



STANDARDS OF PRACTICE

# Medical Assistance in Dying (MAID)

Under Review: ~~No~~Yes  
Issued By: Council: June 1, 2016

The **Standards of Practice** of the College of Physicians & Surgeons of Alberta (“CPSA”) are the **minimum** standards of professional behavior and ethical conduct expected of all regulated members registered in Alberta. Standards of Practice are enforceable under the *Health Professions Act* and will be referenced in the management of complaints and in discipline hearings. CPSA also provides **Advice to the Profession** to support the implementation of the Standards of Practice.

Note: a glossary of terms can be found at the end of this document. Glossary terms are indicated in teal with a “G” throughout this document.

## **PREAMBLE**

For the purpose of this standard, “medical assistance in dying” (MAID) means the administration of medications by a regulated member to a person or the prescribing or providing of medications by a regulated member to a person, at their request, to intentionally cause their own death.

MAID was first legalized in Canada in 2016 for individuals with terminal illnesses. In 2021, MAID was expanded to include non-terminal physical conditions. Canada’s MAID law changes on Mar. 17, 2023 under Bill C-7, allowing individuals whose sole underlying medical condition is mental illness<sup>6</sup> to be eligible for MAID.

Regulated members have a right under the *Canadian Charter of Rights and Freedoms* to freedom of conscience and religion and, as such, are not obligated to administer MAID. However, a regulated member’s conscientious objection must not impede the rights of patients to receive unbiased information about and access to legally permissible and available health services, such as MAID. Just as regulated members have the right to act according to their conscience, they must also respect differences of opinion among colleagues and with patients, while meeting their duty of non-abandonment to the patient by acknowledging and responding appropriately to the patient’s medical concerns and requests regardless of the regulated member’s moral construct<sup>1</sup>.

<sup>1</sup>From the Canadian Medical Association’s *Code of Ethics & Professionalism* (2018).

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- “Must” refers to a mandatory requirement.
- “May” means that the physician may exercise reasonable discretion.
- “Patient” includes, where applicable, the patient’s legal guardian or substitute decision maker.

For additional guidance, please refer to the “Companion Resources” at the end of this document.

### STANDARD

1. A regulated member who receives, ~~considers evaluates~~ or ~~fulfils acts upon~~ a ~~written request request~~<sup>G</sup> for medical assistance in dying (MAID) **must** do so in accordance with ~~legislation relevant legal requirements which includes, but is not limited to, the Criminal Code of Canada~~<sup>2</sup>;
2. A regulated member who provides ~~medical assistance in dying MAID~~ **must**:
  - a. ~~consider the safeguards outlined in the Criminal Code of Canada when determining a patient’s eligibility~~;
  - a.b. discuss ~~with the patient~~ and agree on a plan ~~with the patient~~ that considers:
    - i. the patient’s wishes regarding when, where and how ~~the medical assistance in dying MAID~~ will be provided, including the ~~presence presence~~<sup>G</sup> of the regulated member and any additional ~~patient~~ support;
    - ii. an alternate plan to address potential complications; and
    - iii. the patient’s ~~choice understanding that they may choose~~ to rescind the request at any time, including immediately before the provision of ~~medical assistance MAID~~;
    - iii. ~~ensure the patient has capacity~~<sup>G</sup> and obtain ~~consent~~<sup>G</sup> in ~~dying~~;
  - b. ~~collaborate with the pharmacist dispensing the medication(s); and~~
  - c. ~~after the patient’s death, notify the Office of the Chief Medical Examiner;~~
  - c. ~~accordance with the Informed Consent standard of practice and relevant legal requirements~~;

**Commented [CD1]:** Criminal Code added to indicate significance of requirements.

**Commented [CD2]:** Added to ensure awareness of Track 1 and Track 2 requirements.

**Commented [CD3]:** From CPSO’s draft update.

**Commented [CD4]:** Added to encompass additional capacity/consent requirements for MAID (not addressed in *Informed Consent* SoP).

<sup>2</sup> Please see the “Medical Assistance in Dying” section of the *Criminal Code of Canada*.

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- d. collaborate with the pharmacist dispensing the medication(s); and
- e. after the patient's death, notify the Office of the Chief Medical Examiner<sup>3</sup>.

3. A regulated member who receives an inquiry from a patient ~~with respect to medical assistance in dying regarding MAID~~ **must ensure that promptly provide the patient or their representative with** contact information for the Alberta Health Services (AHS) ~~medical assistance in dying MAID care coordination service is provided to the patient, or to another person identified by the patient, without delay.~~
4. A regulated member who ~~receives an oral or written declines a request from a patient for medical assistance in dying and who declines MAID~~ for reasons of **personal conscience** or religion to provide or to aid in providing medical assistance in dying **must ensure that reasonable access to the Alberta Health Services medical assistance in dying care coordination service is provided to the patient without delay must do so in accordance with the *Conscientious Objection* standard of practice.**
5. A regulated member **may only** prescribe ~~a drug~~ medications recommended by the **AHS MAID care coordination service** for use in medical assistance in dying ~~only if the drug has been recommended for the use by the Alberta Health Services medical assistance in dying care coordination service<sup>4</sup>.~~
6. A regulated member who provides medical assistance in dying **must keep records in the form and manner required by the Minister confirming that they complete the AHS MAID Reporting Form<sup>5</sup> to fulfill federal reporting requirements.**

**Commented [CD5]:** Reworded for simplicity.

**Commented [CD6]:** Enshrines requirement to use AHS reporting form: former requirement no longer in place.

## GLOSSARY

**Mental illness:** as defined in Bill C-7, "mental illness" refers to a subset of these standards, and any other standards or legislation applicable to medical assistance in dying, were

<sup>3</sup> The regulated member will not sign the death certificate: the Chief Medical Examiner will determine the cause and manner of death.

<sup>4</sup> To review the current medication protocol, please log into the physician portal.

<sup>5</sup> For more information, please visit AHS's "MAID Reporting for Alberta Practitioners" web page.

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met. mental disorders<sup>6</sup> but lacks a standard clinical definition. This definition is used in materials associated with Bill C-7 (e.g., legislative background and Charter statement).

**Mental disorder:** the Diagnostic and Statistical Manual (DSM-5) states that a mental disorder is a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation or behaviour that reflects a dysfunction in the psychological, biological or development processes underlying mental functioning<sup>6</sup>.

**Written request:** while a patient may inquire about MAID orally, a request to proceed with MAID must be in writing in accordance with the *Criminal Code of Canada*<sup>2</sup>.

**Presence:** a regulated member is not required to be present if the patient chooses the self-administered protocol<sup>7</sup>.

**Capacity:** the legal status of being able to provide informed consent or refusal of healthcare interventions<sup>8</sup>.

**Consent:** for the purpose of this standard, in order for a patient to provide informed consent, they must be capable [refer to "capacity"], they must have been given an adequate explanation about the nature of the proposed intervention and its anticipated outcome, as well as the significant risks involved and alternatives available, and the consent must be voluntary<sup>8</sup>.

## RELATED STANDARDS OF PRACTICE

- [Code of Ethics & Professionalism](#)
- [Conscientious Objection](#)
- [Informed Consent](#)

## COMPANION RESOURCES

- [Advice to the Profession: Informed Consent for Adults](#)
- [Advice to the Profession: Informed Consent for Minors](#)
- [Advice to the Profession: Medical Assistance in Dying](#) (to be updated)
- [Medication Protocols as of July 2019](#) – please review "Additional Resources" in the Physician Portal (requires regulated member login credentials to access)

<sup>6</sup> From the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) (Mar. 2022)

<sup>7</sup> Refer to AHS's "Role of the Medical Examiner related to Medical Assistance in Dying" (Aug. 2018)

<sup>8</sup> From the "Final Report of the Expert Panel on MAID and Mental Illness" (May 2022)

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- [AHS's Medical Assistance in Dying](#)
- [AHS's MAID Reporting for Alberta Practitioners](#)
  - [MAID Combined Assessor Provider Form – Electronic](#)
  - [MAID Combined Assessor Provider Form – Printable](#)
  - [MAID Provider Form – Electronic](#)
  - [MAID Provider Form – Printable](#)
- [AH's Guide to Capacity Assessments under the Personal Directives Act](#)
- [CMPA's Good Practices: Informed Consent Overview and Objectives](#)

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