Manitoba Medical Assistance in Dying Overview for Health-Care Providers

Introduction

This resource provides an overview of the Medical Assistance in Dying (MAID) process in Manitoba. For more detailed information please refer to Medical Assistance in Dying Clinical Guide for Health-Care Providers in Manitoba available to health-care providers by contacting the provincial MAID clinical team. All requests for MAID within Manitoba RHA facilities must be communicated to the provincial MAID clinical team.

MAID, as denoted by federal legislation, refers to:

- The administering by a medical practitioner or nurse practitioner (NP) of a substance to a person, at their request, that causes their death; or
- 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.

In Manitoba, there are currently no medications appropriate for self-administration. In addition, at the present time, only physicians are able to provide MAID within Regional Health Authority facilities. Nurse Practitioners are not able to provide MAID as they are not authorized to complete Registration of Death documentation in Manitoba. This is reflected throughout this resource with the use of the term ‘physician’ in lieu of medical/nurse practitioner. Nurse practitioners may fully participate in discussions involving suffering and end of life care including MAID.

This resource is adapted from the Centre for Effective Practice Medical Assistance in Dying (MAID): Ontario resource, and incorporates Manitoba-specific provincial requirements. It is intended to supplement, not circumvent, existing legal requirements, regulatory body requirements, or institutional processes that have been established.

While this resource is based on the best available information, there may be changes in the process after publication of this resource. Every effort will be made to incorporate updates as new information becomes available.

**The provincial MAID clinical team contact information:**

t. 204.926.1380

maid@wrha.mb.ca

wrha.mb.ca/maid

t. 1.844.891.1825

INFO: Full URLs for hyperlinks within this document are included in Section 5: Supporting Material and References.

**Definition of Terms**

**Physician**

A member of the College of Physicians and Surgeons of Manitoba (CPSM) who is registered on the Manitoba Medical Register and who is licensed to practice medicine, excluding a member who is only practicing within a residency training program.

For the purposes of this resource, the term physician may refer to the patient’s primary care physician and/or a physician from the provincial MAID clinical team. It is recommended that the physician overseeing the MAID process be responsible for ensuring all relevant documentation is obtained and included in the patient’s medical record.

**Independent Physicians**

The physicians who conduct the reviews for eligibility of the patient. This role may also include administering MAID medications. The Independent Physicians must be directly involved in the:

i. Review of the patient for eligibility AND

ii. Review of the patient’s medical decision making capacity AND

iii. Obtaining consent from the patient

**Administering Physician**

The Independent Physician who provides or administers the MAID medication to the patient.

**Conscience-Based Objection**

An objection to participate in a legally available medical treatment or procedure based on a member’s personal values or beliefs.
This pathway is an overview of the MAID process in Manitoba and is described in more detail in the subsequent sections of this resource.

**DIAGRAM 1: Patient Inquiry**

- **Patient inquires about MAID**
  - Physician/health-care team member(s) chooses not to participate in MAID due to conscience-based objections
  - Physician and/or health-care team member discusses and explores the inquiry with the patient and provides information on all available treatment and care options
- **Patient chooses not to pursue MAID at this time**
  - **First Independent Physician* conducts review of patient eligibility for MAID**
    - Eligibility Criteria:
      1. Is eligible for publicly funded health-care services in Canada
      2. Is at least 18 years of age
      3. Is capable of making decisions with respect to their health
      4. Has a grievous and irremediable medical condition (see Section 2.3)
      5. Has made the request voluntarily (not due to external pressure)
      6. Has provided informed consent to receive MAID, after having been made aware of all care options that are available to alleviate their suffering, including palliative care
  - **Patient chooses to explore the option of MAID**
    - **Physician and/or health-care team member:**
      - Consults with provincial MAID clinical team
      - Provides the patient with an overview of the MAID process (if able)
      - Continues to provide ongoing care to the patient
  - **Patient does not meet eligibility criteria**
    - **MAID team triages patient +/- reviews medical records**
      - **Patient appears to meet criteria**
  - **Second Independent Physician conducts a separate review of patient eligibility for MAID**
    - **Patient meets ALL eligibility criteria**
  - **Reflection period* (10 clear days) begins**
    - *For medical definition see Definition of Terms. For legal definition see Section 2.6*
  - **Second Independent Physician**
    - **Administering Physician**
      - **Completes Registration of Death**
      - **Completes MAID Administering Physician Certification form**
      - **Notifies Office of Chief Medical Examiner**

**DIAGRAM 2: Determination of Patient Eligibility for MAID**

- **Patient completes and signs written request (signed and dated by two independent witnesses)***
  - *For Section 2.5*
- **First Independent Physician* conducts review of patient eligibility for MAID**
  - Eligibility Criteria:
    1. Is eligible for publicly funded health-care services in Canada
    2. Is at least 18 years of age
    3. Is capable of making decisions with respect to their health
    4. Has a grievous and irremediable medical condition (see Section 2.3)
    5. Has made the request voluntarily (not due to external pressure)
    6. Has provided informed consent to receive MAID, after having been made aware of all care options that are available to alleviate their suffering, including palliative care
- **Communicate ineligibility to patient and/or their primary care provider**
  - **Patient does not meet eligibility criteria**
  - **Pre-notify Pharmacist & Office of Chief Medical Examiner**
  - **Administering Physician**
    - **Completes Registration of Death**
    - **Completes MAID Administering Physician Certification form**
    - **Notifies Office of Chief Medical Examiner**

**DIAGRAM 3: Preparation for & Provision of MAID**

- **Administering Physician reconfirms that the patient is capable of making medical decisions and wishes to proceed with MAID.**
- **Reflection period* completed:**
  - A minimum of 10 clear days between the day the written request is signed and the day MAID is provided
  - *For definition and exceptions see Section 3.3*
- **When/if requested by patient, MAID team develops plan for provision of MAID**
  - **At the time MAID is provided, the Administering Physician:**
    - Provides the patient with the opportunity to withdraw their request
    - Confirms the patient’s capacity and consent for MAID
  - **Administering Physician provides MAID**
  - **Physician and/or health-care team member(s) continues to provide ongoing care to the patient**

*For medical and legal definitions, see specific sections in the resource.
### SECTION 1: Patient Inquiry

#### 1.1 Patient Inquires About MAID

A patient's inquiry about MAID can take many forms:

- A general inquiry about MAID including what it involves and availability
- A query of all available options to reduce suffering and/or expedite death (including MAID)
- An expressed desire to end their life with the assistance of a physician
- An explicit request for MAID

#### 1.2 Discussion to Understand Motivation behind Patient's Inquiry about MAID

An expressed desire to end one's life through MAID requires a careful exploration to understand the patient's suffering and review for unmet needs. If unmet needs are identified, efforts should be made to alleviate these needs.

This is an opportunity for the physician and other health-care team members to:

- Explore the patient's motivations for the request
- Discuss the patient's concerns and any unmet needs
- Explore, with the patient, all available treatment options (e.g., comfort/palliative care, pain/symptom control, psychological support) including MAID
- Provide the patient further information about MAID (e.g., WRHA MAID website, the provincial MAID team contact information or direct referral to the provincial MAID team)

![Diagram showing decision-making process regarding patient inquiries about MAID]

- **Physician/health-care team member(s):**
  - Informs the patient that they are unable to participate in MAID
  - Provides patient MAID information and/or contacts the provincial MAID team
  - Continues to provide ongoing care to the patient

- **Physician and/or health-care team member discusses and explores the inquiry with the patient and provides information on all available treatment and care options**

- **Physician and/or health-care team member continues to provide ongoing care to the patient**

- **Physician and/or health-care team member(s):**
  - Consults with provincial MAID team
  - Provides the patient with an overview of the MAID process (if able)
  - Continues to provide ongoing care to the patient

- **Patient chooses not to pursue MAID at this time**

- **Patient chooses to explore the option of MAID**

- **Physician and/or health-care team member(s):**
  - Provides with provincial MAID team
  - Provides the patient with an overview of the MAID process (if able)
  - Continues to provide ongoing care to the patient

- **Patient chooses not to explore the option of MAID**

- **Physician and/or health-care team member(s):**
  - Provides patient MAID information
  - Provides patient with an overview of the MAID process
  - Continues to provide ongoing care to the patient

- **Patient inquires about MAID**

- **Physician/health-care team member(s):**
  - Informs the patient that they are unable to participate in MAID
  - Provides patient MAID information
  - Provides patient with an overview of the MAID process
  - Continues to provide ongoing care to the patient

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**1.3 Conscience-Based Objections**

Health-care providers who have a conscience-based objection to MAID are not required to participate in the review for eligibility or provision of MAID. However, while health-care providers have a right to conscience-based objection, they also have a responsibility to respond to a patient's inquiry about MAID. If asked by a patient for or about MAID, health-care providers must ensure timely access to a resource that provides accurate information.

Health-care providers must comply with the requirements, policies, and guidelines set out by their respective regulatory college regarding conscience-based objection.

Health-care providers are required to adhere to any additional policies as outlined by their institution and/or regional health authority (RHA). Irrespective of a patient's desire to explore MAID, health-care providers must continue to provide ongoing (non-MAID related) care and not abandon the patient.

**1.4 Advance Medical Directive**

A patient must be capable of consenting to MAID immediately before it is provided. For this reason, a person cannot consent to MAID through a living will or advance medical directive. Similarly, a substitute decision-maker cannot consent to MAID on behalf of a patient. Family/caregivers and other individuals do not have the legal authority to consent to or authorize MAID on behalf of a patient.

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**Resources outlining requirements for physicians, nurses, pharmacists and social workers:**

- **College of Physicians & Surgeons of Manitoba** Schedule M of By-Law 11
- **College of Registered Nurses of Manitoba** – Medical Assistance in Dying
- **College of Pharmacists of Manitoba** Notice to Pharmacists and Pharmacy Managers – Update on Medical Assistance in Dying
- **Manitoba College of Social Workers** – Medical Assistance in Dying Information Summary

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**All requests for MAID within Manitoba RHA facilities must be communicated to the provincial MAID team.**
SECTION 2: Determination of Patient Eligibility for MAID

2.1 Eligibility Criteria for MAID
A patient is eligible if they meet ALL the following criteria:

- Is eligible for publicly funded health-care services in Canada
- Is at least 18 years of age
- Is capable of making decisions with respect to their health
- Has a grievous and irremediable medical condition (see Section 2.3 for definition)
- Has made the request voluntarily (not due to external pressure)
- Has provided informed consent to receive MAID, after having been made aware of all care options that are available to alleviate their suffering, including palliative care

2.2 Assessing Capacity
As capacity is specific to time and treatment:

- The patient’s capacity must be assessed specifically for consenting to MAID; and
- The patient must be capable immediately before MAID is provided.

The requirements for capacity to undergo MAID are the same as those for any health-care treatment. The use of existing procedures for capacity assessments is encouraged.

2.3 Grievous and Irremediable Medical Condition
A patient’s condition is grievous and irremediable if ALL of the following criteria are met:

- Serious and incurable illness, disease, or disability
- Advanced state of irreversible decline in capability
- Enduring physical or psychological suffering as a result of the illness, disease, disability or state of decline that is intolerable to them and that cannot be relieved under conditions that they consider acceptable and
- Natural death has become reasonably foreseeable taking into account all of their medical circumstances (precise proximity to death is not required)

As stated in Justice Canada’s Legislative Background: Medical Assistance in Dying, “The medical condition that is causing the intolerable suffering does not need to be the cause of the reasonably foreseeable death”. The patient’s natural death is foreseeable, if it is expected to transpire within “a period of time that is not too remote”.

2.4 Voluntary Request and Informed Consent to MAID
The patient’s request for MAID must be voluntary and not result from external pressure.

Reasonable measures should be taken to assess that the patient’s decision has been made freely, without coercion or undue influence from family members, health-care providers, or others.

The patient must provide informed consent to receive MAID, after having been informed of all care options available to alleviate their suffering, including palliative care. (Note: review of care options is normally completed by the patient’s primary/specialist health care team(s))

The physician and health-care team have an obligation to take reasonable steps to ensure that the patient has understood the information provided regarding their health status and MAID.

If the patient has difficulty communicating, measures must be taken to provide a reliable means by which the patient may understand the information provided and communicate their decision. Contact the provincial MAID clinical team for assistance (the team includes speech language pathologists).

When obtaining informed consent for MAID the physician must ensure they meet the requirements as per the College of Physicians and Surgeons of Manitoba which includes meeting with the patient alone at least once.

The following resources may be helpful to physicians when assessing the patient’s condition:

- Supportive and Palliative Care Indicators Tool (SPICIT): A guide to help identify people at risk of deteriorating health and dying.
- Mississauga Halton Regional Hospice Palliative Care Early Identification and Prognostic Indicator Guide: A guide to support earlier identification of patients nearing the end of life.
- Clinical Frailty Scale – A tool to assess frailty

The patient must understand that consent can be withdrawn at any time before receiving MAID, without negative consequences on the physician-patient relationship or on the care provided to the patient.

Two-part question to assess capacity:
1. Is the patient able to understand the information relevant to deciding to consent, or to refusing to consent, to MAID?
2. Is the patient able to consider and appreciate the reasonably foreseeable consequences of consenting or not consenting to MAID?

The following resources may be helpful to physicians when assessing capacity:

- Consent and Capacity: Clinical context and application to assisted dying
- Province of Manitoba Health Care Directives Act

Manitoba

wrha.mb.ca/maid

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SECTION 2: Determination of Patient Eligibility for MAID (Continued)

Physicians should consider the following to determine if the patient meets the criteria for informed consent. The patient:
- Understands their health status, diagnosis, and prognosis (normally requires input from patient’s primary/specialist health care team(s))
- Is fully informed of all available treatments and courses of action, such as: comfort, palliative, and hospice care; pain and symptom control (normally requires input from patient’s primary/specialist health care team(s))
- Has been offered appropriate counselling resources
- Consents specifically to MAID and understands the certainty of death upon receiving MAID
- Is fully informed of the process for the provision of MAID, including time, place, and method of administration
- Is aware of potential complications related to the provision of MAID
- Is provided with answers to all questions and to requests for additional information about MAID or any of the above items

To meet the legal conditions for independent witness, the following criteria must be met:  
- Person 18 years of age or older;  
- Understands the nature of the request for MAID;  
- Must not know or believe that they are a 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;  
- Must not be an owner or operator of any health-care facility at which the patient making the request is being treated or any facility in which the patient resides;  
- Must not be directly involved in providing health-care services to the patient making the request; and  
- Must not be directly providing personal care to the patient making the request.

INFO: The provincial MAID clinical team has created a MAID Patient Request form available [here](#).

2.6 Conducting Eligibility Reviews for MAID

If deemed appropriate for same after triage two Independent* Physicians must conduct reviews to ensure the patient meets all the criteria required to be eligible for MAID and then provide their opinions in writing to confirm the patient’s eligibility.1,2

*To meet the legal conditions for independence, each physician must ensure that they:  
- Are not a mentor to the other physician or responsible for supervising their work  
- Do not know or believe that they are a 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, other than standard compensation for their services relating to the request  
- Do not know or believe that they are connected to the other physician or to the person making the request in any other way that would affect their objectivity

It is encouraged that the physician work with allied health-care team members throughout the MAID process to ensure an interdisciplinary approach.

The following resource may be helpful for physicians to better understand the eligibility criteria for MAID:

- Justice Canada, Medical Assistance in Dying Glossary

Eligibility needs to be reviewed on a case-by-case basis to reflect the uniqueness of each patient’s circumstances.

It is encouraged that the physician consults their colleagues to obtain additional information that may support determination of patient eligibility for MAID.

Example 1: Physician suspects that a patient’s mental health condition may be impacting the ability to make decisions with respect to their health and initiates a psychiatric consult to help assess capacity.

Example 2: Physician consults an oncologist to confirm the finding that a patient’s natural death has become reasonably foreseeable due to their oncological disease.

2.7 Inclusion of Family Members, Caregivers, and Friends

The patient is not obligated, and there is no legal requirement, to inform their family/caregivers of their decision to pursue MAID. A patient should be encouraged to speak with family members and/or caregivers about the choice to pursue MAID. With the patient’s permission, discussions between the physician and family/caregivers should occur throughout the MAID process.

The provincial MAID clinical team contact information:

- t. 204.926.1380  
- t. 1.844.891.1825  
- f. 204.940.8524  
- maid@wrha.mb.ca  
- wrha.mb.ca/maid
SECTION 3: Preparation for & Provision of MAID

3.1 MAID Team
The provision of MAID requires a collaborative care team, including allied health-care providers, support care personnel, and/or administrators, depending on the clinical practice setting.

Currently in Manitoba, there is a team (the provincial MAID team) that provides MAID throughout the province. The team is interdisciplinary and comprised of physicians, pharmacists, nurses, social workers, speech language pathologists and other allied health professionals. The provincial MAID team is a resource for all health-care providers.

All requests for MAID within Manitoba RHA facilities must be communicated to the provincial MAID team.

It is encouraged that the MAID team and other members of the patient’s care team review and debrief after the provision of MAID. The process can be an overwhelming and emotional experience for the patient’s care team. The use of wellness resources and supports is encouraged to promote self-care.

Resources for health-care providers:
- Doctors Manitoba Physician Health & Wellness: 24-hour confidential physician and family support line 1-844-436-2762
- Manitoba Blue Cross Employee Assistance Program (EAP)

3.2 Preparation for MAID
A care plan for the provision of MAID is developed through discussions with the Administering Physician, patient, family/caregivers (with permission) and other members of the patient’s care team.

Provision of MAID Considerations:
- Physicians must ensure they fulfill the specific requirements as outlined in the Criminal Code of Canada and Schedule M of CPSM By-Law 11.
- The provincial MAID team has developed a clinical guide for MAID in Manitoba. Healthcare providers may contact the provincial MAID team for details.
- All requests for MAID within Manitoba RHA facilities must be communicated to the provincial MAID team.
- Please note there may be special considerations for the provision of MAID including patient’s body weight and/or allergies

3.3 The Reflection Period
There must be at least 10 clear days between the day on which the written request was signed by the patient, and the day MAID is provided. The day the written request is completed and the day MAID is provided cannot be counted as clear days.

The reflection period is intended to provide the patient an opportunity to consider the request for MAID. This allows the patient time to reach an informed and voluntary decision to end their life, while appreciating the consequences of the decision.

3.4 Date, Time & Location
Through discussion with the patient and family/caregivers, the MAID team arranges the date, time and location for the provision of MAID and it is determined who will be present.

3.5 Administering Physician
It is determined which of the Independent Physicians who conducted reviews for eligibility will be the Administering Physician.

As per CPSM Schedule M of By-Law 11, the Administering Physician must:
- Be present from the time MAID medications are administered until the patient has died
- Notify the Office of Chief Medical Examiner (as outlined in this document)
- Complete the MAID Administering Physician Certification form
- Complete all required documentation (as outlined in this document)

3.6 Informing the Pharmacist
Before any pharmacist dispenses medication to be used in the provision of MAID, the Administering Physician must inform the pharmacist that the medication is intended for MAID.

3.7 Drug Protocols
The provincial MAID team has developed a standardized prescription and medication kit for the provision of MAID. Health-care providers may contact the provincial MAID team for details.

Please note, there are currently no medications appropriate for self-administration for MAID in Manitoba.

3.8 Provision of MAID
The provincial MAID team has developed the Medical Assistance in Dying Clinical Guide for Health-Care Providers in Manitoba which provides detailed information about determination of eligibility for and provision of MAID. Health-care providers may contact the provincial MAID team for details.

As part of confirming the plan for the provision of MAID, the Administering Physician must ensure the reflection period (10 clear days) is completed and the patient is capable of making medical decisions and consents to proceed with MAID.

As per federal legislation, immediately before MAID is provided, the Administering Physician must:
- Provide the patient the opportunity to withdraw their request for MAID
- Confirm the patient’s capacity and consent for MAID

3.9 MAID Documentation
As per CPSM Schedule M to By-Law 11, the Administering Physician must complete the MAID Administering Physician Certification form.

The provincial MAID team has developed several forms to assist with MAID documentation. Please contact the team for more information.

3.10 Notification of Office of Chief Medical Examiner & Completing Registration of Death
The Office of Chief Medical Examiner must be notified prior to the provision of MAID. Currently the process in Manitoba is to contact the provincial MAID team who will provide direction on notifying the Office of Chief Medical Examiner.

The Administering Physician must complete the Registration and Medical Certificate of Death including:
- The time patient’s death was pronounced
- Cause of death as underlying disease
- Manner of death as natural
- Indicate that MAID was performed
### SECTION 4: Documentation Checklist

The following is a list of documentation that should be included in the patient’s medical record.

<table>
<thead>
<tr>
<th>Documentation</th>
<th>Date and Initial (completed)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Inquiry</strong></td>
<td></td>
</tr>
<tr>
<td>☐ Date of patient’s initial inquiry</td>
<td></td>
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<tr>
<td>☐ Date and details of discussion to understand the exact nature of the patient’s inquiry</td>
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<tr>
<td>☐ Patient informed of all available treatment and care options, including palliative care</td>
<td></td>
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<tr>
<td>☐ If patient wishes to proceed, consult with provincial MAID team</td>
<td></td>
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<tr>
<td><strong>Patient permission obtained to discuss MAID with family, next of Kin, friends, health-care providers, and/or other care providers (e.g. spiritual care)</strong></td>
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<tr>
<td><strong>Reviews for eligibility : completed by two Independent Physicians</strong></td>
<td></td>
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<tr>
<td>☐ Details and results of reviews for eligibility</td>
<td></td>
</tr>
<tr>
<td>• MAID Eligibility Review form (Use of the form is optional, however the details and results of the reviews for eligibility must be documented)</td>
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<tr>
<td>• Document all consults (e.g., psychiatric, neurological, capacity assessments)</td>
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<tr>
<td>• All eligibility criteria are met:</td>
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<tr>
<td>• Eligible for publicly funded health-care services in Canada</td>
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<tr>
<td>• At least 18 years of age</td>
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<tr>
<td>• Capable of making decisions about their health</td>
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<td>• Meets criteria for grievous and irremediable medical condition</td>
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<tr>
<td>• Request is voluntary (no concerns regarding coercion)</td>
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<tr>
<td>• Informed consent provided</td>
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<tr>
<td>Include dates of reviews for eligibility and names of physicians who completed the reviews</td>
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<tr>
<td><strong>Written request for MAID completed, signed, and dated by the patient</strong></td>
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<tr>
<td>☐ Signed and dated by two independent witnesses (confirm criteria for independent witness has been met)</td>
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<tr>
<td>☐ If patient unable to sign, request form signed and dated on patient’s behalf (confirm criteria for proxy have been met)</td>
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<tr>
<td><strong>Reflection Period</strong></td>
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<tr>
<td>☐ Document date reflection period begins (the day after the written request was completed)</td>
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<tr>
<td>☐ Document date reflection period ends – ensure 10 clear days between the day written request is completed and the date MAID is provided</td>
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<tr>
<td>☐ Document justification for shortening of 10-day reflection period (if applicable)</td>
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<tr>
<td><strong>Patient advised of right to withdraw request for MAID at any time</strong></td>
<td></td>
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<tr>
<td><strong>MAID process documentation</strong></td>
<td></td>
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<tr>
<td>☐ Approval for MAID communicated to patient and primary care provider(s)</td>
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<tr>
<td><strong>Preparation for MAID</strong></td>
<td></td>
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<tr>
<td>☐ Time and place of MAID provision and individuals to be present</td>
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<tr>
<td>☐ Confirm dates of reflection period (10 clear days)</td>
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<tr>
<td>☐ Identify Administering Physician and other MAID team members to be present</td>
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<tr>
<td>☐ Identify &amp; notify RHA administrator, facility administrator and/or non-MAID health-care providers as appropriate</td>
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<tr>
<td>☐ Standardized prescription completed</td>
<td></td>
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<tr>
<td>☐ Pharmacist informed</td>
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<tr>
<td>☐ Pre-notify Office of Chief Medical Examiner (via Provincial MAID Team)</td>
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<tr>
<td><strong>Provision of MAID</strong></td>
<td></td>
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<tr>
<td>☐ Patient given opportunity to withdraw their request for MAID</td>
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<tr>
<td>☐ Patient Capacity and Consent reconfirmed immediately prior to MAID</td>
<td></td>
</tr>
<tr>
<td>☐ Patient completes Patient Consent on Day of Provision of MAID form</td>
<td></td>
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<tr>
<td>☐ Discussion with patient (and family, with consent) to prepare them for MAID</td>
<td></td>
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<tr>
<td>☐ Document provision of MAID</td>
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<tr>
<td>☐ Complete MAID Administering Physician Certification form</td>
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<tr>
<td>☐ Complete the Medication Administration Record (MAR)</td>
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<tr>
<td>☐ Complete Controlled Medication Form</td>
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<tr>
<td>☐ Complete Registration and Medical Certificate of Death</td>
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<tr>
<td>☐ Any other additional documents as required by provincial and federal legislation and regulations</td>
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<tr>
<td><strong>Notification of Office of Chief Medical Examiner (contact provincial MAID team for direction)</strong></td>
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</tbody>
</table>
SECTION 5: References


SECTION 5: Supporting Material

[i] Province of Manitoba, Health, Seniors & Active Living: Palliative Care http://www.gov.mb.ca/health/palliative_care.html


[iv] College of Registered Nurses of Manitoba: Medical Assistance in Dying https://www.crnm.mb.ca/support/medical-assistance-in-dying


[ix] Justice Canada's Legislative Background: Medical Assistance in Dying (Bill C-14, as Assented to on June 17, 2016) http://www.justice.gc.ca/eng/ps-psi/other-autre/ad-am/ad-am.pdf

These supporting materials are hosted by external organizations and as such, the accuracy and accessibility of their links are not guaranteed. Winnipeg Regional Health Authority will make every effort to keep these links up to date.

To contact the provincial MAID clinical team or learn more visit wrha.mb.ca/maid or call 1-844-891-1825. This resource is adapted from the Centre for Effective Practice Medical Assistance In Dying (MAID): Ontario resource, and incorporates Manitoba-specific provincial requirements. It is intended to supplement, not circumvent, existing legal requirements, regulatory body requirements, or institutional processes that have been established.

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