

Guidance Document on Reporting Requirements under the *Regulations for the Monitoring of Medical Assistance in Dying*

About:

The [*Regulations for the Monitoring of Medical Assistance in Dying \(the Regulations\)*](#) require physicians, nurse practitioners, and pharmacists to provide information related to requests for, and the provision of, medical assistance in dying (MAID). This guidance document is to support these professionals in fulfilling their responsibilities under the *Regulations*.



This document is not part of the *Criminal Code* or the *Regulations for the Monitoring of Medical Assistance in Dying*. This document is an administrative document that is intended to facilitate reporting and is not intended to provide legal advice regarding the interpretation of the *Code* or *Regulations*. In the event of any inconsistency or conflict between the *Code* or the *Regulations* and this document, the *Code* or the *Regulations* take precedence. If a regulated party has questions about their legal obligations or responsibilities under the *Code* or the *Regulations*, they should seek the advice of legal counsel.

Who is this guide for?

- Physicians and nurse practitioners who have received a written request for MAID; and
- Pharmacists who have dispensed a drug for the purpose of MAID.

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1. Background

On June 17, 2016, [*An Act to amend the Criminal Code and to make related amendments to other Acts \(medical assistance in dying\)*](#) came into force, allowing physicians and nurse practitioners to provide MAID to eligible Canadians. Federal monitoring, which refers to the collection and analysis of MAID data, is a critical feature of the legislation and reflects the seriousness of MAID as an exemption to the criminal laws that prohibit ending a human life.

The *Regulations* support the collection of consistent, comprehensive information on MAID across the country by setting out reporting requirements for physicians and nurse practitioners who provide this service and pharmacists who dispense the necessary drugs. More information is available on the Government of Canada [website](#).

2. Who needs to report?

- Physicians and nurse practitioners who have received a request for MAID **in writing** and encounter one of the scenarios listed in section 3.2
- Pharmacists who have dispensed a substance in connection with the provision of MAID

3. When is a report needed?

3.1 How do I know if I need to report?

When a written request for MAID is received, physicians and nurse practitioners will need to report in most cases, even if the request doesn't result in MAID. See Section 3.2 for more details about scenarios for reporting and timelines.

What constitutes a written request?

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 when MAID is provided (i.e., duly signed, dated, and witnessed) to require reporting. It must, however, be an explicit request for MAID and not just an inquiry about MAID or a request for information.

Examples: Written request received → report may be required

- A practitioner receives a patient’s written request through a care coordination service or a referral from another practitioner.
- A patient who is unable to speak writes a request down on paper and hands it to a practitioner.
- A practitioner receives an unsigned request from a patient through an email or text message.

Examples: No written request → report not required

- A patient meets with a practitioner and asks for MAID but does not put their request in writing.
- A patient emails a list of questions about MAID to a practitioner. They want to understand what is required to qualify.
- A patient types a request for MAID into a speech generating device in the presence of a practitioner.

3.2 When physicians and nurse practitioners are required to report

If MAID **was** provided:

1. You provided MAID by administering a substance to a patient



Report within 30 days **after the day the patient dies**

SK Forms*

- First Assessment
- Confirmation of Consent
 - Section 1, 2, 3, 4, 5, & 7

2. You provided MAID by prescribing or providing a substance for self-administration by the patient



Report within 90-120 days **after the day of prescribing or providing**

You can report earlier if you know the patient has died. In all other cases, you must wait 90 days.

SK Forms*

- First Assessment
- Confirmation of Consent
 - Section 1, 2, 3, 4, 6, & 7

If MAID **was not** provided:

3. You referred a patient to another practitioner or a care coordination service or transferred their care



Report within 30 days **after the day of referral or transfer**

SK Form*
• Referral

4. You found a patient to be ineligible for MAID



Report within 30 days **after the day ineligibility is determined**

SK Form(s)*
• First Assessment
• Second Assessment
(if ineligibility resulted from the second assessment)

5. You became aware that the patient withdrew the request for MAID



Report within 30 days **after the day you became aware of the withdrawal**

You are never required to actively seek out information about whether a patient has withdrawn the request.

SK Form*
• Patient Withdrawal of Request/Death From Another Cause
• Section 1
• Section 2 (if the patient had previously been found eligible for MAID)
• Section 3

6. You became aware of the death of the patient from a cause other than MAID



Report within 30 days **after the day you became aware of the patient's death**

You are never required to actively seek out information about whether a patient has died.

SK Form*
• Patient Withdrawal of Request/Death From Another Cause
• Section 1
• Section 2 (if the patient had previously been found eligible for MAID)
• Section 4

**These SK forms are required for federal reporting purposes. Depending on the circumstances, other SK forms may be needed as safeguards but do not require reporting under the federal regulations.*

Note: the 30 days starts the day after one of the above reportable outcomes occurs, not the day after the practitioner receives the written request.

Exceptions: When is a report *not* required?

- You receive a written request, did not provide MAID, and none of the above reportable outcomes have happened within 90 calendar days of receiving the request.
Note: Reporting is always required when MAID is provided, regardless of the time that has passed since the receipt of the written request. For all other outcomes, reporting is only required if the outcome occurs within 90 days.
- Your involvement is limited to providing a second opinion (second assessment) of a patient's eligibility.
Note: this does not apply if you refer a patient in addition to providing a second assessment. For example, you receive a request for MAID but will be away on vacation so you refer the patient to another physician. You agree to provide a second assessment before you go away. In that case, you must still report the referral.
- You have already filed a report related to a written request and have not provided MAID.
For example: you refer a patient to another practitioner and file a report. You later find out that the patient has withdrawn their request. You do not need to file again. Note: if you go on to provide MAID for this request, a second report is still required.

3.3 When pharmacists are required to report

You dispense a substance in connection with the provision of MAID



Report within 30 days **after the day the substance was dispensed**

Only one report is required regardless of how many substances are dispensed for the purpose of providing MAID to one patient.

SK Form

- Form A Prescription Protocol – Injection or
- Form B Prescription Protocol – Oral

Exceptions: When is a report *not* required?

- You receive or prepare a prescription for the purpose of providing MAID but you do not dispense it.
- *In a collaborative practice, only the pharmacist who actually dispenses the substance is required to report.*

4. How is a report submitted?

In Saskatchewan, physicians, nurse practitioners, and pharmacists submit information to the provincial designated recipient, the Saskatchewan Health Authority (SHA). As the designated recipient, the SHA is responsible for submitting information to the federal government in relation to written requests for, and the provision of, medical assistance in dying.

When federal reporting is required as set out in earlier sections of this document, forward/fax a copy of the patient's SK forms to HealthLine:

Contact Name: Michelle Fisher
Fax Number: 1-833-837-9006

5. What happens if the required information is not reported?

The Saskatchewan designated recipient (SHA) will follow up with you if the information provided is unclear or incomplete, or to find out why you have not reported.

Practitioners and pharmacists are required under [s. 241.31 of the Criminal Code](#) to file the information required in the regulations within the specified timeframes. A practitioner or pharmacist who **knowingly** fails to comply with this requirement could face a maximum term of imprisonment of two years.

If Health Canada, or a provincial or territorial designated recipient, becomes aware of failures to apply the eligibility requirements or safeguards in the *Criminal Code*, or continued or egregious omissions in reports, a situation could be referred to law enforcement.

6. Clarification of selected reporting requirements

6.1 *Awareness of the Patient's Death:*

In cases where a patient has died without a practitioner present (i.e., death by a cause other than MAID) you may be uncertain about some of the information relating to the patient's death. In some cases, you may be unaware as to whether the patient has died, when they died, or where they died. In these cases, "do not know" is an acceptable response. You are not required to take steps to actively seek out the requested information for the purpose of complying with the federal *Regulations*.

6.2 *Disability Support Services:*

A number of questions refer to "disability support services." These could include, but are not limited to, assistive technologies, adaptive equipment, rehabilitation services, personal care services, and disability-based income supplements.

6.3 *Interjurisdictional Cases:*

In some cases, activities such as the receipt of a written request and provision of MAID may cross provincial or territorial borders. The *Regulations* require practitioners to report based on where the written request was received.

Example: You are a physician based in Saskatoon but practice in Lloydminster (Alberta side) a few weeks per year. A Lloydminster (AB) patient calls your office in Saskatoon to book an appointment to discuss MAID. At the appointment in Lloydminster (AB), the patient brings a hand-written request for MAID. You assess the patient and find them eligible, follow the procedural safeguards, and provide MAID. You would report to the Alberta Minister of Health because you received the written request in Alberta – the initial contact in Saskatoon was not in writing and was only to discuss MAID.

6.4 *Palliative Care:*

A number of questions refer to "palliative care." This is an approach that improves the quality of life of patients and their families facing life-threatening illness, through the prevention and relief of pain and other physical symptoms, and psychosocial and spiritual suffering. It may be provided in any setting, by specialists or by others who have been trained in the palliative approach to care.

6.5 Patient's Description of Suffering:

The *Regulations* require practitioners to provide the patient's description of their suffering. Please check all that apply when completing this section. This list is intended to support practitioners in relaying the patient's description of their suffering. It is not intended to validate or invalidate various forms of suffering in respect of eligibility for MAID.

6.6 Patient Information:

Monitoring the characteristics of those who are seeking, and those who obtain, access to MAID will enable identification of trends, help determine whether the *Criminal Code* provisions are meeting their objectives, and enable independent analysis and research from qualified researchers. Patient information may be used to link records in other national databases in order to support these objectives. Health Canada and Statistics Canada are subject to the federal *Privacy Act* with respect to the collection, retention, use, and disposal of personal information.

6.7 Practitioner and Pharmacist Information:

Personal information regarding practitioners and pharmacists is collected to link reports about the same patient, and to enable follow up in the case of unclear or missing information. Health Canada and Statistics Canada are subject to the federal *Privacy Act* with respect to the collection, retention, use, and disposal of personal information.

6.8 Postal Codes:

You are required to provide the postal code associated with the patient's Health Services Number. If the patient does not have a Health Services Number, please indicate the postal code of their usual place of residence on the date when their written request for MAID was received.

If the patient does not have a Health Services Number and does not have a usual place of residence, a shelter, hostel, or similar institution located in Canada that provides food, lodging, or other social services to the patient can be considered their usual place of residence for the purposes of the *Regulations*. Providing the postal code of such an institution satisfies your obligation to report the patient's postal code.

6.9 Referral or Transfer of Care:

Referral is intended to capture circumstances where the written request for MAID is referred to another healthcare practitioner or care coordination service. Transfer of Care captures circumstances where a patient's care is fully transferred in response to their request for MAID (e.g., a patient is transferred out of a residential care facility in order to receive MAID at home).

6.10 Withdrawing a Request:

Withdrawing a request means that, to the best of the practitioner's knowledge, the patient does not intend to pursue their request for MAID. The withdrawal may take any form (e.g., oral or in writing). A lack of contact with the patient would not be sufficient to assume that he or she has withdrawn the request. You are never required to actively seek out information about whether the patient has withdrawn their request, whether or not you have assessed them, but must report if known.

7. For Assistance

For assistance with any inquiries about requirements for reporting or the reporting process in the Saskatchewan Health Authority, please contact the following:

By E-mail	By Phone	By Fax
SHAMAID@saskhealthauthority.ca	1-833-473-6243 (MAID)	1-833-837-9006