Clinician Aid D-2 – Advance Consent – Self-Administration

Medical Assistance in Dying (MAID) means (a) the administering by a medical practitioner/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/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 Advance Consent arrangement in the presence, on behalf of and under the express direction of the patient requesting MAID.
Advance Consent permits the requirement for the patient to give express consent immediately before receiving MAID to be waived, in the event the patient loses capacity to give consent after self-administering a substance provided to them for the purpose of MAID. In such a case, a medical practitioner/nurse practitioner may administer a substance to cause the death of the patient as per s.241.2 (3.5) of the Criminal Code if:

- before the patient loses the capacity to consent to receiving MAID, they and the medical practitioner/nurse practitioner entered into an arrangement in writing providing that the medical practitioner/nurse practitioner would:
  - be present at the time the patient self-administered the first substance, and
  - administer a second substance to cause the patient's death if, after self-administering the first substance, the patient lost the capacity to consent to receiving MAID and did not die within a specified period.
- the patient self-administers the first substance, does not die within the period specified in the arrangement and loses the capacity to consent to receiving MAID; and
- the second substance is administered to the patient in accordance with the terms of the arrangement.

Advance Consent - Self-Administration

The Advance Consent for Self-Administration is a written arrangement between the patient and the medical practitioner/nurse practitioner who will be prescribing or providing the drug protocol for MAID self-administration to the patient. This document is intended to fulfil legislative requirements found in section 241.2 (3.5) of the *Criminal Code*, and waives the safeguards required in section 241.2 (3) h and section 241.2 (3.1) k, which require that the patient gives their express consent to receive MAID immediately before it is provided.

It allows for the medical practitioner/nurse practitioner to administer a backup MAID drug protocol after a specified period of time in the event that the patient loses their capacity to provide express consent to receiving MAID after self-administering the first drug protocol.

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 an equivalent document, if the medical practitioner/nurse practitioner completing that document will be prescribing or providing the drug protocol for MAID self-administration 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. Advance consent is not required for a patient to be prescribed or provided the drug protocol for MAID self-administration. 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.

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Last Name of Patient	First Name of Patient	
Date of Birth of Patient (yyyy/mm/dd)	Specified Date of MAID Self-Administration (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 (to be completed by medical practitioner/nurse practitioner)

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 Self-Administration (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 Self-Administration (yyyy/mm/dd)

Specified Period for Administering Backup MAID Drug Protocol (in minutes)

Patient/ Authorized Person	Medical Practitioner/Nurse Practitioner	Terms
		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 self-administration takes place (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 advised that it is possible that the MAID self-administration drug protocol might not work as expected, leaving the patient unconscious and unable to provide express consent to have the backup drug protocol completed by a medical practitioner/nurse practitioner.
		The patient agrees that the medical practitioner/nurse practitioner will be present at the time the patient self-administers the MAID drug protocol.
		The patient consents for the medical practitioner/nurse practitioner to administer a backup MAID drug protocol after the Specified Period above, based on the medical practitioner's/nurse practitioner's clinical judgement and in accordance with the terms of this arrangement, if the patient has lost capacity after self-administering the first drug protocol.
		The patient acknowledges that completion of this Advance Consent form does not create any obligation for the medical practitioner/nurse practitioner to provide MAID to them.
		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 advance consent at any time.

Last Name of Patient	First Name of Patient

Date of Birth of Patient (yyyy/mm/dd)	Specified Date of MAID Self-Administration (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:

- 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's Advance Consent (to be completed by patient / authorized person)

I,

(First Name and Last Name of Patient)

agree to receive a backup MAID drug protocol in accordance with the terms outlined in this arrangement if I have lost capacity after self-administering the first MAID drug protocol.

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 administer a backup MAID drug protocol in accordance with the terms of this arrangement if the patient has lost capacity after self-administering the first MAID drug protocol

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 Self-Administration (yyyy/mm/dd)	Date Signed by Patient (yyyy/mm/dd)

Section 8 – Additional Notes (to be completed by 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