



Standard of Practice

Medical Assistance in Dying (MAiD)

Initial Approval: January 1, 2019

Updated: June 9, 2021

Updated: March 20, 2024

Effective Date: January 1, 2019

Standards of Practice of Medicine set out the requirements related to specific aspects for the quality of the practice of medicine. Standards of Practice of Medicine provide more detailed information than contained in the *Regulated Health Professions Act*, Regulations, and Bylaws. All registrants must comply with Standards of Practice of Medicine, per section 86 of the *Regulated Health Professions Act*.

This Standard of Practice of Medicine is made under the authority of section 82 of the *Regulated Health Professions Act* and section 15 of the CPSM Standards of Practice Regulation.

CONTEXT

Medical assistance in dying (MAiD) has been permitted in Canada in limited circumstances since 2016 as result of amendments to the Criminal Code¹. On March 17, 2021, the eligibility requirements for MAiD were expanded to include patients whose natural death is not reasonably foreseeable². Those amendments also created new legislated safeguards for the provision of MAiD to patients whose natural death is not reasonably foreseeable. They also changed the consent provisions to allow for the provision of MAiD to patients whose death is reasonably foreseeable and who consented to MAiD, but lost capacity before it was scheduled to be provided. The new legislation also made clear that while mental illnesses / disorders were not then considered to be an illness, disease or disability, they would be after two years and following a mandatory independent review and recommendations by experts (March 2023). This was later extended to March 2027.

An Expert Panel established by the federal government issued a report on May 13, 2022³. In that report, the Expert Panel acknowledged that its mandate referred only to mental illness. That said, it believed that its recommendations for safeguards, protocols, and guidance should apply to all clinical situations in which concerns about incurability, irreversibility, capacity, suicidality, and/or the impact of structural vulnerabilities arise, regardless of the patient's diagnoses. As such, it recommended a process to facilitate the development of Standards of Practice by medical regulatory authorities for the assessment of MAiD requests where questions about incurability, irreversibility, capacity, suicidality, and the impact of structural vulnerabilities arise, including but not limited to provision of MAiD to patients for whom a mental disorder is the sole underlying medical condition (MD-SUMC). The Model Practice Standard for Medical Assistance in Dying (MAiD) was released in March 2023.⁴ This

¹ An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying) SC 2016, c. 3

² An Act to amend the Criminal Code (medical assistance in dying) SC 2021, c. 2

³ [Final Report of the Expert Panel on MAiD and Mental Illness](#), May 2022)

⁴ The Model Practice Standard for Medical Assistance in Dying (MAiD), March 2023

Standard has been modified to incorporate several of the recommendations of the Expert Panel and the Model Practice Standard.

This Standard establishes the standards of practice and ethical requirements of all CPSM registrants in relation to MAiD. The terms “must” and “should” are used to describe CPSM’s expectations. “Must” indicates a mandatory requirement. “Should” indicates a strong recommendation for what is considered best practice, but allows for registrants to use reasonable discretion when applying such an expectation in their practice. These expectations are subject to existing legislation and regulations governing any aspect of MAiD which come into force and effect, which unless otherwise stated, take priority over this Standard where there is any inconsistency.

[Shared Health’s Medical Assistance in Dying](#) website provides information on MAiD and accessing MAiD through its Provincial MAiD Clinical Team. This team has developed an expertise in MAiD and follows protocols for assessing eligibility for and providing MAiD. The team can be reached by phone at 204-926-1380 or toll-free at 1-844-891-1825 or by fax at 204-940-8524. All physicians who receive a request for MAiD should consult with and consider referral of patients to the Provincial MAiD Clinical Team. Other recommended resources include the Canadian Medical Protective Association and the [Canadian Association of MAiD Assessors and Providers](#).

DEFINITIONS

The following terms and phrases have specific meaning in the context of this Standard, regardless of how they are otherwise understood.

Administering Physician –the physician who provides or administers the pharmaceutical agent(s) intended to cause the patient's death. The Administering Physician is responsible for confirming that all the requirements of this Standard have been met before the pharmaceutical agent(s) that intentionally cause the patient's death can be provided or administered. There can only be one Administering Physician for each patient.

Assessing Physician(s) – the physician(s) who provide a written opinion as to whether the patient requesting MAiD meets the eligibility requirements for MAiD. There may be more than one Assessing Physician.

Medical Assistance in Dying (MAiD) is defined in s. 241.1 of the Criminal Code to mean:

- a) the administering by a medical practitioner or nurse practitioner of a substance to a person, at their request, that causes their death; or
- b) the prescribing or providing by a medical practitioner or nurse practitioner 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.

MAiD MD-SUMC: Medical assistance in dying where a mental disorder is the sole underlying medical condition of the patient requesting MAiD. (MAiD MD-SUMC cannot be provided in Canada).

Medical Practitioner - is defined in s. 241.1 of the Criminal Code to be a person who is entitled to practice medicine under the laws of a province. For the purposes of providing MAiD in Manitoba and this Standard, this means physicians on the Manitoba Medical Register and excludes Regulated Associate Members (medical students, residents, physician assistants and clinical assistants).

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

Nurse practitioner: a registered nurse who, under the laws of Manitoba, is entitled to practice as a nurse practitioner and to autonomously make diagnoses, order and interpret diagnostic tests, prescribe substances and treat patients.

Patient - the person requesting MAiD and whose well-being must be the primary concern of any physician involved with responding to such a request.

Pharmacist: a person who is entitled to practice pharmacy under the laws of Manitoba.

Physician - a medical practitioner who is a registrant of CPSM and is both registered on the Manitoba Medical Register and licensed to practice medicine. This definition excludes a registrant who is only practicing within a residency training program.

Registrant – a registrant of CPSM who is registered on the Manitoba Medical Register or the Associate Members Register as an Educational Registrant, Physician Assistant or Clinical Assistant.

EXPECTATIONS AND REQUIREMENTS

1. EXPECTATIONS AND MINIMUM REQUIREMENTS OF ALL REGISTRANTS AND PHYSICIANS

- 1.1. A registrant must not promote their own values or beliefs about MAiD when interacting with a patient.

- 1.2. On the grounds of a conscience-based objection⁵, a physician who receives a request about MAiD may refuse to:
 - 1.2.1. provide it; or
 - 1.2.2. personally offer specific information about it; or
 - 1.2.3. refer the patient to another physician who will provide it.
- 1.3. A physician who refuses to refer a patient to another physician or to personally offer specific information about MAiD on the grounds of a conscience-based objection must:
 - 1.3.1. clearly and promptly inform the patient that the physician chooses not to provide MAiD on the grounds of a conscience-based objection; and
 - 1.3.2. provide the patient with timely access to a resource⁶ that will provide accurate information about MAiD, including how a patient can make a request for MAiD or to be assessed for eligibility for MAiD; and
 - 1.3.3. continue to provide care unrelated to MAiD to the patient until that physician's services are no longer required or wanted by the patient or until another suitable physician has assumed responsibility for the patient; and
 - 1.3.4. make available the patient's chart and relevant information (i.e., diagnosis, pathology, treatment and consults) to the physician(s) providing MAiD to the patient when authorized by the patient to do so; and
 - 1.3.5. document the interactions and steps taken by the physician in the patient's medical record, including details of any refusal and any resource(s) to which the patient was provided access.
- 1.4. A registrant who is not a physician and has a conscientious-based objection to MAiD who receives a request for MAiD, information about MAiD or a referral to a physician who will provide MAiD must advise the patient making the request that the registrant has a conscientious-based objection and must communicate the request to the registrant's supervising physician in a timely fashion.
- 1.5. Registrants who have existing therapeutic relationships with a patient requesting MAiD must:
 - 1.5.1. not discharge the patient from existing services even when there is a MAiD team or centralized process involved in their care; and

⁵ See s. 10 of the [Standard of Practice for Good Medical Care](#), where conscience-based objection is defined as an objection to participate in a legally available medical treatment or procedure based on a registrant's personal values or beliefs.

⁶ Acceptable resources may include but are not limited to other registrants, health care providers, counsellors and publicly available resources which can be accessed without a referral and which provide reliable information about MAiD. In Manitoba, Shared Health maintains a website regarding MAiD and accessing MAiD through its [Provincial MAiD Clinical Team](#), which has developed an expertise in MAiD and has established protocols for assessing eligibility for and providing MAiD. The team can be reached by phone at 204-926-1380 or toll-free at 1-844-891-1825 or by fax 204-940-8524. All physicians who receive a request for MAiD are strongly encouraged to consult with or consider referral of patients to the Provincial MAiD Clinical Team.

- 1.5.2. continue to work with the patient with their consent in the pursuit of therapeutic goals even while a MAiD request is being explored.
- 1.6. Registrants must not assume that all patients who are potentially eligible for MAiD are aware that it is legal and available in Manitoba.
- 1.7. Unless a registrant has a conscience-based objection to MAiD, where a registrant reasonably believes that:
 - 1.7.1. a patient is unaware that MAiD is a medical service available to patients who meet the eligibility requirements; and
 - 1.7.2. MAiD is consistent with the patient's values and goals of care, the registrant may inform the patient about MAiD, taking reasonable steps to ensure that the patient does not perceive the information as pressure to pursue MAiD. The interactions must be documented in the patient's medical record.
 - 1.7.3. The requirement to inform a patient about MAiD in the above circumstances is primarily applicable to patients whose natural death is reasonably foreseeable.

2. ELIGIBILITY FOR MAiD

2.1. Legal Criteria

- 2.1.1. To be eligible for MAiD, a patient must meet **ALL** of the following criteria:
 - 2.1.1.i. be eligible for publicly funded health services in Canada⁷ ;
 - 2.1.1.ii. be at least 18 years of age and capable of making decisions with respect to their health;
 - 2.1.1.iii. have a grievous and irremediable medical condition;
 - 2.1.1.iv. make a voluntary request for medical assistance in dying that is not the result of external pressure; AND
 - 2.1.1.v. provide informed consent to receive MAiD after having been informed of the means that are available to relieve the patient's suffering, including palliative care.
- 2.1.2. A patient has a grievous and irremediable medical condition only if **ALL** of the following criteria are met:
 - 2.1.2.i. they have a serious and incurable illness, disease or disability⁸;
 - 2.1.2.ii. they are in an advanced state of irreversible decline in capability; and
 - 2.1.2.iii. that illness, disease or disability or that state of decline causes them enduring physical or psychological suffering that is intolerable to them and that cannot be relieved under conditions that they consider acceptable.

⁷ This includes people who would be eligible but for any minimum period of residency or waiting period.

⁸ A mental illness/disorder is NOT considered as an illness, disease or disability unless or until the amendment to the Criminal Code made in 2021 comes into effect in March 2027 or otherwise.

- 2.1.3. Only Medical Practitioners and Nurse Practitioners are legally authorized to assess eligibility and ensure that all statutory safeguards in relation to the provision of MAiD have been implemented before it is provided.
 - 2.1.3.i. The law requires that at least two such practitioners must be of the opinion that the legal criteria has been met and that the safeguarding measures have been put into effect before MAiD can be provided
 - 2.1.3.ii. Among CPSM registrants, only physicians can independently conduct the necessary assessments and ensure that the safeguards have been implemented prior to MAiD be provided.
- 2.2. Expectations Of Physicians Assessing Eligibility And Implementing Safeguards
 - 2.2.1. General
 - 2.2.1.i. For a physician to provide an opinion in relation to MAiD eligibility and the statutory safeguards, that opinion must be based on appropriate medical judgment and reasonable method of assessment, including:
 - 2.2.1.i.1. a clinical diagnosis of the patient’s medical condition whether that diagnosis has been made by that physician or, where that physician lacks sufficient expertise to render a diagnosis and opine on the patient's medical condition, a formal consultation with another physician with relevant expertise for the limited purpose of confirming the diagnosis, prognosis or treatment options. The physician who provides the consultation to that physician is acting as a consultant to either the Assessing physician or Administrating Physician and is not considered to be providing MAiD for the purposes of this Standard;
 - 2.2.1.i.2. a thorough clinical assessment of the patient, which includes consideration of all relevant, current and reliable information about the patient’s symptoms and the available medical treatments to cure the condition or alleviate the associated symptoms which make the condition grievous, including, where appropriate, consultation with another qualified physician; and
 - 2.2.1.i.3. having been fully informed of the current relevant clinical information about the patient and their condition.
 - 2.2.1.ii. Any physician who conducts an assessment for the purpose of determining if a patient is eligible for MAiD in respect to any of the clinical criteria, including whether they are of the opinion that the patient has a grievous and irremediable medical condition, must have sufficient training, experience and qualifications to safely do so in the circumstances of each case.
 - 2.2.1.iii. Forming an opinion about MAiD eligibility may require a physician to obtain health records and/or gather collateral information from a variety of sources, including from other health care professionals, family members and/or significant contacts, to ensure that all relevant information is considered in the assessment.

- 2.2.1.iii.1. Where a patient requesting MAiD refuses consent to obtaining health record and personal data necessary for the completion of a MAiD assessment, the physician must explain that, without such information, the assessment cannot be completed and therefore the patient cannot be found to be eligible.
- 2.2.1.iii.2. Potential sources of collateral information include the patient's family and close connections. Physicians must have received consent from the patient prior to gathering collateral information from any source. Physicians must be mindful of the patient's privacy when considering whether it is appropriate to seek collateral information from family members and other close connections. Where a patient refuses consent to obtaining collateral information that is essential for the completion of a MAiD assessment, then the physician must explain that without such information, it may not be possible to complete the assessment and explore other sources of the collateral information before concluding that the patient cannot be found to be eligible based on the limited information available.
- 2.2.1.iii.3. Where physicians require the involvement of medical specialists, subspecialists, and other healthcare professionals for consultations and additional expertise for the purposes of their assessment, and where a patient requesting MAiD refuses consent to the involvement of other health care practitioners the physician must explain that without such involvement, the assessment cannot be completed and therefore the patient cannot be found to be eligible.
- 2.2.1.iv. Each physician must document in the patient's medical record all information that is relevant to their role and findings in respect to each of the specific requirements of any assessment related to the patient's eligibility for MAiD and the statutory safeguards, including capacity, informed consent and determining that the patient has a grievous and irremediable medical condition.
- 2.2.1.v. In accordance with The Personal Health Information Act⁹ the patient is entitled to access to the information the physician(s) considered in determining the patient's MAiD eligibility and statutory safeguards.
- 2.2.2. Assessing Whether A Medical Condition Is Grievous And Irremediable
 - 2.2.2.i. 'Grievous and irremediable medical condition' is not a clinical term associated with medical practice. It is a legal term limiting access to MAiD which is defined by the legal criteria set out in the Criminal Code and includes several components, all of which must be present.
 - 2.2.2.ii. The criteria for having a grievous and irremediable condition can only be met if both the practitioner who conducts the assessment for MAiD

⁹ The Personal Health Information Act, CCSM c. P33.5, Part 2.

- eligibility and the practitioner who provides MAiD are of the opinion that all of the components, which are listed in s. 2.1.2 above, are met.
- 2.2.2.iii. For a physician to be of the opinion that a patient has a serious and incurable illness, disease, or disability, incurable should be interpreted as meaning that there are no reasonable treatments remaining where reasonable is determined by the physician and patient together exploring the recognized, available, and potentially effective treatments in light of the patient's overall state of health, beliefs, values, and goals of care.
 - 2.2.2.iv. For a physician to be of the opinion that a patient is in an advanced state of irreversible decline in capability:
 - 2.2.2.iv.1. capability refers to a patient's functioning (physical, social, occupational, and/or other important areas), not the symptoms of their condition. Function refers to the ability to undertake those activities that are meaningful to the patient;
 - 2.2.2.iv.2. advanced state of decline means the reduction in function is severe.
 - 2.2.2.iv.3. Irreversible means there are no reasonable interventions remaining where reasonable is determined by the physician and patient together exploring the recognized, available, and potentially effective interventions in light of the patient's overall state of health, beliefs, values, and goals of care.
 - 2.2.2.v. For a physician to be of the opinion that a patient's illness, disease or disability or state of decline causes the patient enduring physical or psychological suffering that is intolerable to the patient and cannot be relieved under conditions that the patient considers acceptable, the physician must respect the subjectivity of suffering and ensure that:
 - 2.2.2.v.1. they are satisfied that it is the patient's illness, disease, or disability and/or state of decline in capability that is the primary cause of the patient's enduring suffering;
 - 2.2.2.v.2. they have explored with the patient the consistency of the patient's assessment of their suffering with the patient's overall clinical presentation and expressed wishes over time, considering the unique circumstances and perspective of the patient, their personal experiences and religious or moral beliefs and values;
 - 2.2.2.v.3. the patient is properly informed of their diagnosis and prognosis in relation to the current or impending associated symptoms; and
 - 2.2.2.v.4. treatment options described to the patient include all reasonable medical treatments to cure the condition or alleviate the associated symptoms which make it grievous or, if the patient is terminal, palliative care interventions; and
 - 2.2.2.v.5. the patient adequately understands the:
 - 2.2.2.v.5.1. current and anticipated course of physical symptoms, ability to function and pain and

- 2.2.2.v.5.2. suffering specific to that patient; and effect that any progression of physical symptoms, further loss of function or increased pain may have on that specific patient; and
- 2.2.2.v.5.3. available treatments to manage the patient's symptoms or loss of function or to alleviate their pain or suffering.

3. CAPACITY

- 3.1. Any physician who conducts an assessment of a patient for the purpose of determining if the patient is capable of making decisions with respect MAiD must be:
 - 3.1.1. fully informed of the current relevant clinical information about the patient and their mental and physical condition; and
 - 3.1.2. qualified to assess competence in the specific circumstances of the patient whose capacity is being assessed or be able to consult with another physician with relevant expertise for the limited purpose of assessing the patient's medical decision making capacity.
- 3.2. As capacity is fluid and may change over time, physicians must be alert to potential changes in a patient's capacity and, where appropriate undertake serial assessments of the patient's decision-making capacity.
- 3.3. In the event that a physician has reasonable doubt as to the patient's competence, an additional independent assessment must be conducted by another physician who is enrolled on the Specialist Register as a psychiatrist.

4. INFORMED CONSENT AND VOLUNTARINESS

- 4.1. Physicians who obtain informed consent for MAiD must have sufficient knowledge of the patient's condition and circumstances to ensure that:
 - 4.1.1. the patient is properly informed of their diagnosis and prognosis in relation to the current or impending associated symptoms; and
 - 4.1.2. the treatment options described to the patient include all reasonable medical treatments to cure the condition or alleviate the associated symptoms which make it grievous and/or palliative care interventions where the patient is terminal; and
 - 4.1.3. the patient is offered appropriate counseling resources; and
 - 4.1.4. the patient fully understands that:
 - 4.1.4.i. death is the intended result of the pharmaceutical agent(s); and
 - 4.1.4.ii. the potential risks and complications associated with taking the pharmaceutical agent(s).

- 4.2. Each physician who obtains informed consent from the patient for MAiD must:
 - 4.2.1. have either conducted their own assessment or be fully informed of the assessments conducted by other physicians of the patient's medical decision-making capacity; and
 - 4.2.2. meet the legal requirements for informed consent, including informing the patient of:
 - 4.2.2.i. material information which a reasonable person in the patient's position would want to have about MAiD;
 - 4.2.2.ii. the material risks associated with the provision/administration of the pharmaceutical agent(s) that will intentionally cause the patient's death; and
 - 4.2.2.iii. meet with the patient alone at least once to confirm that their decision to terminate their life by MAiD is voluntary and that the patient has:
 - 4.2.2.iii.1. made the request themselves thoughtfully; and
 - 4.2.2.iii.2. a clear and settled intention to end their own life by MAiD after due consideration;
 - 4.2.2.iii.3. considered the extent to which the patient has involved or is willing to involve others such as family members, friends, other health care providers or spiritual advisors in making the decision or informing them of their decision; and
 - 4.2.2.iii.4. made the decision freely and without coercion or undue influence from family members, health care providers or others.

5. SPECIFIC EXCEPTIONS TO CONSENT REQUIREMENTS FOR PATIENTS WHOSE DEATH IS REASONABLY FORESEEABLE¹⁰

- 5.1. Subject to the following exception as it relates to patients whose death is reasonably foreseeable, but have lost the capacity to consent:
 - 5.1.1. a substance to cause a patient's death may be administered to a patient who has lost the capacity to consent to receiving MAiD without giving the patient an opportunity to withdraw their request and ensure that the patient gives express consent to receive MAiD if **ALL** of the following circumstances apply:
 - 5.1.1.i. BEFORE the patient lost the capacity to consent to receiving MAiD:
 - 5.1.1.i.1. the patient met all of the criteria set out in Section 2 of this Standard and all other safeguards set out in this Section of the Standard were met;
 - 5.1.1.i.2. the patient entered into an arrangement in writing with the physician or nurse practitioner that the physician or nurse practitioner would administer a substance to cause their death on a specified day;

¹⁰ For greater certainty, this exception does **NOT** apply to those whose death is **NOT** reasonably foreseeable.

- 5.1.1.i.3. the patient was informed by the physician or nurse practitioner of the risk of losing the capacity to consent to receiving medical assistance in dying prior to the day specified in the arrangement; AND
 - 5.1.1.i.4. in the written arrangement, the patient consented to the administration by the physician or nurse practitioner of a substance to cause their death on or before the day specified in the arrangement if they lost their capacity to consent to receiving medical assistance in dying prior to that day;
 - 5.1.1.ii. the substance is administered to the patient in accordance with the terms of the arrangement; AND
 - 5.1.1.iii. the patient does not demonstrate, by words, sounds or gestures, refusal to have the substance administered or resistance to its administration⁹.
- 5.2. Once a patient demonstrates, by words, sounds or gestures, a refusal to have the substance administered or resistance to its administration, MAiD can no longer be provided to them on the basis of the consent given by them under this Standard.

6. LEGALLY MANDATED SAFEGUARDS AND RELATED EXPECTATIONS

- 6.1. Before a physician provides MAiD to a patient, whether that patient's natural death is reasonably foreseeable or not, the physician must not only be of the opinion that the patient meets all of the criteria set out in Section 2, that physician must also ensure that the following procedural requirements have been met:
- 6.1.1. The request for MAiD was made in writing and signed and dated by the patient or where the patient is unable to sign and date the request, by another person (proxy) at the express direction of and in the presence of the patient. The person who serves as the proxy must:
 - 6.1.1.i. be at least 18 years of age;
 - 6.1.1.ii. understand the nature of the request for MAiD;
 - 6.1.1.iii. not know or believe that they are a beneficiary under the will of the patient or a recipient in any other way of a financial or other material benefit resulting from the patient's death; and
 - 6.1.2. The request was signed and dated after the patient was informed by a physician or nurse practitioner that the patient has a grievous and irremediable medical condition.
 - 6.1.3. The request was signed and dated by the patient or by the patient's proxy before an independent witness, who must be at least 18 years of age and understand the nature of the request for MAiD, which witness must have also sign and date the request and not:
 - 6.1.3.i. know or believe that they are aware they are a beneficiary under the will of the patient, or a recipient in any other way of a financial or other material benefit resulting from the patient's death;

- 6.1.3.ii. be an owner or operator of any health care facility at which the patient is being treated or any facility in which patient resides;
- 6.1.3.iii. be directly involved in providing health care services to the patient or be directly providing personal care to the patient, subject to the exception that a person who provides health care services or personal care as their primary occupation and who is paid to provide that care to the patient requesting MAiD may act as an independent witness, except for:
 - 6.1.3.iii.1. the physician or nurse practitioner who will provide MAiD to the patient: and
 - 6.1.3.iii.2. the physician or nurse practitioner who provided an opinion regarding the patient's eligibility for MAiD.¹¹
- 6.1.4. The patient has been informed that they may, at any time and in any manner, withdraw their request;
- 6.1.5. Another physician or nurse practitioner has provided a written opinion confirming the patient meets all the eligibility criteria and be satisfied that they and the other physician or nurse practitioner providing the opinion are independent in that each of them:
 - 6.1.5.i. is not a mentor to the other practitioner or responsible for supervising their work;
 - 6.1.5.ii. does not know or believe that they are a beneficiary under the will of the patient, or a recipient, in any other way, of a financial or other material benefit resulting from that patient's death, other than standard compensation for their services relating to the request; or
 - 6.1.5.iii. does not know or believe that they are connected to the other practitioner or to the patient in any other way that would affect their objectivity; and
 - 6.1.5.iv. immediately before providing MAiD, give the patient an opportunity to withdraw their request and ensure that the patient gives express consent to receive MAiD,
- 6.1.6. If the patient has difficulty communicating, take all necessary measures to provide a reliable means by which the patient may understand the information that is provided to them and communicate their decision.

7. ADDITIONAL SAFEGUARDS FOR PATIENTS WHOSE DEATH IS NOT REASONABLY FORESEEABLE

- 7.1. The following additional requirements must be met before MAiD can be provided to a patient where the natural death of the patient requesting MAiD is not reasonably foreseeable:
 - 7.1.1. In addition to the requirements described in Section 6.1.5 of this Standard, if the physician or nurse practitioner referred to in that Section does not have expertise

¹¹ This exception will allow most members of the health care team to act as an independent witness, but makes clear that family member or friends who are directly involved in providing medical or personal care to the patient are excluded.

in the condition that is causing the patient's suffering, another physician or nurse practitioner who has that expertise must be consulted and share the results of that consultation with the physician or nurse practitioner who provides MAiD before MAiD can be provided.

- 7.1.2. The patient must have 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. This should include consideration of housing and income supports in appropriate circumstances and may require the involvement of other professionals with expertise in the type of services which are relevant to the patient's personal circumstances; and
- 7.1.3. The Administering Physician and Assessing Physician or Assessing Nurse Practitioner must have discussed with the patient the reasonable and available means to relieve the patient's suffering and they must agree with the patient that the patient has given serious consideration to those means. In this context, the physician should consider whether the patient has demonstrated a genuine openness to the means available to relieve their suffering, including exploring the extent to which reasonable means have been tried by the patient.
- 7.1.4. The Administering Physician and Assessing Physician or Assessing Nurse Practitioner should ensure that the patient's request for MAiD is not only consistent with their values and beliefs, but is unambiguous and rationally considered during a period of stability, and not during a period of crisis.
- 7.1.5. By itself, a request for MAiD by a patient with a mental disorder should not be interpreted as suicidal ideation, even if suicidality is listed as one of the diagnostic criteria of the patient's mental disorder. In all cases, if the patient requesting MAiD has a history of or current suicidal ideation or attempts, the usual clinical approach to assessing suicidality should be taken.
- 7.1.6. In the context of MAiD for mental disorders (whether sole underlying medical condition or a co-morbidity), both acute and chronic suicidal ideation must be considered and evaluated to best determine whether the wishes of the patient requesting MAiD to end their life by MAiD represents a capable appraisal of their situation rather than a potentially treatable symptom of their mental disorder.
- 7.1.7. There must be at least 90 clear days between the day on which the first assessment under Section 2 of this Standard as to whether the patient meets the criteria set out in that Section begins and the day on which MAiD is provided to the patient or - if the assessments have been completed and they and the physician or nurse practitioner referred to in Section 6.1.5 are both of the opinion that the loss of the person's capacity to provide consent to receive medical assistance in dying is imminent — any shorter period that the first physician or nurse practitioner considers appropriate in the circumstances.

8. SPECIFIC REQUIREMENTS OF THE ADMINISTERING PHYSICIAN

- 8.1. In all cases, whether the patient's natural death is foreseeable or not, the administering physician must:
 - 8.1.1. have appropriate knowledge and technical competency to provide/administer the pharmaceutical agent(s) in the appropriate form and/or dosage that will terminate the patient's life in the manner in which the patient was informed that it would terminate their life at the time the patient provided their consent;
 - 8.1.2. be qualified to provide appropriate instructions to the patient as to how to administer the pharmaceutical agent(s) that will terminate the patient's life in the manner in which the patient was informed that it would terminate their life at the time the patient provided their consent in circumstances where the patient elects to administer the pharmaceutical agent(s) to themselves;
 - 8.1.3. be present to care for the patient at the time the pharmaceutical agent(s) that intentionally brings about the patient's death is administered by the administering physician or taken by the patient until the patient is dead;
 - 8.1.4. provide reasonable notice to the Office of the Chief Medical Examiner that the patient is planning to die by means of MAiD where the location is not a health care institution; and
 - 8.1.5. certify, in writing¹² that they are satisfied on reasonable grounds that all of the following requirements have been met:
 - 8.1.5.i. The patient is at least 18 years of age;
 - 8.1.5.ii. The patient's medical decision-making capacity to consent to receiving medication that will intentionally cause the patient's death has been established in accordance with the requirements of the Criminal Code and this Standard;
 - 8.1.5.iii. All of the requirements of the Criminal Code and this Standard in relation to assessing eligibility for MAiD and obtaining and documenting informed consent and all relevant additional safeguards have been met;AND
 - 8.1.6. ensure that the requirements of physicians set out in all relevant federal and provincial legislation, including the Criminal Code, The Fatality Inquiries Act, C.C.S.M. c. F52 and The Vital Statistics Act, C.C.S.M. c. V60 in respect to reporting and/or registering the cause and manner of the patient's death, including completing all required forms specified by the legislation or regulations, are met in a timely fashion.

9. Additional Requirements of the Federal Legislation

- 9.1. CPSM requires that physicians comply with the federal and provincial regulations and guidelines described above as they come into force and effect. This includes the following requirements:

¹² Please see Appendix A for an example of an acceptable form of written confirmation or contact the MAiD team at Shared Health for more information.

- 9.1.1. There are detailed requirements for the filing of information by physicians who carry out assessments or preliminary assessments as to whether patients meet the criteria for MAiD and those who receive a written request for MAiD¹³;
- 9.1.2. Physicians who, in providing MAiD, prescribe or obtain a substance for that purpose must, before any pharmacist dispenses the substance, inform the pharmacist that the substance is intended for that purpose;
- 9.1.3. Physicians must comply with guidelines established for the completion of certificates of death for patients to whom MAiD is provided;
- 9.1.4. A physician commits a criminal offence for:
 - 9.1.4.i. knowingly failing to comply with the eligibility and safeguard requirements set out in Criminal Code; and
 - 9.1.4.ii. destroying documents with the intent to interfere with a patient's access to MAiD, the assessment of a request for MAiD or a person seeking an exemption related to MAiD.

¹³ These requirements are subject to specific regulations and input from Health Canada and may change over time. See section 241.31 of the Criminal Code and the related regulations for a detailed description of the information to be provided and to whom.

Appendix A – Certification by the Administering Physician

PATIENT INFORMATION		
Last Name	First Name	Second Name(s)
Personal Health Identification No. (PHIN) and/or Manitoba Health No (MHSC)	Birthdate	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other - specify:
Medical Condition(s) Relevant to Request for MAiD		
Independent Practitioner(s) who conducted their own review for patient eligibility and provided a written opinion in that regard:		
ADMINISTERING PHYSICIAN CERTIFICATION		
By initialling and signing below, I confirm that:		
Initials	I am the administering physician who has provided/administered the pharmaceutical agent(s) for medical assistance in dying (“MAiD”) to the patient named above for the intended purpose of causing the patient’s death at the patient’s request.	
Initials	I am familiar with all of the requirements for providing MAiD to the patient as set out in the <i>Criminal Code of Canada</i> , R.S.C., 1985, c. C-46 , and CPSM’s Standard of Practice and am satisfied that all requirements have been met, including the following: 1. The patient was 18 years of age; 2. The patient had the capacity to make medical decisions at all relevant times; and 3. All requirements in relation to eligibility for MAiD have been met and all mandatory safeguards were implemented before MAiD was provided.	
Initials	I am satisfied the Independent Practitioner listed above is independent of me and is not: 1. A mentor to me nor responsible for supervising my work; 2. Believed to be a beneficiary under the Will of the patient or recipient in any other way of any financial or material benefit resulting from the patient’s death; or 3. Connected to me or the patient in any other way which would affect their objectivity	
Initials	A written request for MAiD was signed and dated by the patient (or their proxy as directed by the patient) before an independent witness who then also signed and dated the request.	
Initials	If the patient had difficulty communicating, all necessary measures were taken to provide a reliable means by which the patient may understand the information that was provided to them and communicate their decision.	
Initials	I ensured the patient was informed that they may, at anytime and in any manner, withdraw their request for medical assistance in dying.	
Initials	I informed the pharmacist that dispensed the pharmaceutical agent(s) (the “Substances”) that the Substances were intended for medical assistance in dying.	
Initials	Immediately before providing MAiD, I provided the patient with the opportunity to withdraw their request and ensured the patient gave their express consent to receive medical assistance in dying OR	
Initials	The patient had completed a <i>Waiver of Final Consent</i> then lost capacity to consent to receiving MAiD and after ensuring the patient did not by words, sounds or gestures, demonstrate refusal or resistance to having the Substances administered, I provided MAiD in accordance with the terms of the <i>Waiver of Final Consent</i> .	
Signature of Physician		Date Signed
Print Name		Date Signed
Signature of Witness		Date Signed
Print Name		Date Signed