Medical Assistance in Dying (MAID)

Alberta Guidelines

Acknowledgement

This Guideline is informed by the Model Practice Standard for Medical Assistance in Dying (MAID) prepared by the MAID Practice Standards Task Group convened by Health Canada - from Sept. 2022 to March 2023 (Health Canada, 2023).

Purpose/Scope

The intent of this document is to ensure Alberta **PROVIDERS** and **ASSESSORS** have a common understanding and expectations for the provision of MAID in Alberta. It applies to **PHYSICIANS** (MDs) and **NURSE PRACTITIONERS** (NPs), with the purpose of ensuring the provision of MAID is appropriate and consistent in Alberta. This guideline aligns with and complements the Alberta Health Services' (AHS) MAID protocols.

Secondarily, this document aligns the provision of MAID in Alberta with the National MAID Practice Standards Task Group recommendations and the other health professional regulators across Canada.

This guideline is approved by the College of Physicians and Surgeons of Alberta (CPSA) and College of Registered Nurses of Alberta (CRNA) for use by their respective regulated members who have the authority to provide MAID services (MDs and NPs).

Regulated members are expected to use this document in conjunction with the respective Standards of Practice related to this and all other topics, as published by their regulatory authority (i.e., CPSA or CRNA).This guideline should also be used in conjunction with CPSA's Advice to the Profession or CRNA's Practice Advice, as well as the Canadian Medical Association's *Code of Ethics and Professionalism* (CPSA), and the Canadian Nurses Association (CNA) *Code of Ethics for Registered Nurses*.

This document should be interpreted in the context of federal and provincial legislation relating to MAID. Nothing in this document negates an MD's or NP's obligation to comply with any and all applicable laws. Moreover, to the extent that anything in this document may be inconsistent with legislative requirements, legislation will always take precedence.

Words or phrases in **BOLD CAPITALS** upon first mention are defined in the glossary.

Preamble

Section 241.2 of the *Criminal Code of Canada* (Criminal Code) creates the legal authority for MAID, and all regulated members must understand the scope and requirements outlined in section 241.2.

"Medical assistance in dying" (MAID) means:

- the administering by a physician (MD) or nurse practitioner (NP) of a substance to a person, at their request, that causes their death; or

- the prescribing or providing by a MD or NP of a substance to a person, at their request, so that they may self-administer the substance and in doing so cause their own death.[1]

With the addition of section 241.2 to the Criminal Code, MAID was first legalized in Canada in 2016 for individuals with terminal illnesses. In 2021, section 241.2 of the Criminal Code was amended to include non-terminal physical conditions excluding **MENTAL ILLNESS**. In March 2024, under Bill C-7, persons whose sole underlying condition of a mental illness became eligible for MAID.

Currently, **MATURE MINORS** and **ADVANCE DIRECTIVES** remain ineligible for MAID under the Criminal Code.

[1] From the *Criminal Code of Canada*, Section 241.1 (Aug. 21, 2023).

Contents

Section 1: Duties of assessors and providers

General

1. At least **two** practitioners (MDs and NPs) **must** be involved in the assessment of eligibility of a person requesting MAID.

2. Assessors and providers **must**:

    a. be **INDEPENDENT PRACTITIONERS** ("practitioner(s)");

    b. act consistently with their regulatory authority's standards of practice regarding treating family members or anyone with whom they have a close personal or emotional involvement; and

    c. complete all the required documentation and reporting as set out in Section 9.

3. Assessors and providers **must not** disclose that a person has requested a MAID assessment or provision without the consent to do so from that person (*Health Information Act*, Part 5, 2022).

Duties of assessors

4. MDs and NPs **must not** conduct an assessment for MAID on the direction of anyone other than the person requesting MAID.

5. Assessors **must** provide a written opinion attesting to whether the person requesting MAID meets the **ELIGIBILITY CRITERIA** (see Section 2) for MAID.

6. Where **NATURAL DEATH IS NOT REASONABLY FORESEEABLE**, assessors **must** discuss the reasonable and available means to relieve suffering with the person requesting MAID and determine whether the person has given serious consideration to those means[2].

7. Where natural death is not reasonably foreseeable **and** a reduction in the **90-DAY PERIOD** is being considered by the provider, assessors **must** provide an opinion as to whether the loss of the person's **CAPACITY** to provide consent to receive MAID is imminent.

Duties of providers

8. MDs and NPs **must not** provide MAID on the direction of anyone other than the person requesting MAID.

9. Before providing MAID, a provider **must** ensure that all required eligibility criteria (see Section 2) and procedural **SAFEGUARDS** are met (see Section 3).

[2] While an assessor may discuss the means available to relieve the person's suffering for persons under Track 1, it is only a Criminal Code requirement that both the assessor and the provider do so for persons under Track 2.

10. The provider who prescribes or obtains a substance for the purpose of MAID **must**, before the pharmacist dispenses the substance, inform the pharmacist that the substance is intended for that purpose.

11. Providers **must** ensure safe prescribing, use, storage, and return of substances related to the provision of MAID, are in alignment with the AHS' MAID protocols.

12. Providers **must** comply with all mandatory documentation and reporting requirements (see Section 9).

Section 2: Eligibility for MAID

Eligibility criteria

13. MDs and NPs **must only** provide MAID to a person requesting MAID where **all** of the following eligibility criteria are met:

    a. the person is eligible or, but for any applicable minimum period of residence or waiting period, would be eligible for health services funded by a government in Canada;

    b. the person is at least 18 years of age and capable of making decisions with respect to their health;

    c. the person has made a voluntary request for MAID that was not made as a result of external pressure;

    d. the person has given **INFORMED CONSENT** to receive MAID after having been informed of the means that are available to relieve their suffering, including palliative care (see "Informed Consent");

    e. the person has a **GRIEVOUS AND IRREMEDIABLE MEDICAL CONDITION**. These criteria are met only where the assessor and provider are of the opinion that:

        i. the person has a **SERIOUS AND INCURABLE ILLNESS, DISEASE OR DISABILITY**;

        ii. the person is in an **ADVANCED STATE OF IRREVERSIBLE DECLINE** in **CAPABILITY**; **and**

        iii. the illness, disease, or disability or that state of decline causes the person **ENDURING PHYSICAL OR PSYCHOLOGICAL SUFFERING** that is intolerable to the person and cannot be relieved under conditions that the person considers acceptable.

14. MDs and NPs **must** apply the criteria for MAID eligibility set out in this guideline and any additional applicable criteria as per federal legislation.

Assessing eligibility

Capacity

15. To determine if a person is eligible for MAID, the assessor and provider **must** be of the opinion that the person requesting MAID has capacity to make decisions with respect to MAID at the time of the MAID assessment.

16. When assessing for capacity to make decisions with respect to MAID, the provider and assessor **must** determine whether the person has the capacity to understand and appreciate:

    a. the history and prognosis of their medical condition(s);

    b. the treatment options and their risks and benefits; and

    c. that the intended outcome of the provision of MAID is death.

17. As capacity is fluid and may change over time, assessors and providers **must** be alert to potential changes in a person's capacity. Where appropriate, assessors and providers should undertake continual assessments of a person's decision-making capacity.

18. Where appropriate, assessors and providers should consult with clinicians with expertise in the assessment of decision-making capacity.

19. All capacity assessments must be conducted in accordance with the *Adult Guardianship and Trusteeship Act* (Part 4).

Grievous and irremediable medical condition[3]

20. To find a person eligible for MAID, the provider and assessor **must** be of the opinion that the person has "a grievous and irremediable medical condition."

Serious and incurable illness, disease, or disability

21. To find a person has a grievous and irremediable medical condition, the provider and assessor **must** be of the opinion that the person has a serious and incurable illness, disease or disability.

An advanced state of irreversible decline in capability

22. To find a person has a grievous and irremediable medical condition, the provider and assessor **must** be of the opinion that the person is in an advanced state of irreversible decline in capability.

[3] "Grievous and irremediable medical condition" is not standard clinical terminology; however, it is defined in the Criminal Code and is defined in the glossary section.

Enduring physical or psychological suffering that is intolerable to them and that cannot be relieved under conditions that they consider acceptable

23. To find that a person has a grievous and irremediable medical condition, the provider and assessor **must** be of the opinion that the person's illness, disease, disability or state of decline causes the person enduring physical or psychological suffering that is intolerable to them and that cannot be relieved under conditions that they consider acceptable.

24. For the purposes of forming the opinion that the suffering criterion for MAID is met, assessors and providers **must**:

    a. explore all dimensions of the person's suffering (physical, psychological, social, existential) and the means available to relieve them;

    b. explore the consistency of the person's assessment of their suffering with the person's overall clinical presentation, expressed wishes over time and life narrative;

    c. be of the opinion that it is the person's illness, disease, disability and/or state of decline in capability that is the cause of the person's suffering;

    d. be of the opinion that the suffering is enduring; **and**

    e. respect the subjectivity of suffering.

Voluntariness

25. To find a person eligible for MAID, assessors and providers **must** be satisfied that the person's decision to request MAID has been made freely, without undue influence (contemporaneous or past) from family members, health care providers, or others.

26. Assessors and providers **must** be familiar with and adhere to any provincial requirements relating to MAID for persons who are involuntarily hospitalized or under a Community Treatment Order. Similarly, they **must** be familiar with and adhere to any provincial or federal requirements regarding MAID for persons who are being held under a Not Criminally Responsible Order or are incarcerated.

Informed consent

27. Assessors and providers **must** obtain informed consent directly from the person requesting MAID. The substitute decision-maker of an incapable person cannot provide informed consent.

28. When seeking informed consent, providers **must**:

    a. discuss all reasonable, accepted and available treatment options to relieve suffering, including palliative care, with the person requesting MAID, including the associated benefits,

risks and side effects;

b. inform the person whose natural death is **not** reasonably foreseeable of the means available to relieve their suffering including, where appropriate, counselling services, mental health and disability support services, **COMMUNITY SERVICES** and palliative care, and offer consultations with relevant professionals who provide those services or care;

c. inform the person that they may, at any time and in any manner, withdraw their request for MAID and that they will be given an opportunity to withdraw their request immediately before MAID is provided (except where there is a valid **WAIVER OF FINAL CONSENT**– see Section 6);

d. inform the person requesting MAID of any possible complications associated with **PROVIDER-ADMINISTERED** and **SELF-ADMINISTERED MAID**, including the possibility that death may not occur; **and**

e. inform the person who is indicating a preference for self-administered MAID that if the person's death is prolonged or not achieved, it will not be possible for the provider to intervene and administer a substance causing their death **unless** the person is capable and can provide consent immediately prior to administering, or the person has entered into a written arrangement providing **ADVANCE CONSENT** for provider-administered MAID (see Section 7).

Section 3: Procedural safeguards

29. Before providing MAID to a person in either **TRACK 1** (natural death is reasonably foreseeable) or Track 2 (natural death is not reasonably foreseeable), taking into account all of their medical circumstances, the provider **must**:

    a. be of the opinion that the person meets all of the eligibility criteria for MAID;

    b. ensure that the person's request for MAID was:

        i. made in writing and signed and dated by the person (or by another person as permitted by law); and

        ii. signed and dated after the person was informed by an MD or NP that the person has a grievous and irremediable medical condition;

c. be satisfied that the request was signed and dated by the person, or by another person as permitted by law[4], before an **INDEPENDENT WITNESS** who also signed and dated the request;

d. ensure that the person has been informed that they may, at any time and in any manner, withdraw their request;

e. ensure that an assessor has provided a written opinion confirming that the person meets all of the eligibility criteria for MAID;

f. be satisfied that they and the assessor are independent of each other;

g. if the person has difficulty communicating, take all necessary measures to provide a reliable means by which the person may understand the information that is provided to them and communicate their decision; **and**

h. unless the conditions for a waiver of final consent or advance consent – self- administration have been met (see Sections 6 and 7), immediately before providing MAID, give the person an opportunity to withdraw their request **and** ensure that the person gives express consent to receive MAID.

30. Additionally, before providing MAID to a person whose natural death is not reasonably foreseeable, taking into account all of their medical circumstances, the provider **must**:

a. consult with an MD or NP who has that expertise and shares the results of that consultation with the other practitioner if neither they nor the assessor has expertise in the condition that is causing the person's suffering (see Clause 35(f) for further content on 'expertise');

b. ensure that the person has been informed of the means available to relieve their suffering including, where appropriate, counselling services, mental health and disability support services, community services and palliative care, and has been offered consultations with relevant professionals who provide those services or care;

c. ensure that they and the assessor have discussed with the person the reasonable and available means to relieve the person's suffering and that they and the assessor agree with the person that serious consideration has been given to those means;

d. ensure that there are at least 90 clear days between the day on which the first eligibility assessment for the current request begins and the day on which MAID is provided to them **or** — if the assessments have been completed and they and the assessor are both of the opinion

[4] If the person requesting MAID is unable to sign and date the request, another person — who is at least 18 years of age, who understands the nature of the request for MAID and who does not 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 — may do so in the person's presence, on the person's behalf and under the person's express direction.

that the loss of the person's capacity to provide consent to receive MAID is imminent — any shorter period that the provider considers appropriate in the circumstances;

e. take all necessary measures to provide a reliable means by which the person may understand the information that is provided to them and communicate their decision if the person has difficulty communicating; and

f. immediately before providing MAID, give the person an opportunity to withdraw their request and ensure that the person gives express consent to receive MAID unless the conditions for an Advance Consent – Self-Administration have been met (see Section 7).

Implementing procedural safeguards

Being of the opinion (Tracks 1 and 2 unless otherwise noted)

31. Before an MD or NP provides MAID, they **must** be of the opinion that the person meets all of the eligibility criteria set out in the Criminal Code, and the assessor **must** have provided a written opinion confirming the person meets the eligibility criteria.

32. Assessors and providers **must only** provide opinions on MAID eligibility that are within their scope of practice.

33. When providing opinions on MAID eligibility, MDs or NPs **must** respect existing ethical norms as found, for example, in the respective Code of Ethics and the standards of practice of their regulatory authority.

34. Forming an opinion about MAID eligibility **may** require the provider or assessor to undertake certain actions:

    a. Obtaining health records

        i. Assessors and providers **must** attempt to obtain all health records and personal data that is necessary for the completion of a MAID assessment.

        ii. Where a capable person refuses consent to obtaining health record and personal data necessary for the completion of a MAID assessment, the assessors and providers **must** explain that, without such information, the assessment cannot be completed and therefore the person cannot be found to be eligible.

    b. Gathering **COLLATERAL INFORMATION** (including from treating team, family members, and significant contacts)

        i. Assessors and providers **must** attempt to obtain all collateral information necessary for the completion of a MAID assessment. This may include information known to the current or

previous treating team and/or family members and/or significant contacts.

ii. The provider and assessor **must** have received consent from the capable person prior to gathering collateral information.

iii. Where a capable person refuses consent to obtaining collateral information necessary for the completion of a MAID assessment, the assessors and providers **must** explain that without such information, the assessment cannot be completed and, therefore, the person cannot be found to be eligible.

c. Involvement of other healthcare professionals

i. Assessors and providers **must** involve medical specialists, subspecialists, and other healthcare professionals for consultations and additional expertise where necessary and with the consent of the person requesting MAID.

ii. Where a capable person refuses consent to the involvement of other health care practitioners that is necessary for the completion of a MAID assessment, the assessors and providers **must** explain that without such involvement, the assessment cannot be completed and, therefore, the person cannot be found to be eligible.

d. Means available to relieve suffering (only Track 2)

i. Before an MD or NP provides MAID, they **must** ensure that the person has been informed of the **MEANS AVAILABLE** to relieve their suffering, including, where appropriate, counselling services, mental health and disability support services, community services, and palliative care and has been offered consultations with relevant professionals who provide those services or that care.

ii. Informing and offering of consultations **may** be achieved by the MD or NP or by others with knowledge (e.g., social workers, the person's family physician or most responsible provider) about the means of relieving suffering (e.g., community services). The provider **must** confirm that the requester has been informed of the means available and consultations with the relevant professionals have been offered.

e. Serious consideration of the reasonable and available means to relieve the person's suffering (only Track 2)

i. Before an MD or NP provides MAID, they **must** ensure that they and the assessor have discussed with the person the reasonable and available means to relieve the person's suffering **and** they and the assessor agree with the person that the person has given **SERIOUS CONSIDERATION** to those means.

f. Practitioner with expertise – consulting (where neither assessor has expertise in the condition causing suffering) (only Track 2)

i. If neither the provider nor the assessor has expertise in the condition that is causing the person's suffering, the provider **must** ensure that they or the assessor consult with a practitioner who has that expertise and share the results of that consultation with the other practitioner.

a. A 'practitioner with expertise' is **not** required to have a specialist designation. Rather, expertise can be obtained through MD or NP education, training and substantial experience in treating the condition causing the person's suffering.

ii. MDs and NPs **must** ensure that they have the expertise necessary to provide the consultation. In doing so, they **must** work within their scope of practice.

iii. The 'practitioner with expertise' under this provision of the Criminal Code is providing a consultation to the assessor and provider, not a MAID eligibility assessment.

iv. A review of the requester's prior health records (including past specialist consultation reports) can be an important part of a complete MAID eligibility assessment. However, such a review does not constitute 'consultation' for the purposes of Clause 31(a), as that requires direct contemporaneous communication with the practitioner with expertise.

Section 4: Additional considerations relating to eligibility assessments and procedural safeguards

Suicidality

35. Assessors and providers **must** take steps to ensure that the person's request for MAID is consistent with the person's values and beliefs, is unambiguous and enduring. They **must** ensure it is rationally considered during a period of stability, and not during a period of crisis. This may require continual assessments.

36. A request for MAID by a person with a **MENTAL DISORDER** in the absence of any criteria for involuntary admission as enumerated in Alberta's mental health legislation, is **not** grounds for involuntary psychiatric assessment or admission (MDs see Advice to the Profession, and NPs see Practice Advice for more detail).

37. Assessors and providers **must** consider making a referral for suicide prevention supports and services for persons who are found to be ineligible for MAID if, in the opinion of the assessor, the finding increases the individual's risk of suicide.

Challenging interpersonal dynamics

38. Assessors and providers **must** be alert to challenging interpersonal dynamics, such as threatening behaviours of MAID requesters or their family members. If these challenging dynamics compromise the ability to carry out the assessment in accordance with professional norms, assessors and providers should seek information or advice from mentors and colleagues, or discontinue involvement in the assessment process (MDs see Advice to the Profession, and NPs see Practice Advice for more details).

Review by a regional or provincial MAID case review committee

39. For complex MAID cases, the assessors **may** consider referring the case for review by the case review committee. This is not mandatory but strongly encouraged in the following situations:

    a. it is unclear if the patient meets all the eligibility criteria; or

    b. to determine if additional consultations with other practitioners or specialists would be beneficial.

Section 5: Virtual care

40. MDs or NPs **may** use **VIRTUAL CARE** to assess a person's request for MAID and obtain consultations in relation to MAID in Alberta.

41. When assessing a person for MAID eligibility virtually, MDs and NPs **must**:

    a. determine that a valid conclusion can be drawn about the person's eligibility for MAID;

    b. determine if it is appropriate and in the best interest of the person requesting MAID to have the assessment completed virtually, considering barriers to an in-person assessment (e.g., mobility issues);

    c. take reasonable steps to confirm the identity of the person;

    d. ensure the person consents to the assessment proceeding virtually; and

    e. ensure that the assessment aligns with the provisions of other relevant standards of practice published by their regulatory authority.

Section 6: Waiver of final consent (Applies only to Track 1)

42. All persons are required to give informed consent immediately before they receive MAID.

43. This requirement can only be waived if the following criteria are **all** met:

a. before the person loses capacity to consent to receive MAID:

   i. they have been assessed and found eligible for MAID and they meet all the safeguards;

   ii. their natural death is reasonably foreseeable;

   iii. they have been informed by an MD/NP that they are at risk of losing their capacity to consent to receive MAID;

   iv. they entered into a written arrangement with the MD or NP that the provider would administer a substance to cause their death on a specified day;

   v. the written arrangement is done using the appropriate documentation (the AHS *Waiver of Final Consent for Medical Assistance in Dying* form);

b. the person has lost the capacity to consent to receive MAID;

c. the person does not demonstrate, by words, sounds or gestures, refusal to have the substance administered or resistance to its administration; and

d. the substance is administered to the person in accordance with the terms of the arrangement.

Section 7: Advance consent – self-administration

44. If a person loses capacity to consent to receive MAID after self-administering a substance provided to them for self-administered MAID, a provider **may** still administer a substance to cause their death if the following criteria area are **all** met:

   a. before the person loses capacity to consent to MAID, they entered into a written arrangement with the provider that they would be present at the time the person self-administered the first substance AND administer a second substance to cause the person's death if, after self-administering the first substance, the person lost capacity to consent to MAID **and** did not die within a specified period;

   b. the written arrangement is done using the appropriate documentation (the AHS *Advanced Consent for Self-Administration of Medical Assistance in Dying* form);

   c. the person self-administers the first substance and does not die within the period specified in the arrangement and loses capacity to consent to receive MAID; and

   d. the second substance is administered to the person in accordance with the terms of the arrangement.

Section 8: Provision of MAID

Prescribing

45. Only MDs and NPs may prescribe the drugs for medical assistance in dying.

46. The prescribing provider **must** inform the pharmacist involved when a prescription is being prescribed or obtained for the purpose of delivering MAID.

47. The prescribing provider **must only** prescribe and/or administer drugs recommended for MAID as per the established drug lists and protocols developed and maintained in consultation with Alberta College of Pharmacy.

Providing

48. Only a provider who has independently verified the person's mandatory eligibility requirements and express informed consent for MAID **may** act as the providing practitioner for MAID.

49. Before medications that intentionally cause the person's death can be provided or administered, the provider **must** confirm:

    a. all of the mandatory eligibility criteria have been met; and

    b. all relevant procedural safeguards have been complied with.

Obtaining and Returning MAID Substances

50. Wherever possible, the pharmacist **must** dispense the medications directly to the prescribing practitioner.

51. When this is not a reasonable option, the prescribing provider **may** designate a regulated health professional to act as an intermediary to pick up from and or return the medications to the pharmacist on their behalf.

52. The provider and the pharmacist **must** discuss the procedure for returning any unused MAID substances to the pharmacy.

Section 9: Documenting and reporting

Documentation

53. Providers **must** ensure documentation in the patient's health record in accordance with relevant policies and legislative requirements:

    a. this includes, but is not limited to:

        a. capacity assessment;

        b. eligibility criteria and procedural safeguards;

        c. goals of care designation;

        d. completed consent forms; and

        e. record of medication administration.

    b. Documentation shall be done on the applicable AHS forms for:
        a. MAID Assessment
        b. MAID Provision
        c. Waiver of Final Consent
        d. Advance consent – self administration

Certification of Death

54. Providers **must** notify the Office of the Medical Examiner upon the person's death and provide their office with all required MAID documentation.

55. The Medical Examiner will complete the death certificate.

Reporting

56. MDs and NPs **must** comply with any legal, federal or provincial government, regulatory body, and mandatory MAID reporting requirements.

    a. This includes sending all required MAID assessment and provision documentation to the AHS MAID Reporting Team and Medical Examiner's Office.

Glossary

Unless otherwise noted, the following definitions are aligned with those found in the Model MAID Practice Standard prepared by the MAID Practice Standards Task Group convened by Health Canada - September 2022 to March 2023

90-day period: the minimum 90 clear days that must have passed between the day on which a Track 2 assessment by a provider or assessor begins and the day on which MAID is provided.

Advance consent — self-administration: consent to receive MAID given by a person with capacity before the loss of capacity in the context of self-administered MAID.

Advance directive (aka "healthcare directive," "advance medical directive," "living will"): a legal document through which a capable person gives another individual the authority in advance to make decisions on their behalf while alive. Typically, it allows the authorized individual to make healthcare decisions when the patient becomes incapable. It often includes instructions that the appointee must follow when making these decisions.[5]

Advanced state of decline: for the purposes of this guideline, this means the reduction in function is severe.

Assessor: the MD or NP who provides a written opinion as to whether the person requesting MAID meets the eligibility criteria for MAID.

Capability: for the purposes of this guideline, refers to a person's functioning (physical, social, occupational, or other important areas), not the symptoms of their condition. Function refers to the ability to undertake those activities that are meaningful to the person.

Capacity: the legal status of being able to provide informed consent for or refusal of healthcare interventions (i.e., having decision-making capacity).

Collateral information: information provided about a person by the person's treating team, family members, or significant contacts.

Community services: programs and services intended to help individuals improve their quality of life and build capacity to prevent and deal with crisis situations;[6] must be interpreted as including housing and income supports.

Eligibility criteria: the criteria set out in Section 9 of this guideline/ which must be met by a person in order to access MAID. 'Eligible' and 'eligibility' have similar meanings.

Grievous and irremediable medical condition: a person has a grievous and irremediable medical condition if:

- they have a serious and incurable illness, disease or disability;

[5] From the Canadian Medical Protective Association's "Healthcare directives: What you really need to know" (Dec. 2021).
[6] From the Government of Alberta's "Family and Community Support Services."

- they are in an advanced state of irreversible decline in capability; **and**

- 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 that they consider acceptable.

Incurable: for the purposes of this guideline, means there are no reasonable treatments remaining where reasonable is determined by the clinician and person together exploring the recognized, available, and potentially effective treatments in light of the person's overall state of health, beliefs, values, and goals of care.

Independent practitioner: an MD or NP who:

- is not a mentor to the other practitioner or responsible for supervising their work;

- does not 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, other than standard compensation for their services relating to the request; and

- does not know or believe that they are connected to the other practitioner or to the person making the request in any other way that would affect their objectivity.

Independent witness: an individual who is at least 18 years of age, who understands the nature of the request for MAID, and who is not excluded from acting as a witness to a person's request for MAID for any reason, including the limitations set out in S. 241.2 of the Criminal Code or any other legislative requirement.

Informed consent: consent provided by a person who has the capacity to make the decision and has been given an adequate explanation about the nature of the proposed intervention and its anticipated outcome(s) as well as the potential benefits and material risks involved and alternatives available.

Irreversible: there are no reasonable interventions remaining where reasonable is determined by the clinician and person together exploring the recognized, available, and potentially effective interventions in light of the person's overall state of health, beliefs, values, and goals of care.

MAID MD-SUMC: MAID where a mental disorder (see definition below) is the sole underlying medical condition.

Mature minor: an individual under the age of 18 who can understand and appreciate the nature, risks and consequences of a proposed treatment/procedure and can provide consent without the input of their legal representative[7].

Means available: must be interpreted as available means that are reasonable and recognized.

[7] CPSA's "Informed Consent for Minors" Advice to the Profession (Dec. 2015)

Mental disorder: a condition as described in standard psychiatric diagnostic classification schemes such as the DSM5-TR[8]. The Criminal Code uses the term 'mental illness.'

Mental illness: Refers to a subset of mental disorders but lacks a standard clinical definition[9]. This is the term used in Bill C-7 and associated materials (e.g., legislative background and Charter Statement).

According to the federal legislative background document prepared for Bill C-7, the term 'mental illness' would not include neurocognitive or neurodevelopmental disorders, or other conditions that may affect cognitive abilities, such as dementias, autism spectrum disorders, or intellectual disabilities.

Natural death not reasonably foreseeable: in the professional opinion of the MD or NP, taking into account all of the patient's medical circumstances, how or when the patient's natural death will occur is reasonably predictable[10].

According to the only Canadian court to opine on the interpretation of 'natural death has become reasonably foreseeable':

> [79] … natural death need not be imminent and that what is a reasonably foreseeable death is a person-specific medical question to be made without necessarily making, but not necessarily precluding, a prognosis of the remaining lifespan.
>
> [80] … in formulating an opinion, the physician need not opine about the specific length of time that the person requesting medical assistance in dying has remaining in his or her lifetime[11].

The interpretation of 'natural death has become reasonably foreseeable' remains the same under Bill C-7 as it was under Bill C-14[12].

Nurse practitioner (NP): A regulated member who is registered on the nurse practitioner register under the *Registered Nurses Profession Regulation* (AR 232/2005).

Physician (MD): a person who is entitled to practice medicine under the laws of Alberta.

Provider: the MD or NP who assesses whether the person requesting MAID meets the eligibility criteria for MAID, ensures that the procedural safeguards have been met and, if so, provides MAID.

Provider-administered MAID: the administering by an MD or NP of a substance to a person, at their request, that causes their death.

Safeguards: refers to protective legislative measures enacted through the Criminal Code.

Self-administered MAID: the prescribing or providing by an MD or NP of a substance to a person, at their request, so that they may self-administer the substance and in doing so cause their own death.

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[8] American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). https://doi.org/10.1176/appi.books.9780890425596.

[9] Final report of the expert panel on MAID and mental illness

[10] From Dalhousie University's Health Law Institute: "Interpreting Canada's MAID Legislation."

[11] *2017 ONSC 3759, par. 79-80. AB c. Canada.*

[12] https://www.ctvnews.ca/politics/lametti-sows-uncertainty-over-meaning-of-foreseeable-death-in-assisted-dying-bill-1.4836211

Serious consideration: must be understood to mean:

a) exercising capacity, not merely having it;

b) exhibiting careful thought; and

c) not being impulsive.

Track 1: refers to the procedural safeguards applicable to a request for MAID made by a person whose natural death is reasonably foreseeable.

Track 2: refers to the procedural safeguards applicable to a request for MAID made by a person whose natural death is not reasonably foreseeable.

Virtual care: encompasses all means by which healthcare providers remotely interact with their patients using communications and digital technology.

Waiver of final consent: an arrangement in writing between the person (on Track 1) requesting MAID and their provider that the provider would administer substances to cause their death after they have lost decision-making capacity.

References

Adult Guardianship and trusteeship Act Capacity Assessment (alberta.ca) or Alberta King's Printer:

Code of Ethics and Professionalism, Canadian Medical Association (CPSA)

Code of Ethics for Registered Nurses, Canadian Nurses Association (2017) Ethics - Canadian Nurses Association (cna-aiic.ca)

Criminal Code of Canada – MAID 241 Criminal Code (justice.gc.ca)

Model Practice Standard for Medical Assistance in Dying (MAID), Prepared by the MAID Practice Standards Task Group Convened by Health Canada - September 2022 to March 2023 Model Practice Standard for Medical Assistance in Dying (MAID) - Canada.ca

Registered Nurses Profession Regulation (AR 232/2005) Alberta King's Printer: