



Standard of Practice

Medical Assistance in Dying (MAiD)

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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.

Background

CPSM's first Statement governing what was then known as physician assisted dying was approved in December 2015. At the time, there was no legislative framework. Medical assistance in dying (MAiD) has been permitted in Canada since 2016 as result of amendments to the Criminal Code which set out the framework for the provision of MAiD by medical practitioners and nurse practitioners.¹ Nothing in the legislation compels an individual to provide MAiD.

Following the implementation of MAiD, CPSM created this Standard of Practice and Manitoba established a provincial clinical team to provide MAiD. Shared Health now maintains a website about MAiD and accessing MAiD through its Provincial MAiD Clinical Team. This team has developed an expertise in MAiD and has established protocols for assessing eligibility for and providing MAiD. The link to its website is: <https://sharedhealthmb.ca/services/maid/> The team can be reached by email at maid@sharedhealthmb.ca or by phone at 204-926-1380 or toll-free at 1-844-891-1825. All physicians who receive a request for MAiD are strongly encouraged to consult with and consider referral of patients to the Provincial MAiD Clinical Team.

On March 17, 2021, the eligibility requirements and safeguards for MAiD were expanded to include patients whose natural death is not reasonably foreseeable. The amendments created new safeguards for the provision of MAiD to those 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 illness is not currently considered to be an illness, disease or disability, it will be after two years and following a mandatory independent review and recommendations by experts (March 2023).²

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

The legislation requires that MAiD be provided with reasonable knowledge and skill in accordance with any applicable provincial laws, rules or standards. This makes clear that anyone in Manitoba who provides or assists a practitioner who provides MAiD must work within the legal framework created by the federal legislation and follow all of the legal requirements and that physicians must comply with this Standards of Practice.

This Standard establishes the standards of practice and ethical requirements of physicians in Manitoba in relation to MAiD. It is subject to existing legislation and regulations governing any aspect of MAiD which come into force and effect while this Standard is in force and effect. Any such legislation and regulations take priority over the requirements of this Standard where there is any inconsistency.

Definitions

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.

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.

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.

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

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.

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

Requirements

1. 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 objection³, 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 resource⁴ 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.

2. Specific Requirements for Assessing Patient Eligibility for MAiD

³ See s. 10 of the Standards 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.

⁴ 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 about 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 link to the website is: <https://sharedhealthmb.ca/services/maid/>. The team can be reached by email at maid@sharedhealthmb.ca or by phone at 204-926-1380 or toll-free at 1-844-891-1825. 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.

- 2.1. Federal legislation requires that to be eligible for MAiD, the patient must meet ALL of the following criteria:
 - 2.1.1. be eligible for publicly funded health services in Canada⁵;
 - 2.1.2. be at least 18 years of age and capable of making decisions with respect to their health;
 - 2.1.3. have a grievous and irremediable medical condition;
 - 2.1.4. make a voluntary request for medical assistance in dying that is not the result of external pressure; AND
 - 2.1.5. 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.
- 2.2. According to the federal legislation, a person has a grievous and irremediable medical condition only if **all** of the following criteria are met:
 - 2.2.1. they have a serious and incurable illness, disease or disability (note: mental illness is NOT considered an illness, disease or disability)⁶;
 - 2.2.2. they are in an advanced state of irreversible decline in capability; and
 - 2.2.3. 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.
- 2.3. CPSM requires that:
 - 2.3.1. any physician who conducts an assessment for the purpose of determining if a patient is eligible for MAiD pursuant to these requirements must:
 - 2.3.1.i. be satisfied that the patient seeking MAiD has a grievous and irremediable medical condition which the physician has verified by:
 - 2.3.1.i.1. a clinical diagnosis of the patient's medical condition; and
 - 2.3.1.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;
 - 2.3.1.ii. be fully informed of the current relevant clinical information about the patient and his/her condition;
 - 2.3.1.iii. be qualified to render a diagnosis and opine on the patient's medical condition or be able to consult with another physician with relevant expertise for the limited purpose of confirming the diagnosis, prognosis or treatment options;
 - 2.3.1.iv. use appropriate medical judgment and utilize a reasonable method of assessment;

⁵ This includes people who would be eligible but for any minimum period of residence or waiting period.

⁶ See section 241.2(2.1) of the Criminal Code.

- 2.3.1.v. when assessing whether 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, ensure that:
 - 2.3.1.v.1. the unique circumstances and perspective of the patient, including his/her personal experiences and religious or moral beliefs and values have been seriously considered;
 - 2.3.1.v.2. the patient is properly informed of his/her diagnosis and prognosis in relation to the current or impending associated symptoms; and
 - 2.3.1.v.3. 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 the patient adequately understands the:
 - 2.3.1.v.3.a. current and anticipated course of physical symptoms, ability to function and pain and suffering specific to that patient; and
 - 2.3.1.v.3.b. effect that any progression of physical symptoms, further loss of function or increased pain may have on that specific patient; and
 - 2.3.1.v.3.c. available treatments to manage the patient's symptoms or loss of function or to alleviate his/her pain or suffering.
- 2.3.2. Each physician must document in the patient's medical record all information that is relevant to his/her role and findings in respect to each of the specific requirements of any assessment related to the patient's eligibility for MAiD.

3. Specific Requirements for Assessing Medical Decision Making 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 to their health pursuant to the federal requirements must be:
 - 3.1.1. fully informed of the current relevant clinical information about the patient and his/her 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. In the event that a physician has a 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.
- 3.3. Each physician must document in the patient's medical record all information that is relevant to his/her role and findings in respect to each of the specific requirements of any assessments of a patient's medical decision making capacity.

4. Requirements for Obtaining Informed Consent and Mandatory Safeguards

- 4.1. The federal legislation requires that before a physician provides MAiD to a patient, whether that patient's natural death is reasonably foreseeable or not, the physician must:
- 4.1.1. ensure that the request for MAiD was:
 - 4.1.1.i. made in writing and signed and dated by:
 - 4.1.1.i.1. the patient; or
 - 4.1.1.i.2. 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:
 - 4.1.1.i.2.a. be at least 18 years of age;
 - 4.1.1.i.2.b. understand the nature of the request for MAiD;
 - 4.1.1.i.2.c. 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
 - 4.1.1.ii. signed and dated after the patient was informed by a physician or nurse practitioner that the patient has a grievous and irremediable medical condition.
 - 4.1.2. be satisfied that the request was signed and dated by the patient or by the patient's proxy before an independent witness, who then also signed and dated the request;
 - 4.1.3. ensure that the patient has been informed that they may, at any time and in any manner, withdraw their request;
 - 4.1.4. ensure that another physician or nurse practitioner has provided a written opinion confirming that the person meets all of 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:
 - 4.1.4.i. is not a mentor to the other practitioner or responsible for supervising their work;
 - 4.1.4.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
 - 4.1.4.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
 - 4.1.5. immediately before providing MAiD, give the patient an opportunity to withdraw their request and ensure that the patient gives express consent to receive MAiD,
 - 4.1.6. 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.
- 4.2. The federal legislation also provides that any person who is at least 18 years of age and who understands the nature of the request for MAiD may act as an independent witness, except if that person:

- 4.2.1. knows or believes 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;
- 4.2.2. is an owner or operator of any health care facility at which the patient is being treated or any facility in which patient resides;
- 4.2.3. is directly involved in providing health care services to the patient or is directly providing personal care to the patient, subject to the following exception:
 - 4.2.3.i. 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:
 - 4.2.3.i.1. the physician or nurse practitioner who will provide MAiD to the patient: and
 - 4.2.3.i.2. the physician or nurse practitioner who provided an opinion regarding the patient's eligibility for MAiD.⁷

4.3. CPSM requires that:

- 4.3.1. Physicians who obtain informed consent for MAiD must have sufficient knowledge of the patient's condition and circumstances to ensure that:
 - 4.3.1.i. the patient is properly informed of his/her diagnosis and prognosis in relation to the current or impending associated symptoms; and
 - 4.3.1.ii. 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
 - 4.3.1.iii. the patient is offered appropriate counseling resources; and
 - 4.3.1.iv. the patient fully understands that:
 - 4.3.1.iv.1. death is the intended result of the pharmaceutical agent(s); and
 - 4.3.1.iv.2. the potential risks and complications associated with taking the pharmaceutical agent(s).
- 4.3.2. Each physician who obtains informed consent from the patient for MAiD must:
 - 4.3.2.i. have either conducted his/her own assessment or be fully informed of the assessments conducted by other physicians of the patient's medical condition and the patient's medical decision making capacity; and
 - 4.3.2.ii. meet the legal requirements for informed consent, including informing the patient of:
 - 4.3.2.ii.1. material information which a reasonable person in the patient's position would want to have about MAiD;
 - 4.3.2.ii.2. the material risks associated with the provision/administration of the pharmaceutical agent(s) that will intentionally cause the patient's death; and

⁷ 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.

- 4.3.2.iii. meet with the patient alone at least once to confirm that his/her decision to terminate his/her life by MAiD is voluntary and that the patient has:
 - 4.3.2.iii.1. made the request him/herself thoughtfully; and
 - 4.3.2.iii.2. a clear and settled intention to end his/her own life by MAiD after due consideration;
 - 4.3.2.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 his/her decision; and
 - 4.3.2.iii.4. made the decision freely and without coercion or undue influence from family members, health care providers or others.
- 4.3.3. Each physician must document in the patient's medical record all information that is relevant to his/her role and findings in respect to each of the specific requirements for obtaining informed consent.

5. Specific Exceptions to Consent Requirements for Patients Whose Death is Reasonably Foreseeable⁸

- 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:
 - 5.1.2. BEFORE the patient lost the capacity to consent to receiving MAiD:
 - 5.1.2.i. 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,
 - 5.1.2.ii. 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,
 - 5.1.2.iii. 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,
 - 5.1.2.iv. 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;
 - 5.1.3. the substance is administered to the patient in accordance with the terms of the arrangement; AND

⁸ For greater certainty, this exception does NOT apply to patients whose death is not reasonably foreseeable.

5.1.4. 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 person 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. Specific Additional Safeguards for Patients Whose Death is NOT Reasonably Foreseeable

6.1. 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:

6.1.1. In addition to the requirements described in Section 4.1.4 of this Standard, if the physician or nurse practitioner referred to in that Section does not have expertise 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:

6.1.2. 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; and

6.1.3. The physician and the medical practitioner or nurse practitioner referred to in Section 4.1.4 above must have discussed with the patient the reasonable and available means to relieve the patient's suffering and they and the medical practitioner or nurse practitioner referred to in Section 4.1.4 above agree with the patient that the patient has given serious consideration to those means; AND

6.1.4. there are 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 medical practitioner or nurse practitioner referred to in Section 4.1.4 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 medical practitioner or nurse practitioner considers appropriate in the circumstances.

⁹ For greater certainty, involuntary words, sounds or gestures made in response to contact do not constitute a demonstration of refusal or resistance for the purposes this paragraph.

7. Specific Requirements of the Administering Physician

7.1. In all cases, whether the patient's natural death is foreseeable or not, the administering physician must:

- 7.1.1. 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 his/her life at the time the patient provided his/her consent; and
- 7.1.2. 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 his/her life at the time the patient provided his/her consent in circumstances where the patient elects to administer the pharmaceutical agent(s) to him/herself; and
- 7.1.3. be readily available 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; and
- 7.1.4. 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
- 7.1.5. certify, in writing¹⁰, that they are satisfied on reasonable grounds that all of the following requirements have been met:
 - 7.1.5.i. The patient is at least 18 years of age;
 - 7.1.5.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;
 - 7.1.5.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
 - 7.1.5.iv. 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.

¹⁰ 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.

8. Additional Requirements of the Federal Legislation

8.1. The federal legislation also:

- 8.1.1. Sets out 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 MAiD¹¹;
- 8.1.2. requires that 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;
- 8.1.3. requires physicians to comply with guidelines established for the completion of certificates of death for patients to whom MAiD is provided;
- 8.1.4. creates criminal offences for knowingly failing to comply with the eligibility and safeguard requirements set out in Criminal Code and 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.

8.2. CPSM requires that physicians comply with the federal and provincial regulations and guidelines described above as they come into force and effect.

¹¹ 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: <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> 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		
Signature of Witness		Date Signed
Print Name		