consultation on medical assistance in dying is their constitutional right and nurses can support access to accurate and objective information so that the client/patient may make an informed decision about their care. Be aware that a request for information on assisted death may also be a way for the client to engage in a meaningful conversation about health issues or end of life care and support.
It is important for nurses to understand that, by law, nurses (RNs, LPNs, and RPNs) will have a limited role in medical assistance in dying. Nurses should also be aware that, before participating in any activities related to medical assistance in dying, the nurse(s) shall contact their regulatory college and protective association to inform themselves of professional standards and legal responsibilities. Links to these resources can be found at the AHS Medical Assistance in Dying Webpage: www.ahs.ca/MAID.

The role of the nurse is dependent on the unique needs of each patient; a nurse may or may not be required to assist. This direction and request for support will be initiated by the providing practitioner (physician or NP).

In June, AHS surveyed health care providers across the province and asked those providers who would be willing and able to assist a providing practitioner (physician or NP) with medical assistance in dying respond with their contact information. If it is identified that nursing care is required, the Care Coordination Service will access the list of willing and able providers to seek out a nursing professional to provide nursing care and support.

The nurse(s) may collaborate with Care Coordination Service to plan and provide required nursing care including, but not limited to:

- Initiation of intravenous access for medication administration by the physician and/or NP ONLY;
- Provision of nursing support to the patient and family before, during and after medical assistance in dying event;
- Assist with the preparation of the body for pick up and transport to the Office of the Chief Medical Examiner.

The nurse(s) is NOT responsible:

- To perform any assessments related to the eligibility criteria for medical assistance in dying - this work is done exclusively by, and restricted to, a physician and/or NP.
- To prepare, dispense, retrieve, administer or return any of the pharmaceutical agents prescribed by a practitioner (physician and/or NP) for medical assistance in dying. This activity is restricted to physician and/or NPs only.

5. If a client/patient needs to be transferred to a different facility, who pays for the transfer?

Currently the cost to transfer a client/patient between facilities, for the purposes of medical assistance is dying, is being covered by Alberta Health Services.

6. Is there an organizational structure that outlines the groups/teams/people involved in the decision making for the last year?

AHS created a provincial steering committee, a secretariat, as well as a number of expert panels to prepare for medical assistance in dying. AHS has worked closely with external stakeholders and partners such as Alberta Health and professional associations and regulatory colleges as we have developed our approach and supporting materials.

Provincial Steering Committee
The Provincial Steering Committee, chaired by Dr. Jim Silvius, has been providing oversight to the preparedness for medical assistance in dying since the fall of 2015. This work included the development of the current AHS policy on medical assistance in dying. The policy both outlines a safe and appropriate approach to medical assistance in dying within AHS, and respects values, beliefs, and interests of patients and providers alike. The steering committee has also worked to oversee the development of resources that will be available for staff and physicians to support the understanding of the policy and legalities of medical assistance in dying within our AHS system. Corporate services such as Legal & Privacy, Policy, Communications, and Ethics are also represented on the steering committee.

Previously led by Dr. Verna Yui, the project leadership now reports to the Acting VP Quality and Chief Medical Officer, Dr. Francois Belanger, through to the Executive Leadership Team.

The Secretariat

The Secretariat, chaired by Dr. Eric Wasylenko, has been facilitating the work required to support the steering committee’s advice and decision making. This work includes issue identification and resolution, collecting input, connecting the experts, teams and organizations that can assist with issue resolution, responding to queries from staff and physicians, and communicating decisions and plans with stakeholders.

The Secretariat has also developed a number of working groups to support the development of resources to support the readiness of the organization.

- **Education Working Group** - The Education Working Group was developed to work collaboratively with internal and external stakeholders to develop educational resources for patients, families and/or caregivers, physicians, NPs, nurses, allied health and volunteers to support the organizational policy and related procedures. This work will support the delivery of medical assistance in dying related care using a consistent, compassionate, patient-centered approach that is both legally and ethically sound.

- **Evaluation and Metrics Working Group** - The Evaluation and Metrics Working Group will develop a comprehensive data collection and tracking system for reporting that is timely, effective, and serves as a foundation for evidence-informed practice in Alberta. This system will ensure that quality, safety, and patient and family experience/satisfaction are first and foremost in the provision of Medical Assistance in Dying by developing 1) a comprehensive and appropriate list of qualitative and quantitative indicators/measures; 2) the implementation and creation of a simple, but effective system for data collection; and 3) an evaluation framework to guide the creation of the indicators and reporting framework.

- **Documentation Working Group** - The Documentation Working Group will develop guidelines for practitioners participating in medical assistance in dying on 1) what to document; and 2) where in the health record system to document and store clinical information related to medical assistance in dying.
Expert Panels

Six (6) expert panels were struck and are made up of physicians and staff from across AHS in various clinical areas, including acute/ambulatory care, continuing care, primary care, Cancer Control, mental health, and palliative and end of life care. Chairs of the Expert Panels as are follows:

- Acute/Ambulatory Care - Dr. James Stone
- Continuing Care - Dr. Douglas Faulder
- Primary Care - Leeca Sonnema, Senior Program Manager/Project Team
- Cancer Care - Dr. Jackson Wu and David Dyer, Executive Director
- Addiction and Mental Health Care - Dr. Michael Trew
- Palliative and End of Life Care - Dr. Eric Wasylenko

Contributions of the expert panels have assisted with the development of the policy and accompanying resources. These groups continue to meet to discuss the operational impacts of medical assistance in dying on staff, processes and programs.

Key Linkages/Relationships

AHS has worked closely with external stakeholders and partners such as Alberta Health and professional associations and regulatory colleges as we have developed our approach and supporting materials. While recognizing that AHS is one provider in Alberta, materials have been produced for use within AHS as well as in the community, if desired. Given the complexity of the issues, we will continue to coordinate between governments, professional colleges, and other stakeholders.

7. Who is responsible to pay for the medications associated with medical assistance in dying?

Alberta Health is developing a program which will enable coverage for medications used in medical assistance in dying for Albertans. This program will be in place as soon as possible and will ensure that Albertans won’t have a financial barrier in accessing the medications. Until a program has been developed, clients/patients would be expected to pay for the medication, as they would any other medication. That means the client/patient would either pay for the medications themselves or co-pay if they have private drug coverage. Medications in acute care facilities are publicly provided and there would be no charge to the client/patient.

8. What does conscientious objection mean for me as a member of the healthcare team?

The AHS policy on medical assistance in dying outlines that health care providers electing not to participate in medical assistance in dying for reasons of conscience are not required and shall not be compelled to participate.

   a) Health care providers shall inform their Manager if they are unable to support the provision of either the patient’s usual care or care specific to medical assistance in dying.

   b) The Manager will ensure another appropriate health care provider, who is able, assumes the previous health care provider’s role.
Health care providers are encouraged to discuss this matter with their Managers, local Ethics teams or the Secretariat should they have additional questions or concerns.

9. Where do I find information and resources?

AHS has developed a webpage, which is available to internal AHS staff and those external to AHS. We are continually updating information and resources and recommend you visit the site regularly for updates.

- AHS Medical Assistance in Dying Webpage: www.ahs.ca/MAID

We encourage internal AHS staff and those external to AHS to contact the Care Coordination Service with client/patient specific inquiries and the Secretariat with general inquiries.

- Care Coordination Team: MAID.CareTeam@ahs.ca
- Medical Assistance in Dying Secretariat: MAID.Secretariat@ahs.ca

10. What supports are available to me as a health care provider?

A Supportive Review session will be scheduled for all health care providers who participated in the medical assistance in dying event. The session is an opportunity to discuss what went well, what could be done better, and offers health care providers the opportunity to share their thoughts and reflect on their feelings.

AHS has also arranged access to support for all AHS health care providers from the Employee and Family Assistance Program (EFAP) at any time during involvement with medical assistance in dying.

- Link to AHS EFAP: http://insite.albertahealthservices.ca/964.asp

Health care providers may also wish to contact the local ethics services, spiritual care services, services offered by the regulator or to the MAID Care Coordination Service and/or Secretariat for additional support.

August 8, 2016 telehealth session recording posted to webpage: www.AHS.ca/MAID

Next Telehealth Sessions:

Thank you for your questions and we encourage you to join us for the next telehealth sessions to be held on and September 21, 2016.