



# Checklist for physicians and nurse practitioners

## Reporting as required by *the Regulations for the Monitoring of Medical Assistance in Dying*

### You must report if:

You provided MAID.

OR

You received a **written** request\* and one of the following non-MAID outcomes occurs on or before the 90<sup>th</sup> day after the day you receive the written request:

- ▶ you referred the patient, or transferred their care as a result of their request, or
- ▶ you found the patient ineligible, or
- ▶ the patient withdrew their request, or
- ▶ the patient died of a cause other than MAID.

You are not required to report more than once for the same written request unless you later provide MAID.

\* **Note: to trigger the obligation to report, a patient's written request may take any form. It does not have to be in the format required by the *Criminal Code* as a safeguard for MAID to be provided.**

## Information physicians and nurse practitioners are required to report:

Please note that for some required information, a drop down menu from which to select the appropriate response will be available when using the Canadian MAID Data Collection Portal.

Information that must be reported in all cases:	CHECK
Date you received the written request	
From whom you received the written request, i.e., from the patient directly, a practitioner, a care coordination service, or another third party	
Patient's date of birth, sex, health insurance number and province or territory of issuance, and postal code	
Your name, province or territory of practice, license or registration number, mailing address, and e-mail	
If you are a physician, your area of specialty (dropdown menu available)	
Whether the patient consulted you for another reason before you received the request for MAID	

Additional information required when patient eligibility has been assessed:	CHECK
Which of the eligibility criteria as required by the Criminal Code were assessed and whether the patient met those criteria (checklist provided)	
Whether other health care professionals or social workers were consulted (dropdown menu available)	
Reason(s) why you are of the opinion that the request was voluntary (dropdown menu available)	
The type of serious and incurable illness, disease or disability experienced by the patient (dropdown menu available)	
A description of the patient's suffering (dropdown menu available)	
Whether the patient received palliative care; if yes, for how long (if known) and, if not, whether it was accessible (if known)	
Whether the patient required and received disability support services (if known); If yes, for how long (if known) and, if not, whether they were accessible (if known) (dropdown menu available)	

## Information to be reported depending on the scenario:

Scenario 1: If you provided MAID by administering a substance to the patient:	CHECK
Information reported "in all cases" and eligibility assessment information as listed above	
Which of the procedural requirements outlined in the Criminal Code you applied (select from a list of requirements)	
The date the patient signed the formal request required by the Criminal Code	
The date the other practitioner signed the second assessment and whether the practitioner was a physician or a nurse practitioner	
When you considered a shorter period than 10 clear days appropriate, the basis for that determination (imminence of death or loss of capacity)	
Date and place that the substance was administered to the patient (dropdown menu available)	

Scenario 2: If you provided MAID by prescribing or providing a substance to the patient for self-administration:	CHECK
Information reported "in all cases" and eligibility assessment information as listed above	
Which of the procedural requirements outlined in the <i>Criminal Code</i> that you applied (select from a list of requirements)	
The date the patient signed the formal request required by the <i>Criminal Code</i>	
The date the other practitioner signed the second assessment and whether the practitioner was a physician or nurse practitioner	
When you considered a shorter period than 10 clear days appropriate, the basis for that determination (imminence of death or loss of capacity)	
The date you prescribed or provided the substance and where the patient was staying at the time (dropdown menu available)	
Whether the patient self-administered the substance and, if so, the date and place where it occurred (if known) and whether you were present	
If the patient did <b>not</b> self-administer the substance, whether to the best of your knowledge, they died of a cause other than MAID	

Scenario 3: If you referred the patient or transferred their care elsewhere in response to their request for MAID:	CHECK
Information reported "in all cases" as listed above	
Date on which you referred or transferred the care of the patient	
Reason for the referral or transfer of care (dropdown menu available)	
Whether an eligibility assessment was done prior to referring or transferring the care of the patient	

Scenario 4: If you found the patient ineligible:	CHECK
Information reported "in all cases" and eligibility assessment information as listed above	
If the patient had originally been found to be eligible and later found to be ineligible, whether the reason for the change was due to a loss of capacity or becoming aware that the patient's request was not voluntary	

Scenario 5: If the patient withdrew their request for MAID:	CHECK
Information reported "in all cases" and, if eligibility was assessed, eligibility assessment information as listed above	
Patient's reasons for withdrawing the request (if known) (dropdown menu available)	
Whether the patient withdrew their request after being given the opportunity to do so immediately before MAID was to be provided (dropdown menu available)	

Scenario 6: If you're aware that the patient died of another cause before MAID was provided:	CHECK
Information reported "in all cases" and, if eligibility was assessed, eligibility assessment information as listed above	
Date of death (if known)	
If you completed the medical certificate of death, the immediate and underlying causes of death on the certificate	