



MEDICAL ASSISTANCE IN DYING
INTERIM GUIDELINES FOR THE NORTHWEST TERRITORIES
Effective June 17th, 2016

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Purpose

The *Medical Assistance in Dying Interim Guidelines* establish the rules and safeguards around the request and provision of medical assistance in dying in the Northwest Territories. The purpose of the *Interim Guidelines* is to protect patients, health care providers, and pharmacists throughout the medical assistance in dying process.

Unless otherwise stated, existing procedures, protocols, or standards for health care providers, health care facilities, health care programs, and medications are to be used in conjunction with the *Interim Guidelines*.

For greater certainty, both Medical Practitioners and Nurse Practitioners may provide medical assistance in dying under the *Interim Guidelines*.

Guiding Principles

The *Medical Assistance in Dying Interim Guidelines* are established under the following guiding principles:

1. Any and all requests for medical assistance in dying must be initiated by the patient and must be made voluntarily, without external pressure or advice.
2. A patient may change his/her mind regarding a request to access medical assistance in dying at any time, for any reason, and must be provided with explicit opportunities to withdraw his/her request, including immediately prior to the provision of medical assistance in dying.
3. Health care providers and pharmacists who object to medical assistance in dying for reasons of conscience or religion are not required to participate in medical assistance in dying.
4. The choice of health care providers and pharmacists to participate in the medical assistance in dying process must be respected.
5. A patient's autonomy and dignity must be respected.
6. Health care providers and pharmacists must not impede the rights of a patient who wishes to access medical assistance in dying, even if it conflicts with their conscience or religious beliefs.
7. Decisions affecting a patient who is requesting or receiving medical assistance in dying should respect the patient's cultural, linguistic, and spiritual or religious ties / beliefs.

Medical Assistance in Dying Defined

Medical assistance in dying means:

- (a) the administering by a Practitioner of medication(s) to a patient, at their request, that causes their death; or
- (b) the prescribing or providing by a Practitioner of medication(s) to a patient, at their request, so that they may self-administer the substance and in doing so cause their own death.

The *Medical Assistance in Dying Interim Guidelines* include both instances in which the Practitioner provides the patient with the means to end his/her own life ('self-administration'), and voluntary euthanasia, where the Practitioner is directly involved in administering medication(s) to end the patient's life.

Privacy and Confidentiality

The collection, use, disclosure, management, retention, and disposal of information related to medical assistance in dying, including a patient's request for information, must adhere to existing privacy legislation, standards, and policies.

Information on Medical Assistance in Dying

Social workers, psychologists, psychiatrists, therapists, medical practitioners, nurse practitioners, and other health care professionals may provide information on the lawful provision of medical assistance in dying. Information provided must be factual and should be limited to how medical assistance in dying may be an option for patients who meet the eligibility criteria and how the process for medical assistance in dying works in the NWT.

When information on the lawful provision of medical assistance in dying is provided to a patient, health care providers must exercise extreme caution to ensure they do not recommend, incite, or encourage medical assistance in dying.

If a patient chooses to make a request for medical assistance in dying, s/he must do so voluntarily and free from any external pressure. Medical assistance in dying must not be promoted or advocated under any circumstances, as this would constitute abetting or counselling suicide, an offence under the *Criminal Code*.

Information Package

If a patient requests information on medical assistance in dying, a **Health Care Provider** must provide an **Information Package** to the patient. The Health Care Provider is not required to review the Information Package with the patient.

The Information Package includes a toll-free number for the **Central Coordinating Service**.

If a Health Care Provider chooses to review the Information Package with the patient, s/he must ensure they follow the requirements under "Information on Medical Assistance in Dying" (above).

Conscientious Objection

For greater certainty, other than providing an information package to a patient who requests information on medical assistance in dying, no part of the *Medical Assistance in Dying Interim Guidelines* compels a Practitioner to provide medical assistance in dying or a health care provider or a Pharmacist to aid a Practitioner in providing medical assistance in dying to a patient.

A Central Coordinating Service has been established to facilitate access to a Practitioner who is willing to provide more information, assess a patient, and/or provide medical assistance in dying.

Central Coordinating Service

A **Central Coordinating Service** is established for the Northwest Territories. The Central Coordinating Service is responsible for facilitating access to Practitioners who are willing and able to assess and, if applicable, provide medical assistance in dying.

A patient, a Practitioner, or another health care provider, located anywhere in the Northwest Territories, may contact the Service.

Communicating with Patient

If a patient has difficulty communicating, a Practitioner must 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.

Independent Practitioner

The opinions of two **Independent Practitioners** are required to confirm the patient meets the established eligibility criteria for medical assistance in dying.

A **Practitioner** is a **Medical Practitioner**, who is licensed under the NWT's *Medical Profession Act* or an Act under a province or another territory, or a **Nurse Practitioner**, who is licensed under the NWT's *Nursing Profession Act* or an Act under a province or another territory.

A Practitioner is considered '**independent**' if s/he:

- (a) is not a mentor to the other Practitioners (including the Psychiatrists, if applicable) involved in the assessment of a patient or responsible for supervising their work;
- (b) does not know or believe that they are beneficiary under the will of the patient making the request, 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; and
- (c) does not know or believe they are connected to the other Practitioners (including the Psychiatrists, if applicable) involved in the assessment of a patient or to the patient making the request in any other way that would affect their objectivity.

Request for Medical Assistance in Dying

A patient must complete form #NWT8911, *Medical Assistance in Dying—Formal Written Request by Patient*, in order to make a request for medical assistance in dying. The patient must not sign and date the request until after s/he is informed by a Practitioner that s/he has a **grievous and irremediable medical condition**.

A Practitioner may only complete the appropriate section of form #NWT8911, *Medical Assistance in Dying—Formal Written Request by Patient* on the specific request of a patient. A Practitioner may complete the appropriate section by distance and fax, email, or mail the form to the patient to complete.

If the patient requesting medical assistance in dying is unable to sign and date the form, another person may do so on the patient's behalf as long as the person:

- (a) signs under the express direction of the patient,
- (b) signs in the patient's presence;
- (c) is at least 18 years of age;
- (d) understands the nature of the request for medical assistance in dying; and
- (e) does not know or believe 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.

The patient must sign and date the form before two **independent witnesses**. A witness is considered independent if s/he:

- (a) is at least 18 years of age;
- (b) understands the nature of the request for medical assistance in dying;
- (c) does not know or believe they are beneficiary under the will of the patient making the request, or a recipient, in any other way, of a financial or other material benefit resulting from the patient's death;
- (d) is not the owner or operator of any health care facility at which the patient making the request is being treated or any facility in which that patient resides;
- (e) is not directly involved in providing health care services to the patient making the request; and
- (f) is not directly providing personal care to the patient making the request.

Eligibility Criteria

In order to be eligible for medical assistance in dying, the patient must meet all of the following criteria (**'eligibility criteria'**):

- (a) s/he 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, such as a provincial/territorial health care plan or a federal health care plan for those in the Canadian Armed Forces;
- (b) s/he is at least 18 years of age and capable of making decisions with respect to his/her health;
- (c) s/he has a **grievous and irremediable medical condition**;
- (d) s/he has made a voluntary request for medical assistance in dying that, in particular, was not made as a result of external pressure; and
- (e) s/he gives informed consent to receive medical assistance in dying.

A patient has a **grievous and irremediable medical condition** only if they meet all of the following:

- (a) s/he has a serious and incurable illness, disease or disability;
- (b) s/he is in an advanced state of irreversible decline in capability;
- (c) the illness, disease or disability or that state of decline causes him/her enduring physical or psychological suffering that is intolerable to them and that cannot be relieved under conditions that they consider acceptable; and
- (d) his/her natural death has become reasonably foreseeable, taking into account all of their medical circumstances, without a prognosis necessarily having been made as to the specific length of time that they have remaining.

Assessment of Patient by Practitioner

The Practitioner must review form #NWT8911, *Medical Assistance in Dying—Formal Written Request by Patient*, and ensure it was:

- (a) signed and dated by the patient or, if applicable, by another person;
- (b) signed and dated after the patient was informed by a Practitioner that the patient has a grievous and irremediable medical condition;
- (c) signed and dated before two independent witnesses who then also signed and dated the form.

The Practitioner who informs the patient that s/he has a grievous and irremediable medical condition can be the same Practitioner or Consulting Practitioner who performs the assessment of the patient, so long as the Practitioner or Consulting Practitioner remain 'independent' (**'Independent Practitioner'**, as defined by the *Interim Guidelines*).

After reviewing form #NWT8911, *Medical Assistance in Dying—Formal Written Request by Patient*, the Practitioner must assess the patient to ensure s/he meets the established **Eligibility Criteria**.

The Practitioner must assess the patient in person.

The Practitioner must seek the opinion of a **Psychiatrist** if s/he is unable to determine whether the patient is capable of making decisions with respect to his/her health.

The Practitioner must complete form #NWT8919, *Medical Assistance in Dying—Assessment of Patient by Practitioner*, and include the form in the patient's medical record.

The Practitioner must:

- provide the patient with information on the feasible alternatives to medical assistance in dying (ex. palliative care, pain management, etc.);
- provide the patient with information on the risks of taking the medication(s) for medical assistance in dying;
- provide the patient with information on the probable outcome of taking the medication(s) for medical assistance in dying;
- recommend to the patient that s/he seek legal advice with respect to estate planning and life insurance implications; and
- offer to discuss, but not counsel on, the patient's medical assistance in dying choice with the patient and his/her family.

The Practitioner must inform the patient of his/her ability to withdraw the request for medical assistance in dying at any time and in any manner and provide the patient with form #NWT8913, *Medical Assistance in Dying Withdrawal Option*, and include the completed form in the patient's medical record.

If the Practitioner determines the patient does not meet the established Eligibility Criteria, the Practitioner or the patient may contact the Central Coordinating Service to request that a different Practitioner assess the patient.

The Practitioner is responsible for providing copies of the following forms to the **Review Committee**, regardless of whether the Practitioner determines the patient is eligible for medical assistance in dying:

- *Formal Written Request by Patient* (#NWT8911)
- *Assessment of Patient by Practitioner* (#NWT8919)
- *Psychiatric Opinion* (if applicable) (#NWT8916)
- *Withdrawal Option* (#NWT8913)

The Practitioner must ensure another Practitioner (i.e. the '**Consulting Practitioner**') provides a written opinion confirming the patient meets the Eligibility Criteria.

Psychiatric Opinion (if applicable)

The Psychiatrist must be **independent**. A Psychiatrist is considered independent if s/he:

- (a) is not a mentor to the Practitioners or other Psychiatrist (if applicable) involved in the assessment of a patient or responsible for supervising their work;
- (b) does not know or believe that they are beneficiary under the will of the patient making the request, 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
- (c) does not know or believe they are connected to the Practitioners or other Psychiatrist (if applicable) involved in the assessment of a patient or to the patient making the request in any other way that would affect their objectivity.

The Psychiatrist may assess the patient by distance (ex. videoconference, etc.).

The same Psychiatrist may provide an opinion for both the assessment of the patient by the Practitioner and the Consulting Practitioner, as long as the Psychiatrist remains independent (as defined by the *Interim Guidelines*).

Where applicable and as long as it does not affect a Consulting Practitioner's independence (as defined by the *Interim Guidelines*), a Consulting Practitioner may review the psychiatric opinion requested by the Practitioner in order to assist in his/her assessment of the patient.

The psychiatric opinion on whether the patient is capable of making decisions with respect to their health can include, but is not limited to, information on whether the patient is:

- fully informed;
- understands the information given;
- appreciates the foreseeable consequences of the decision, and

- is able to communicate a decision based on that understanding.

The Psychiatrist must complete form #NWT8916, *Medical Assistance in Dying—Psychiatric Opinion*, and include the form in the patient’s medical record.

Assessment of Patient by Consulting Practitioner

A Consulting Practitioner must assess the patient and ensure s/he meets the established Eligibility Criteria.

The Consulting Practitioner may assess the patient by distance (ex. videoconference, etc.).

Where applicable and as long as it does not affect a Consulting Practitioner’s independence (as defined by the *Interim Guidelines*), a Consulting Practitioner may review information related to the Practitioner’s assessment of the patient, including form #NWT8919, *Medical Assistance in Dying—Assessment of Patient by Practitioner*.

The Consulting Practitioner must complete form #NWT8918, *Medical Assistance in Dying—Assessment of Patient by Consulting Practitioner*, and include the form in the patient’s medical record.

The Consulting Practitioner must seek the opinion of a Psychiatrist if s/he is unable to determine whether the patient is capable of making decisions with respect to his/her health.

The Consulting Practitioner must inform the patient of his/her ability to withdraw the request for medical assistance in dying at any time and in any manner and provide the patient with form #NWT8913, *Medical Assistance in Dying Withdrawal Option*, and include the completed form in the patient’s medical record.

If the Consulting Practitioner determines the patient does not meet the established criteria, the Consulting Practitioner or the patient may contact the Central Coordinating Service to request that a different Consulting Practitioner assess the patient.

The Consulting Practitioner is responsible for ensuring the following forms are completed, included in the patient’s medical record, and that copies are provided to the Review Committee, regardless of whether the Consulting Practitioner determines the patient is eligible for medical assistance in dying:

- *Assessment of Patient by Consulting Practitioner* (#NWT8918)
- *Psychiatric Opinion* (if applicable) (#NWT8916)
- *Withdrawal Option* (#NWT8913)

Reflection Period

The **Reflection Period** must pass before the Practitioner provides medical assistance in dying, regardless of whether the medical assistance in dying will be provided through voluntary euthanasia or if the patient will self-administer.

The reflection period is at least 10 clear days between the day on which the request was signed by the patient and the day on which the medical assistance in dying is provided.

Day 1 = Patient signs Formal Written Request, form #NWT8911

Day 2-11 = Reflection period

Day 12 = Medical assistance in dying can be provided

A shorter reflection period is permitted if the Practitioner and the Consulting Practitioner are both of the opinion that the patient's death, or the loss of their capacity to provide informed consent, is imminent.

If a shorter reflection period is agreed upon, the Practitioner and Consulting Practitioner must complete form #NWT8914, ***Medical Assistance in Dying Reflection Period Amendment—Practitioner***, and form #NWT8915, ***Medical Assistance in Dying Reflection Period Amendment—Consulting Practitioner***, and include the forms in the patient's medical record.

If applicable, the Practitioner is responsible for ensuring the following forms are completed, included in the patient's medical record, and that copies are provided to the Review Committee:

- *Medical Assistance in Dying Reflection Period Amendment—Practitioner* (#NWT8914)
- *Medical Assistance in Dying Reflection Period Amendment—Consulting Practitioner* (#NWT8915)

Medical Assistance in Dying Medication(s)

The *Medical Assistance in Dying Interim Pharmacy Protocols and Monographs for the Northwest Territories* is recognized as the NWT standard for all medical assistance in dying medications.

Medical Assistance in Dying—Voluntary Euthanasia

Role of Practitioner

Medical assistance in dying must be provided with reasonable knowledge, care, and skill. The Practitioner must exercise professional judgement in determining the appropriate medication protocol to follow in order to achieve medical assistance in dying. The goals for any medication protocol for medical assistance in dying include ensuring the patient is comfortable and ensuring pain and anxiety are controlled.

The Practitioner must inform the Pharmacist, in writing, that the medication is intended for medical assistance in dying before the Pharmacist dispenses the medication.

The Practitioner must ensure the patient gives express consent to receive medical assistance in dying and have the patient complete form #NWT8912, ***Express Consent by Patient to Receive Medical Assistance in Dying***, and include the completed form in the patient's medical record.

Immediately before administering the medication, the Practitioner must give the patient the opportunity to withdraw his/her request. This opportunity must be documented in the patient's medical record.

If the patient withdraws his/her request and if s/he is able to do so, s/he must complete form #NWT8913, ***Medical Assistance in Dying Withdrawal Option***. The form must be included in the patient's medical record.

The Practitioner is responsible for ensuring the following forms are completed, included in the patient's medical record, and that copies are provided to the Review Committee:

- *Express Consent* (#NWT8912)
- *Withdrawal Option* (if applicable) (#NWT8913)

Role of Pharmacist

Medication(s) for medical assistance in dying should only be dispensed in a hospital.

A Pharmacist must only dispense medication(s) for medical assistance in dying to a health care provider.

The Pharmacist must complete form #NWT8917, ***Medical Assistance in Dying—Dispensing of Medication***. The Pharmacists must provide a copy of the form to the Review Committee.

Role of Registered Nurse

A Registered Nurse may do anything within their scope of practice for the purpose of aiding a Practitioner to provide medical assistance in dying to a patient.

If a Registered Nurse is aiding a Practitioner in providing medical assistance in dying to a patient, it should be done so under the direct order of the Practitioner and documented in the patient's medical record.

Medical Assistance in Dying—Administered by Patient (‘self-administration’)

Practitioners must help patients determine whether self-administration is a manageable option. Considerations include, but are not limited to, whether the patient is too sick for self-administration, or no longer capable of swallowing, holding down food, or absorbing oral medication and whether others may attempt to impede the patient’s self-administration process.

The patient is responsible for determining when / if s/he is ready to proceed with medical assistance in dying and may contact the Central Coordinating Service to access a Practitioner who will provide the medication to the patient for self-administration and who will be present for the self-administration.

Role of Practitioner

Medical assistance in dying must be provided with reasonable knowledge, care, and skill. The Practitioner must exercise professional judgement in determining the appropriate medication protocol to follow in order to achieve medical assistance in dying. The goals for any medication protocol for medical assistance in dying include ensuring the patient is comfortable and ensuring pain and anxiety are controlled.

The Practitioner must inform the Pharmacist, in writing, that the medication is intended for medical assistance in dying before the Pharmacist dispenses the medication.

The Practitioner must be present when a patient self-administers the medication(s) for medical assistance in dying.

The Practitioner must ensure the patient gives express consent to receive medical assistance in dying and have the patient complete form #NWT8912, ***Express Consent by Patient to Receive Medical Assistance in Dying***, and include the completed form in the patient’s medical record.

Immediately before providing the medication, the Practitioner must give the patient the opportunity to withdraw his/her request. This opportunity must be documented in the patient’s medical record.

If the patient withdraws his/her request and if s/he is able to do so, s/he must complete form NWT8913, *Medical Assistance in Dying Withdrawal Option*. The form must be included in the patient’s medical record.

The Practitioner is responsible for ensuring the following forms are completed, included in the patient’s medical record, and that copies are provided to the Review Committee:

- *Express Consent* (#NWT8912)
- *Withdrawal Option* (if applicable) (#NWT8913)

Role of Pharmacist

Medication(s) for medical assistance in dying should only be dispensed in a hospital.

A Pharmacist must only dispense medication(s) for medical assistance in dying to a health care provider.

The Pharmacist must complete form #NWT8917, *Medical Assistance in Dying—Dispensing of Medication*. The Pharmacists must provide a copy of the form to the Review Committee.

Role of Registered Nurse

A Registered Nurse may do anything within their scope of practice for the purpose of aiding a Practitioner to provide a patient with medical assistance in dying.

If a Registered Nurse is aiding a Practitioner in providing medical assistance in dying to a patient, it should be done so under the direct order of the Practitioner and documented in the patient's medical record.

Reportable Death under the NWT's Coroners Act

Medical assistance in dying is currently a reportable death under the NWT's *Coroners Act*.

Coroner Service contact information is included in Appendix D.

The Coroner, not the Practitioner, is responsible for completing the Medical Certificate of Death portion of the Death Registration Statement.

Review Committee

A Review Committee is established for the Northwest Territories.

The Review Committee is responsible for:

- Maintaining medical assistance in dying records
- Reviewing, auditing and investigating medical assistance in dying cases.

Glossary

Central Coordinating Service

Service that is responsible for facilitating access to Practitioners who are willing to provide information on, assess and, if applicable, provide medical assistance in dying.

Where medical assistance in dying is administered by the patient (i.e. self-administered), the Central Coordinating Service will also facilitate a patient's access to a Practitioner who must be present when the patient is ready to proceed with the medical assistance in dying self-administration process.

Contact information for the Central Coordinating Service can be found in [Appendix B](#).

Eligibility Criteria

Criteria a patient must meet in order to be eligible for medical assistance in dying. The eligibility criteria includes ALL of the following:

- (a) s/he 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, such as a provincial/territorial health care plan or a federal health care plan for those in the Canadian Armed Forces;
- (b) s/he is at least 18 years of age and capable of making decisions with respect to his/her health;
- (c) s/he has a 'grievous and irremediable medical condition' (as defined in the *Interim Guidelines*);
- (d) s/he has made a voluntary request for medical assistance in dying that, in particular, was not made as a result of external pressure; and
- (e) s/he gives informed consent to receive medical assistance in dying.

Forms (Medical Assistance in Dying)

- ***Assessment of Patient by Practitioner***, form #NWT8919—must be completed when a Practitioner assesses a patient's eligibility for medical assistance in dying.
- ***Assessment of Patient by Consulting Practitioner***, form #NWT8918—must be completed when a Consulting Practitioner assesses a patient to confirm they meet the eligibility criteria.
- ***Dispensing of Medication***, form #NWT8917—must be completed by a Pharmacist who dispenses medication(s) for medical assistance in dying.
- ***Express Consent by Patient***, form #NWT8912—must be completed by a patient prior to the Practitioner providing medical assistance in dying (i.e. prior to the administration or providing of medication(s) for medical assistance in dying).
- ***Formal Written Request by Patient***, form #NWT8911—must be completed by a patient prior to the patient being assessed by a Practitioner for medical assistance in dying.

- **Psychiatric Opinion**, form #NWT8916—must be completed by a Psychiatrist if their opinion is requested by a Practitioner and/or Consulting Practitioner to assess whether the patient is capable of making decisions about his/her health.
- **Reflection Period Amendment—Practitioner**, form #NWT8914—must be completed by a Practitioner if medical assistance in dying will be provided in a shorter period of time than the established reflection period.
- **Reflection Period Amendment—Consulting Practitioner**, form #NWT8915—must be completed by a Consulting Practitioner if medical assistance in dying will be provided in a shorter period of time than the established reflection period.
- **Withdrawal Option**, form #NWT8913—must be completed by a patient during his/her assessment by a Practitioner and his/her assessment by a Consulting Practitioner.

Grievous and Irremediable Medical Condition

A patient has a grievous and irremediable medical condition only if they meet all of the following:

- (f) s/he has a serious and incurable illness, disease or disability;
- (g) s/he is in an advanced state of irreversible decline in capability;
- (h) the illness, disease or disability or that state of decline causes him/her enduring physical or psychological suffering that is intolerable to them and that cannot be relieved under conditions that they consider acceptable; and
- (i) his/her natural death has become reasonably foreseeable, taking into account all of their medical circumstances, without a prognosis necessarily having been made as to the specific length of time that they have remaining.

Health care provider

A Medical Practitioner, Nurse Practitioner, or Registered Nurse who is considered 'independent', as defined by the *Interim Guidelines*.

(Independent) Consulting Practitioner

A Medical Practitioner, who is licensed under the NWT's *Medical Profession Act* or an Act under a province or another territory, or a Nurse Practitioner, who is licensed under the NWT's *Nursing Profession Act* or an Act under a province or another territory, who is responsible for assessing the patient and confirming they meet the eligibility criteria for medical assistance in dying.

A Consulting Practitioner is considered independent if s/he meets ALL of the following:

- (a) is not a mentor to the other Practitioners (including the Psychiatrists, if applicable) or responsible for supervising their work;
- (b) does not know or believe they are beneficiary under the will of the patient making the request, 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 to the request; and

- (c) does not know or believe they are connected to the other Practitioners involved in the assessment of the same patient (including the Psychiatrists, if applicable), or to the patient making the request in any other way that would affect their objectivity.

(Independent) Practitioner

A Medical Practitioner, who is licensed under the NWT's *Medical Profession Act* or an Act under a province or another territory, or a Nurse Practitioner, who is licensed under the NWT's *Nursing Profession Act* or an Act under a province or another territory, who is responsible for assessing the patient and ensuring they meet the eligibility criteria for medical assistance in dying.

A Practitioner is considered independent if s/he meets ALL of the following:

- (a) is not a mentor to the other Practitioners (including the Psychiatrists, if applicable) or responsible for supervising their work;
- (b) does not know or believe they are beneficiary under the will of the patient making the request, 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 to the request; and
- (c) does not know or believe they are connected to the Practitioners involved in the assessment of the same patient (including the Psychiatrists, if applicable) or to the patient making the request in any other way that would affect their objectivity.

(Independent) Psychiatrist

A Psychiatrist, who is a Medical Practitioner licensed under the NWT's *Medical Profession Act* or an Act under a province or another territory, who is responsible for assessing the patient and providing an opinion on whether patient is capable of making decisions with respect to his/her health upon the request of the Practitioner and/or the Consulting Practitioner.

A Psychiatrist is considered independent if s/he meets ALL of the following:

- (a) is not a mentor to the Practitioners or other Psychiatrist (if applicable) or responsible for supervising their work;
- (b) does not know or believe they are beneficiary under the will of the patient making the request, 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 to the request; and
- (c) does not know or believe they are connected to the Practitioners involved in the assessment of the same patient or the other Psychiatrist (if applicable) or to the patient making the request in any other way that would affect their objectivity.

Registered Nurse

A Registered Nurse, who is licensed under the NWT's *Nursing Profession Act*.

Information Package

Information that must be provided by a health care provider when a patient requests information on medical assistance in dying.

Medical Assistance in Dying

Medical assistance in dying means:

- (a) the administering by a Practitioner of medication(s) to a patient, at their request, that causes their death; or
- (b) the prescribing or providing by a Practitioner of medication(s) to a patient, at their request, so that they may self-administer the substance and in doing so cause their own death.

Reflection Period

The requirement where at least 10 clear days have passed between the day on which the patient signed and dated form #NWT8911, **Medical Assistance in Dying—Formal Written Request**, and the day on which the medical assistance in dying is provided:

Day 1 = Patient signs Formal Written Request, form #NWT8911

Day 2-11 = Reflection period

Day 12 = Medical assistance in dying can be provided

Note: *Medical assistance in dying can be provided in a shorter period of time if the Practitioner and the Consulting Practitioner are both of the opinion that the patient's death, or the loss of their capacity to provide informed consent, is imminent.*

*If a shorter period of time is agreed upon, the Practitioner and the Consulting Practitioner must complete form #NWT8914, **Medical Assistance in Dying Reflection Period Amendment—Practitioner**, and form #NWT8915, **Medical Assistance in Dying Reflection Period Amendment—Consulting Practitioner**.*

Review Committee

Person(s) responsible for maintaining medical assistance in dying records and for reviewing, auditing, and investigating medical assistance in dying cases.

Appendix A - Checklist

Practitioners may use the following checklist to ensure all the safeguards are being met and that medical assistance in dying is being provided in accordance with the *Medical Assistance in Dying Interim Guidelines for the Northwest Territories*.

STEP ONE: ASSESSMENT OF PATIENT BY PRACTITIONER

- ___ Form #NWT8911, *Medical Assistance in Dying—Formal Written Request by Patient*, is completed, and was signed and dated after the patient was informed by a Practitioner that the patient has a **grievous and irremediable medical condition**.
- ___ Assessment is performed by an **Independent Practitioner**.
- ___ Form #NWT8911, *Medical Assistance in Dying—Formal Written Request by Patient*, is included in the patient's medical record and a copy is provided to the Review Committee.
- ___ The patient is assessed in person to ensure they meet the **eligibility criteria**. The assessment is documented on form #NWT8919, *Medical Assistance in Dying—Assessment of Patient by Practitioner*.
- ___ Form #NWT8919, *Medical Assistance in Dying—Assessment of Patient by Practitioner*, is included in the patient's medical record and a copy is provided to the Review Committee.
- ___ The patient is informed of their ability to withdraw from the medical assistance in dying process at any time and in any manner and provided with form #NWT8913, *Medical Assistance in Dying—Withdrawal Option*.
- ___ Form #NWT8913, *Medical Assistance in Dying—Withdrawal Option*, is included in the patient's medical record and a copy is provided to the Review Committee.
- ___ A second assessment by a Consulting Practitioner is requested to confirm the patient meets the eligibility criteria.

PSYCHIATRIC OPINION (WHERE APPLICABLE) FOR ASSESSMENT BY PRACTITIONER

- ___ Opinion is provided by an **Independent Psychiatrist**
- ___ Psychiatrist assesses the patient, either in person or by distance, and provides an opinion on whether the patient is capable of making decisions with respect to their health. The opinion is documented in form #NWT8916, *Medical Assistance in Dying—Psychiatric Opinion*.
- ___ Form #NWT8916, *Medical Assistance in Dying—Psychiatric Opinion* is included in the patient's medical record and a copy is provided to the Review Committee.

STEP TWO: ASSESSMENT OF PATIENT BY CONSULTING PRACTITIONER

- Assessment is performed by an **Independent Consulting Practitioner**.
- The patient is assessed, either in person or by distance, to confirm they meet the **eligibility criteria**. The assessment is documented on form #NWT8918, *Medical Assistance in Dying—Assessment of Patient by Consulting Practitioner*.
- Form NWT8918, *Medical Assistance in Dying—Assessment of Patient by Consulting Practitioner*, is included in the patient’s medical record and a copy is provided to the Review Committee.
- The patient is informed of their ability to withdraw from the medical assistance in dying process at any time and in any manner and provided with form #NWT8913, *Medical Assistance in Dying—Withdrawal Option*.
- Form NWT8913, *Medical Assistance in Dying—Withdrawal Option*, is included in the patient’s medical record and a copy is provided to the Review Committee.
- The Consulting Practitioner confirms with the Practitioner that the patient meets the **eligibility criteria** for medical assistance in dying.

PSYCHIATRIC OPINION (WHERE APPLICABLE) FOR ASSESSMENT BY CONSULTING PRACTITIONER

- Opinion is provided by an **Independent Psychiatrist**.
- Psychiatrist assesses the patient, either in person or by distance, and provides an opinion on whether the patient is capable of making decisions with respect to their health. The opinion is documented in form #NWT8916, *Medical Assistance in Dying—Psychiatric Opinion*.
- Form #NWT8916, *Medical Assistance in Dying—Psychiatric Opinion*, is included in the patient’s medical record and a copy is provided to the Review Committee.

STEP THREE: REFLECTION PERIOD

- At least 10 clear days have passed between the day on which form #NWT8911, *Medical Assistance in Dying—Formal Written Request by Patient*, was completed and the day on which medical assistance in dying is provided.
- **--OR--**
- Fewer than 10 clear days have passed between the day on which form #NWT8911, *Medical Assistance in Dying—Formal Written Request by Patient*, was completed and the day on which medical assistance in dying is provided, and:

- (a) Form #NWT8914, *Medical Assistance in Dying Reflection Period Amendment—Practitioner*, is completed, included in the patient’s medical record, and a copy is provided to the Review Committee; and
- (b) Form #NWT8915, *Medical Assistance in Dying Reflection Period Amendment—Consulting Practitioner*, is completed, included in the patient’s medical record, and a copy is provided to the Review Committee.

STEP FOUR: MEDICAL ASSISTANCE IN DYING

— The **Practitioner** ensures all the following safeguards are met:

- (a) Patient meets all of the **eligibility criteria**:
 - i. s/he 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, such as a provincial/territorial health care plan or a federal health care plan for those in the Canadian Armed Forces;
 - ii. s/he is at least 18 years of age and capable of making decisions with respect to their health;
 - iii. s/he has a **grievous and irremediable medical condition**;
 - iv. s/he has made a voluntary request for medical assistance in dying that, in particular was not made as a result of external pressure; and
 - v. s/he gives informed consent to receive medical assistance in dying.
- (b) The patient’s request for medical assistance in dying was:
 - i. made in writing and signed and dated by the patient or, if applicable, by another person;
 - ii. signed and dated after the patient was informed by a Practitioner that s/he has a grievous and irremediable medical condition; and
 - iii. signed and dated before two independent witnesses who then also signed and dated.
- (c) The patient has been informed that they may, at any time and in any manner, withdraw their request;
- (d) Another Practitioner (i.e. the **Consulting Practitioner**) has provided a written opinion confirming that the patient meets all of the **eligibility criteria**;
- (e) Practitioner and Consulting Practitioner are independent;
- (f) At least 10 clear days between the day on which the request was signed by the patient and the day on which the medical assistance in dying is provided or—if they and the Consulting Practitioner are both of the opinion that the patient’s death, or the loss of their capacity to provide informed consent, is imminent—any shorter period that the Practitioner considers appropriate in the circumstances; and

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(g) If the patient has difficulty communicating, the Practitioner has taken 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.

- The Practitioner informs the Pharmacist, in writing, that the medication is intended for medical assistance in dying before the Pharmacist dispenses the medication.
- The patient completes form #NWT8912, *Express Consent by Patient to Receive Medical Assistance in Dying*. The form is included in the patient's medical record and a copy is provided to the Review Committee.
- The patient is given the opportunity to withdraw his/her request for medical assistance in dying by the Practitioner immediately before the Practitioner administers the medication ('voluntary euthanasia') or provides the medication to the patient ('self-administration'). This opportunity is documented in the patient's medical record.
- The Practitioner reports the death to the Coroner.

Appendix B – Central Coordinating Service Contact Information

Monday to Friday: 8:30am – 5:00pm

Toll Free: 1 (855) 846-9601

Direct: 1 (867) 767-9050 ext. 49008

Appendix C – Review Committee Contact Information

Director, Territorial Health Services
Department of Health and Social Services
Government of the Northwest Territories
Phone: 1(867) 767-9062 ext. 49190

Appendix D – Coroner Service Contact Information

Coroner Service

Email: coroner@gov.nt.ca

Phone: 1-867-767-9251

Toll-free (24 hours): 1-866-443-4443

Fax: 1-867-873-0426