

Medical Assistance in Dying

On June 17, 2016, Canada passed Bill C-14, *An Act to Amend the Criminal Code*, to enable citizens to access medical assistance in dying. Here's what you need to know about the new law.

1. The *Criminal Code* has been changed so that doctors and nurse practitioners, and those who help them, such as social workers, lawyers, and pharmacists, can provide medical assistance in dying for eligible patients without the risk of being charged with assisted suicide or homicide.
2. Medical assistance in dying is available to a person who:
 - is eligible for health care in Canada; and
 - is at least 18 years old, who is mentally competent (capable of making health care decisions for themselves); and
 - has a grievous and irremediable medical condition; and
 - makes a voluntary request for medical assistance in dying, which is not the result of pressure from other people; and
 - gives informed consent to receive medical assistance in dying.
3. A person has a *grievous and irremediable* medical condition if:
 - he or she has a serious illness, disease, or disability; and
 - he or she is in an advanced state of irreversible decline;
 - he or she is experiencing intolerable suffering from the illness, disease, disability, or state of decline; and,
 - natural death has become reasonably foreseeable, taking into account all medical circumstances.
4. Two types of medical assistance in dying are permitted:
 - a doctor or nurse practitioner directly administers a substance that causes the death of the person who requested it, commonly called voluntary euthanasia; or
 - a doctor or nurse practitioner gives or prescribes a substance to the person that can be self-administered to cause death; commonly called physician or medically assisted suicide.

The *Criminal Code* will now allow doctors and nurse practitioners to provide both types of medical assistance in dying.

5. Safeguards built into the *Criminal Code* include:

- the request for medical assistance in dying must be in writing by the person requesting it, or another adult on the person's behalf and in the person's presence if he or she is unable to sign and date the request, and witnessed by two independent witnesses;
 - independent witnesses must be at least 18 years of age, understand what it means to request medical assistance in dying, and cannot benefit from the patient's death, be an owner of a health care facility where care is being delivered, or be directly involved in providing the patient with health or personal care.
 - a physician or nurse practitioner must have the opinion that the patient is eligible to receive medical assistance in dying, confirmed by a second, written opinion by an independent physician or nurse practitioner;
 - the doctors or nurse practitioners providing the assessments must be independent, which means they cannot hold a position of authority over each other or knowingly benefit from the patient's death.
 - the patient must be informed of all available forms of treatments and all means available to relieve suffering, including palliative care;
 - a mandatory reflection period of ten days from the date of signing the request to the day on which medical assistance in dying is provided ;
 - the patient has the ability to withdraw his or her request at any time; and
 - immediately before providing medical assistance in dying, the physician or nurse practitioner must give the patient the opportunity to withdraw his or her request and ensure that the patient gives express consent to medical assistance in dying.
6. Pharmacists must be informed in writing that the drugs they prescribe are intended for medical assistance in dying.
7. Death certificates may include medical assistance in dying as the manner of death.
8. Patients cannot guarantee their access to medical assistance in dying by including it in an Advance Directive. This is because Advance Directives are made before they are needed and come into effect after a person cannot communicate their wishes. People who cannot communicate can't confirm that they still consent to procedures requested in their Advance Directives.
9. The federal government will conduct further research on extending medical assistance in dying to mature minors, advance requests, and mental illness, where it is the sole underlying medical condition.
10. Health care providers cannot be compelled to provide medical assistance in dying or help their patients access medical assistance in dying.



For more information on tools for planning ahead, visit www.OakNet.ca. To learn more about the medical assistance in dying, visit <http://healthycanadians.gc.ca/health-system-systeme-sante/services/palliative-palliatifs/index-eng.php>