Ontario Ministry of Health

Clinician Aid D-1 - Waiver of Final Consent

The Waiver of Final Consent is ONLY applicable for individuals whose **natural death is reasonably foreseeable (RFND)**

Medical Assistance in Dying means**:** (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 means a person who is entitled to practise medicine under the laws of a province.
Nurse practitioner means a registered nurse who, under the laws of a province, is entitled to practise as a nurse practitioner - or under an equivalent designation - and to autonomously make diagnoses, order and interpret diagnostic tests, prescribe substances and treat patients.
Authorized person, for the purpose of this document, is defined as a person who may sign and date this Waiver of Final Consent in the presence of, on behalf of and under the express direction of the patient requesting MAID.
A **Waiver of Final Consent** permits the requirement for the patient to give express consent immediately before receiving MAID to be waived, for eligible persons whose natural death is reasonably foreseeable and who may lose capacity to consent before MAID can be provided. If the patient wishes to waive final consent, they must meet the following criteria, as per s.241.2 (3.2) of the Criminal Code, before MAID can be provided:

- before the patient loses the capacity to consent to receiving MAID:
  - they must meet all of the eligibility criteria set out in section 241.2(1), and all other safeguards set out in in section 241.2(3), except for (3)(h);
  - they entered into an arrangement in writing with the medical practitioner/nurse practitioner that the medical practitioner/nurse practitioner would administer a substance to cause their death on a specified day;
  - they were informed by the medical practitioner/nurse practitioner of the risk of losing the capacity to consent to receiving MAID prior to the day specified in the arrangement; and
  - in the written arrangement, they consented to the administration by the medical practitioner/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 MAID prior to that day;
- the patient has lost the capacity to consent to receiving MAID;
- the patient does not demonstrate, by words, sounds or gestures, refusal to have the substance administered or resistance to its administration; and
- the substance is administered to the patient in accordance with the terms of the arrangement.

Waiver Of Final Consent

The Waiver of Final Consent is a written arrangement between the patient and the medical practitioner/nurse practitioner who will be providing MAID to the patient. This document is intended to fulfil legislative requirements found in section 241.2 (3.2) of the Criminal Code, and waives the safeguard required in section 241.2 (3) h, which requires that the patient give their express consent to receive MAID immediately before it is provided.

This document may be completed at the same time as Clinician Aid B ((Primary) "Medical Practitioner" or "Nurse Practitioner" Medical Assistance in Dying Aid) or equivalent document, if the medical practitioner/nurse practitioner completing that document will be providing MAID to the patient. However, it will not be valid until all safeguards, other than the safeguard it waives (as noted above), have been met. This includes ensuring the patient has been assessed as eligible for MAID by two independent medical practitioners/nurse practitioners.

Completion of this form is voluntary for patients and medical practitioners/nurse practitioners. A Waiver of Final Consent is not required for a patient to receive MAID. If any of the terms included in this form are not agreed upon by both the patient and the medical practitioner/nurse practitioner, the form will be considered invalid.

 © King's Printer for Ontario, 2023

Last Name of Patient	First Name of Patient

Date of Birth of Patient (yyyy/mm/dd)	Specified Date of MAID Provision (yyyy/mm/dd)	Date Signed by Patient (yyyy/mm/dd)

Section 1 – Patient Information (to be completed by patient / authorized person)

Last Name	First Name

Date of Birth (yyyy/mm/dd)	Health Insurance Number (e.g., OHIP Number) ☐Not Applicable	Version Code

Province or Territory that Issued Health Insurance Number	Postal Code Associated with Patient's Home Address ☐Patient does not have a home address

Section 2 – Authorized Person (to be completed by authorized person, if applicable)

If the patient is unable to sign, an authorized person (as defined above) may sign on the patient's behalf.

Last Name	First Name

Current Address

Unit Number	Street Number	Street Name	PO Box

City/Town	Province	Postal Code

Telephone Number ext.

Relationship to person requesting MAID

☐I am signing in the patient's presence, on the patient's behalf and under the patient's express direction

Reason for signing on patient's behalf

Signature (authorized person)	Date (yyyy/mm/dd)

Section 3 – Practitioner Information

Last Name	First Name

I am a ☐Medical Practitioner ☐Nurse Practitioner	College Registration Number

Last Name of Patient	First Name of Patient	
Date of Birth of Patient (yyyy/mm/dd)	Specified Date of MAID Provision (yyyy/mm/dd)	Date Signed by Patient (yyyy/mm/dd)

Section 4 – Terms of Request (to be completed by patient / authorized person and medical practitioner/nurse practitioner)

The patient / authorized person and medical practitioner/nurse practitioner should review the following terms and initial where indicated if they agree with each term.

Specified Date of MAID Provision (yyyy/mm/dd)

Patient/ Authorized Person	Medical Practitioner/Nurse Practitioner	Terms
		The patient has been informed by the medical practitioner/nurse practitioner that their natural death is reasonably foreseeable.
		The patient has been informed by the medical practitioner/nurse practitioner that they meet the legal eligibility criteria for MAID.
		The medical practitioner/nurse practitioner has confirmed that they will ensure that all applicable safeguards are met before MAID is provided (note: these safeguards, including ensuring that the patient has been assessed as eligible for MAID by a second, independent medical practitioner/nurse practitioner, must be met before this arrangement becomes valid).
		The patient has been informed that they are at risk of losing the capacity to consent before the Specified Date of MAID Provision above.
		The patient consents for the medical practitioner/nurse practitioner to provide them with MAID on or before the Specified Date of MAID Provision above, in accordance with the terms of this arrangement, if they lose capacity prior to that date.
		The patient and medical practitioner/nurse practitioner acknowledge that the medical practitioner/nurse practitioner will not provide MAID if the patient demonstrates by words, sounds or gestures a refusal to have the substance administered or resistance to its administration.
		The patient and medical practitioner/nurse practitioner acknowledge that involuntary words, sounds or gestures made in response to contact (e.g., twitching or movement due to needle insertion) do not constitute a demonstration of refusal or resistance, and that the medical practitioner/nurse practitioner shall exercise clinical judgement about the appropriateness of providing MAID in this context.
		The patient acknowledges that completion of this waiver form does not create any obligation for the medical practitioner/nurse practitioner to provide MAID to them.
		The patient freely gives their consent to receive MAID according to the terms of this written arrangement, including any additional terms identified in Section 5 below.
		The patient confirms that they have not requested nor consented to this written arrangement as a result of any external pressure.
		The patient has been informed that they can withdraw their request for MAID or withdraw their agreement to this waiver of final consent at any time.

Last Name of Patient	First Name of Patient

Date of Birth of Patient (yyyy/mm/dd)	Specified Date of MAID Provision (yyyy/mm/dd)	Date Signed by Patient (yyyy/mm/dd)

Section 5 – Additional Terms (to be completed by patient / authorized person and medical practitioner/nurse practitioner)

The patient and medical practitioner/nurse practitioner may agree to additional terms for this arrangement, including (but not limited to):

- specific conditions or circumstances under which MAID could be provided on a date earlier than the Specified Date above if the patient has lost the capacity to consent to receive MAID;
- additional practitioners that may provide MAID to the patient (e.g., if the original medical practitioner/nurse practitioner is unavailable), providing the practitioner:
  - has personally assessed the patient and found them eligible while the patient still retained capacity to provide informed consent;
  - personally ensures that all the safeguards have been satisfied;
  - is named in the arrangement; and
  - agreed to enter into the arrangement with the patient.

Both the medical practitioner/nurse practitioner and the patient must agree with these terms and MAID must be provided in accordance with the terms of this arrangement.

The patient/authorized person and medical practitioner/nurse practitioner should review the following terms and initial where indicated if they agree with each term.

Patient/ Authorized Person	Medical Practitioner/Nurse Practitioner	Additional Terms

Section 6 – Patient Waiver (to be completed by patient / authorized person)

I,

(First Name and Last Name of Patient)

agree to receive MAID in accordance with the terms outlined in this arrangement if I lose capacity on or before the Specified Date of MAID Provision.

Signature (patient / authorized person)	Date (yyyy/mm/dd)

Section 7 – Confirmation of Patient's Waiver (to be completed by MAID medical practitioner/nurse practitioner)

I,

(First Name and Last Name of Practitioner)

agree to provide MAID in accordance with the terms outlined in this arrangement if the patient loses capacity on or before the Specified Date of MAID Provision.

Signature (medical practitioner or nurse practitioner)	Date (yyyy/mm/dd)

Last Name of Patient	First Name of Patient	
Date of Birth of Patient (yyyy/mm/dd)	Specified Date of MAID Provision (yyyy/mm/dd)	Date Signed by Patient (yyyy/mm/dd)

Section 8 – Additional Notes (to be completed by medical practitioner/nurse practitioner, if applicable)

The medical practitioner/nurse practitioner may note additional details about the patient's request. These details do not constitute terms of this arrangement and are for the medical practitioner's/nurse practitioner's reference only.

Additional Notes