

## **Medical Assistance in Dying**

### **Frequently Asked Questions for Patients and Family Members**

Work continues that may change the responses to these questions. Please check this page often to ensure you have the most up to date information.

This frequently asked questions document (FAQ) is grouped into categories; general questions about medical assistance in dying, and then the five stages most people will go through as they think about and ask about end of life care, including the option of medical assistance in dying.

These frequently asked questions and answers address some of the issues as you begin to think about this option. If you have specific questions, please feel free to contact the Medical Assistance in Dying Care Coordination Service at [MAID.CareTeam@ahs.ca](mailto:MAID.CareTeam@ahs.ca), or speak directly with your physician.

***These responses are current on June 18, 2016.***

#### **General Questions**

- 1. Why do we use both the terms “medical assistance in dying” and “physician assisted death”? Do they mean the same thing?**

On June 17, 2016 the *Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying)*, was passed by Parliament and became law after receiving Royal Assent. While the Supreme Court of Canada in *Carter v. Canada (Carter) 2015* used the term “Physician Assisted Death”, the new Act uses the term “medical assistance in dying”, to reflect the fact that it is not solely physicians who are involved in providing the service.

- 2. Why is medical assistance in dying legal in Alberta?**

The Supreme Court of Canada, in *Carter*, set aside provisions of the Criminal Code of Canada and decriminalized physician assisted death when certain conditions were met. Effective June 17, 2016 new legislation was put in place to govern the delivery of medical assistance in dying when provided by physicians and nurse practitioners in Canada.

- 3. I want to find out more about medical assistance in dying, who can I speak with?**

You can find out more by having a discussion with your physician. Your physician may be your family physician, specialist or another physician of your choice. Alternatively, you may access the [Medical Assistance in Dying Care Coordination Service](#), which will assist you in working through the steps to gain more information as well as access to required services. Your physician can link you with this service, or you can call Health Link (811) or email [MAID.CareTeam@ahs.ca](mailto:MAID.CareTeam@ahs.ca) to be connected with the Service.

#### 4. How and when can I access the Medical Assistance in Dying Care Coordination Service?

You can connect with the Medical Assistance in Dying Care Coordination Service at any time. They can be reached through your physician, by calling Health Link (811), or by emailing [MAID.CareTeam@ahs.ca](mailto:MAID.CareTeam@ahs.ca).

*There are a number of stages in thinking about and asking about end of life care including the option of medical assistance in dying. The following series of questions and answers address some of the issues as you begin to think about this option or if you pursue it more definitely. In these stages of decision-making you might be looking for information and trying to make a decision.*

#### 5. What are the stages that you may go through for receiving medical assistance in dying?

Everyone is different and has unique needs and desires. These 5 stages generally describe what the decision making process may look like for some people. These stages are fluid, and the path is unique to you; at any point you can choose to not proceed. You may go in and out or back and forth through the stages as you decide. The decision is always yours.

In the first stage “**Pre-Contemplation**” you may be seeking information, undertaking personal reflection, or discussing the option with your family and friends.

The second stage “**Contemplation**” is where you might make an informal or formal request for more information, meet with your physician, and learn more about all options available to you in your health care needs.

The third stage is “**Determination**”. If you decide you want to further explore, a physician will assess if you meet the mandatory eligibility criteria, as well as whether or not there are changes to your treatment that might change your situation. If you meet the criteria and decide to pursue medical assistance in dying, there will need to be a second physician assessment.

In the fourth stage “**Action**” the physician will review with you the method, timing, and whether or not you would still like to proceed. The method that was chosen will then be provided.

In the fifth stage “**Care after Death**” there will be grief support and follow up for your family if desired. Your body will be cared for as per your arrangements.

### **Questions In Stages 1, 2, and 3: Pre-contemplation, Contemplation and Determination**

#### **6. I can foresee a time with the progression of my disease where I may want to consider medical assistance in dying. What are the criteria for eligibility?**

The criteria for eligibility for medical assistance in dying from the new legislation includes:

- An adult who is competent and;
  - who is eligible for health services funded by a federal, provincial or territorial government in Canada,
  - who has a grievous and irremediable medical condition,
  - whose natural death has become reasonably foreseeable,
  - who has made a voluntary request on the required form(s),
  - who has been informed of the treatments including palliative care, technologies, and supports available to relieve their suffering,
  - who can provide informed consent, and
  - who has given written (signed) consent for the delivery of medical assistance in dying.

*Note: An alternate decision-maker cannot make a request for or consent to medical assistance in dying on behalf of a patient who lacks capacity.*

#### **7. What happens if my physician doesn't provide medical assistance in dying?**

Not all physicians will choose to participate in providing medical assistance in dying; but, they have a responsibility to continue to provide you with other medically required care until such time as their services are no longer required. They also need to ensure that you have the contact information required to access timely information and assessment for medical assistance in dying and other end-of-life care medical options including a palliative care consultation and that you have been informed of the treatments, technologies, and supports available to relieve their suffering. Your physician must either provide you with the contact information for the [Medical Assistance in Dying Care Coordination Service](#) or connect you with that service. The Alberta Health Services website ([www.ahs.ca/MAID](http://www.ahs.ca/MAID)) contains information for the public. Health Link (811) can also connect you with the [Medical Assistance in Dying Care Coordination Service](#).

#### **8. What are some other options in end-of-life medical care?**

A member of the health care team and your physician may take steps to connect you with palliative and end-of-life care (PEOLC) services. It is important that when you have been given a diagnosis of a life-limiting illness with a serious or grave prognosis that you have the option for PEOLC services. There are alternatives to medical assistance in dying within the expertise of PEOLC, and your physician can provide you with more information about these options. **To learn more** about your palliative care options and the services which are offered near you please visit <https://myhealth.alberta.ca/palliative-care>.

#### **9. Is there a cost for Albertans for the provision or services around medical assistance in dying?**

The costs associated with medical assistance in dying are still being clarified, and may include drugs, transportation, and other services required. These costs may or may not be covered by Alberta Health Care or your personal health and benefit plans. Speak to

your physician, the [Medical Assistance in Dying Care Coordination Service](#) or your health insurance provider for more information.

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

Under the new legislation, only physicians and nurse practitioners are able to provide medical assistance in dying.

Components of the assessment include:

- a) providing a diagnosis and prognosis of an individual's condition;
- b) assessing the individual's decision-making capacity.

Two independent physicians and/or nurse practitioners are required to assess eligibility.

**11. I want to consider medical assistance in dying as an option. Do I have to tell my family or friends that this is an option I want to explore?**

The decision to consider medical assistance in dying is a personal one. It is up to you to determine with whom you would like to discuss this.

Alberta Health Services is governed by the Health Information Act, and health information will only be collected, used, and disclosed in accordance with that Act. Your consent is required before we give your health information to your family unless a legislative exception applies.

**12. Who can I talk to about medical assistance in dying?**

You can speak to members of your health team who can connect you with your physician, or with the [Medical Assistance in Dying Care Coordination Service](#) for further information.

**13. Is there someone who has gone through the medical assistance in dying process with a family member that I could speak to about their experience?**

[The Medical Assistance in Dying Care Coordination Service](#) currently has family members who are willing to share their experience with others. Speak with the [Medical Assistance in Dying Care Coordination Service](#) for more information.

**14. What if my family does not agree with my decision to access medical assistance in dying? How do I help them understand my decision?**

Often the person considering medical assistance in dying is further ahead in their decision-making process than their family members may be expecting. It is important to have open and honest discussions. These discussions will be emotional too. In some cases, it may help to have another person such your physician there to help support you in these discussions.

**15. My spirituality has been an important part of my life. My thinking about medical assistance in dying is not supported by my spiritual or religious group, or my family. Who can I talk to about this?**

Your health care practitioner, physician, or [Medical Assistance in Dying Care Coordination Service](#) can speak with you about this, or can refer you to a spiritual health practitioner.

**16. I live in a remote area, can I still access medical assistance in dying?**

Your physician, Health Link or the [Medical Assistance in Dying Care Coordination Service](#) can assist you to navigate medical assistance in dying and to obtain the required assessments.

**Questions In Stages 4 and 5: Action and Care After Death**

**17. What if I do not meet the eligibility requirements for medical assistance in dying?**

If two physicians and/or nurse practitioners have determined that you do not meet the eligibility criteria to access medical assistance in dying and you still wish to have the procedure, you may, as in all other medical procedures, seek a second opinion. You may also wish to discuss the availability of other options with your physician including palliative care or any other disease-specific care. You can obtain a reassessment of your eligibility for medical assistance in dying at any time.

**18. If am eligible, do I have to proceed? Do I have to proceed right away?**

If it is determined that you meet the mandatory eligibility criteria, and you wish to proceed, you and your physician can determine your preferred timeline. You do not need to proceed right away. You always have the ability to decide not to proceed at any time throughout the process.

**19. I understand that I have a choice in the method of medical assistance in dying. What are my options?**

A physician and/or nurse practitioner can tell you more about the options available to you. You can choose between taking the drugs yourself (by mouth) or having the drugs given to you through an intravenous line by a physician. A physician and/or nurse practitioner can discuss this decision in greater detail to assist you to make the choice that is best for you.

**20. I can't swallow easily. Will this prevent me from medical assistance in dying?**

No, there is an option of administering the drugs for medical assistance in dying through an intravenous.

**21. Once the drug is administered, how long will take for me to die?**

Your physician and/or nurse practitioner will discuss this with you in more detail. Information from the experience in other countries suggests that most people lose

consciousness very rapidly with either approach, while time of death can vary from minutes to hours.

**22. What if something goes wrong?**

We recommend that you discuss having your physician and/or nurse practitioner present as part of the preparation for the procedure. If they are present, your physician and/or nurse practitioner will be able to manage any unexpected complications. This may include, as part of the preparation, discussing having the option of receiving the intravenous if you have chosen the oral route.

**23. Do I have to have medical assistance in dying in a hospital? Can I die at home? Who can be there? Who has to be there? If I die at home, can a medical practitioner be with me and my family?**

You can have medical assistance in dying at your home or in a facility or clinic. The location is something to discuss with your physician, who will take into account your wishes as well as the location that provides the most safety and comfort for you.

At this time, medical assistance in dying is available in AHS, though may not be in all locations.

It is up to you to decide who you would like to be present. Your physician and/or nurse practitioner is required to be present immediately before providing medical assistance in dying to ensure that you give express consent for medical assistance in dying, or to give you the opportunity to withdraw your request should you wish to do so. The amount of time that you would like your physician to remain with you or your family following providing medical assistance in dying should be discussed with your physician and/or nurse practitioner.

**24. What processes will happen immediately following the administration of medical assistance in dying?**

By law, your death has to be declared by someone who is designated to do so – a physician, or a medical examiner, or sometimes a nurse. Once death is declared, and when your family is ready, your body will either be moved to the funeral home or to the Office of the Medical Examiner. This is still new for all of us and the Medical Examiner may need a bit of time before your body goes to the funeral home.

**25. What will my death certificate say?**

For death caused by medical assistance in dying, only a medical examiner can sign the death certificate. The precise language for cause of death and the manner in which death occurred that will be listed on a death certificate following medical assistance in dying is still being worked out by government.

**26. Will there be any issues with my pension or my life insurance?**

Please contact your pension provider and life insurance provider for specific information on your pensions and policies.

### **27. My family is not supportive of my choice? Can they stop me?**

The only person that can consent or refuse to consent to medical assistance in dying is you. Your family cannot stop you if you have been assessed as being eligible for medical assistance in dying and you have decided to proceed. Recognizing the importance of family relationships as well as the bereavement process, resources are available to assist you to deal with family uncertainty or disagreements. These include social workers, counsellors, spiritual care providers and clinical ethics teams. Your physician and the Medical Assistance in Dying Care Coordination Service can help you access these resources.

### **28. Is there support for my family?**

Alberta Health Services will support you and your family by providing clear and accurate information about medical assistance in dying, as well as supporting them with bereavement care.

### **29. What arrangements do I need to make before proceeding with medically assisted dying?**

Planning for end of life is important and requires the consideration of many details unique to each individual. It may be helpful to have family members or others help you find the resources needed to ensure that your wishes are known related to:

- a) health care decisions;
- b) religious and cultural considerations for all appropriate rituals/ceremonies;
- c) care after death;
- d) financial matters and estate;
- e) funeral arrangements; and
- f) all other personal considerations.

Physicians and other health care providers can support individuals and their families to access information and resources in order for them to put arrangements in place. Your physician and the [Medical Assistance in Dying Care Coordination Service](#) can help you with some of these arrangements.

### **30. Do I need to update my Goals of Care Designation contained in my green sleeve?**

It is recommended that the Goals of Care Designation that you created with your care provider be updated to reflect any wishes related to medical assistance in dying. It is especially important to be clear regarding specific wishes for resuscitation and transport to a hospital in the event of complications related to medical assistance in dying.

### **31. What if I change my mind about proceeding with medical assistance in dying?**

You can change your mind at any time and at any point. This can be done in writing or verbally but the decision must be made by you.

**For more information on medical assistance in dying:**  
**Contact the Care Coordination Service: [MAID.CareTeam@ahs.ca](mailto:MAID.CareTeam@ahs.ca)**  
**For more information on palliative and end-of-life care services and programs:**  
<http://www.ahs.ca/services/page13177.aspx>