

Passage of Bill 84, Medical Assistance in Dying Statute Law Amendment Act, 2017

Webinar Technical Briefing

Ministry of Health and Long-Term Care
May 16, 2017



MAID Overview

- Medical Assistance in Dying (MAID) is defined in federal legislation as (a) the administering by a medical practitioner (i.e., a physician) or 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 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.
- MAID is legal and/or decriminalized in selected jurisdictions across the globe, however, no single system for MAID has emerged as a best practice. Instead, each system places different emphasis on patient access and safeguards for vulnerable patients.
- The Ministry of Health and Long-Term Care (MOHLTC) and the Ministry of the Attorney General (MAG) have undertaken broad-based consultations on MAID:
 - 14,514 Ontarians completed a voluntary online survey;
 - 1,201 Ontarians participated in 11 town halls in 9 cities across the province (2 held in French); and
 - MOHLTC/MAG engaged with over 60 stakeholder groups.
- Ontario engaged extensively with other provinces and territories (PT) on MAID, including leading the Provincial-Territorial Expert Advisory Group (EAG). The EAG included nine expert members and a mandate to provide participating PT governments with non-binding advice on the implementation of MAID. Their final report was released on December 14, 2015.
- Between June 17, 2016 and April 30, 2017 a total of 425 MAID deaths have occurred in Ontario, as reported by the Office of the Chief Coroner for Ontario.

Statistics as of April 30, 2017

- **Total number of cases completed in Ontario:** 425
- **Type:**
 - Physician-administered: 424
 - Patient-administered: 1 *
- **Underlying conditions:**
 - Cancer-Related: 281
 - ALS: 34
 - Other Neurological: 35
 - CV/Resp: 44
 - Other: 31
- **Setting of death:**
 - Hospital: 231
 - Private Residence: 153
 - LTC Facility/Nursing Home: 26
 - Retirement Home/Seniors Residence: 15
- **Sex:**
 - Female: 201
 - Male: 224
- **Age:**
 - Average Age: 73
 - Youngest: 27
 - Oldest: 101

* Previously reported as 3 in error

Federal Activity – Overview & Update

- *An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying)* (Bill C-14) received Royal Assent on June 17, 2016.
 - The Bill sets out a specific, comprehensive legislative framework which includes patient eligibility criteria, safeguards, exemptions from criminal liability, new offences, as well as amendments to related Acts.
 - There must be formal review of the legislation in 5 years.

Monitoring & Reporting

- The legislation authorizes the federal Minister of Health to make regulations to establish a monitoring regime, and establishes its key parameters (i.e., its scope, and sources of information).
 - The estimated timelines for regulation development are approximately 18-24 months.
 - The regulatory development process includes pre-publication in Canada Gazette I, at which point stakeholders will be able to provide feedback for consideration.
- The federal government has indicated at minimum, a long-term federal MAID monitoring regime would include:
 1. Statistical profile of MAID in Canada, including:
 - Aggregate numbers of requests for, and provision of, MAID, nationally and by jurisdiction or region
 - Details of requests for/provision of MAID
 - Characteristics of those requesting/receiving MAID
 - System-level information on providers of MAID
 2. Application of eligibility criteria and safeguards
 - For requests that were denied: which eligibility criteria were not met
 - For all requests: supporting details and qualitative information on the application of the criteria and safeguards, including difficulties encountered
 3. Multi-year trend analysis (as more annual data becomes available)

Federal Activity – Overview & Update (Cont'd)

- Pending this long-term monitoring regime, Health Canada is working with provincial and territorial governments to develop and release interim data reports, potentially for 2017 and 2018.
- The first interim report covers the first six months during which MAID has been available in Canada (June 17 to December 31, 2016) was released by Health Canada on April 26, 2017.

Independent reviews

- The legislation requires the federal government to initiate independent reviews of issues relating to:
 - Requests by mature minors;
 - Advance requests; and
 - Requests where mental illness is the sole underlying medical condition .
- In December 2016, the federal government asked the Council of Canadian Academies (CCA) to undertake the review process and table the resulting reports in Parliament by December 2018.
- On April 27, 2017 the CCA announced the appointment of the Expert Panel on MAID, chaired by the Honourable Marie Deschamps and comprised of 43 individuals from Canada and abroad.
- To effectively address the three topics, the Expert Panel will be organized into three Working Groups.

Guides for completing death certificates in cases of MAID

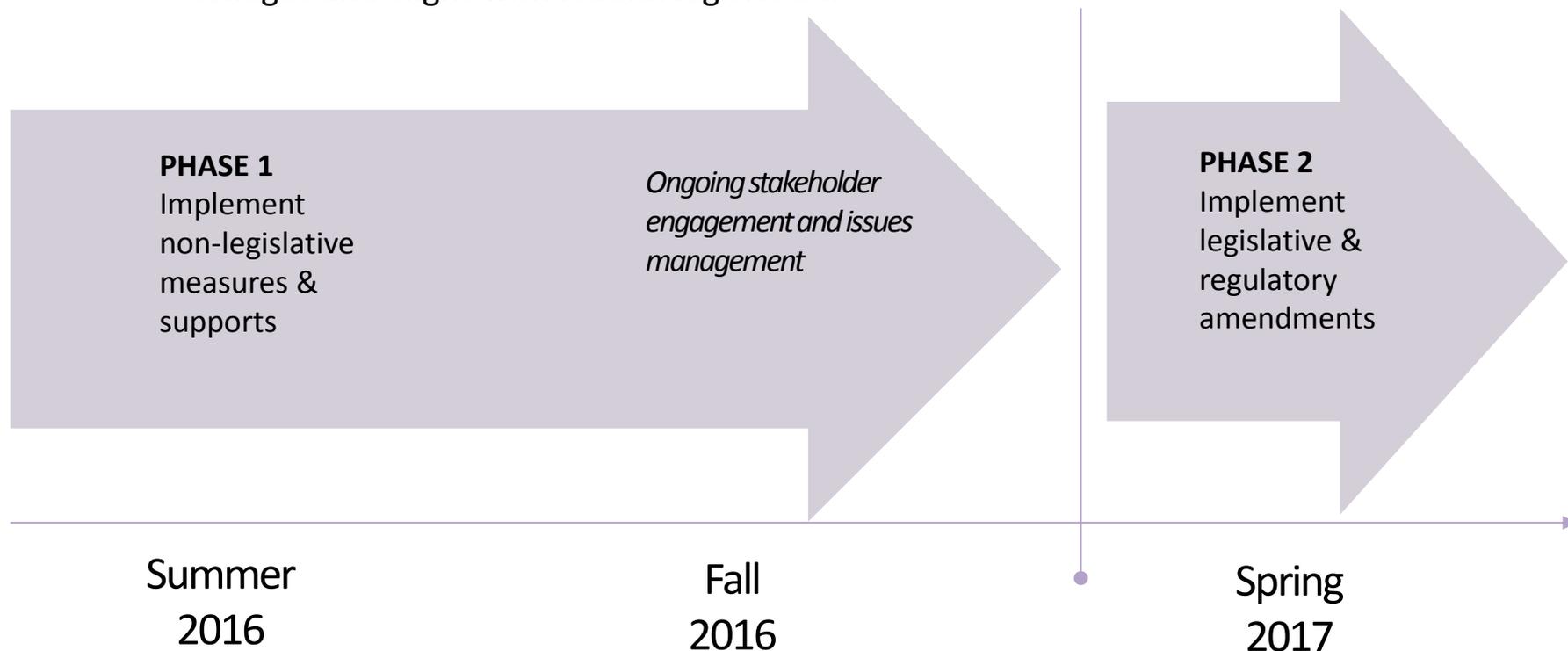
- The legislation also requires the federal Minister of Health to establish guidelines on the information to be included on death certificates in cases where MAID has been provided.

Parliamentary review

- The provisions of the legislation are to be referred to a committee, for the purpose of reviewing them, at the start of the fifth year after its passage.
 - The review would also include the state of palliative care in Canada.
- The resulting report will include a statement setting out any changes to the provisions that the committee recommends.

Overview of Ontario's Implementation Approach

- Ontario has developed a comprehensive two-staged policy response to address key policy areas not addressed by Federal legislation.
 - Phase 1 included the implementation of a number of non-legislative measures and supports by June 6, 2016, when MAID became legal in Canada.
 - Phase 2 consists of full system implementation, including legislative and regulatory amendments to support patients, caregivers and clinicians.
 - This plan complements professional guidance from the provincial health regulatory colleges and aligns with federal legislation.



PHASE 1: Non-Legislative Measures and Supports

- The government implemented a number of non-legislative measures and supports (below) as part of the Phase 1 work.

Item	Status
Regulatory college guidance/policies	The College of Physicians and Surgeons of Ontario, College of Nurses of Ontario and Ontario College of Pharmacists have each issued guidance or policy statements on professional obligations and protocols for MAID, in line with the federal MAID legislation.
Launch Clinician Referral Service	A Clinician Referral Service (CRS) was launched on June 6, 2016, to help Ontario clinicians (physicians and nurse practitioners) arrange referrals for patients requesting MAID.
Launch drug funding system	Effective June 6, 2016, Ontario implemented a system to cover the full costs of MAID drugs for all eligible patients: <ul style="list-style-type: none"> MAID drugs administered in the hospital setting are covered by hospital global budgets. For administration of MAID in the community, MAID drugs are dispensed through retail pharmacies at no charge to the patient. Pharmacies submit an online claim to the ministry for the full cost of the MAID drugs and a dispensing fee through the Health Network System (HNS), the claims adjudication system that supports the Ontario Drug Benefit (OBD) Program.
Stakeholder webinars	Effective June 6, 2016, MOHLTC has launched bi-weekly stakeholder webinars with sector associations, patient groups and professional associations in addition to system leaders such as the regulatory colleges, partner ministries and the LHINs. The purpose of these webinars is for information sharing and discussion of implementation challenges.
Landing Page – Ontario.ca	Currently operational, the landing page provides high-level MAID specific communication for the general public, patients and stakeholders. Links to related information, including palliative care, the Carter decision, and federal legislation are provided through this forum.
MOHLTC Landing Page	Currently operational, the MOHLTC landing page aims to provide the general public, patients and providers with MAID-specific information, guidance and resources, including links to the voluntary clinician aids.
Voluntary clinician aids	Currently available on the Ontario Forms Repository, these voluntary aids aim to assist patients in making a written request for MAID that complies with the legal requirements, as well as aid clinicians in documenting the MAID process and eligibility criteria.
Patient pathway	Public-facing tool to guide patients through the MAID process. Currently available on MOHLTC Landing Page.
Frequently Asked Questions (FAQs)	Currently under development, the clinician and public facing FAQs will be posted on the MOHLTC provider website in Spring 2017.
Centre for Effective Practice (CEP) clinician tool	Provides additional guidance to clinicians on MAID provision and process. Currently available on the CEP website at https://thewellhealth.ca/maid/
Canadian Medical Association clinician training	Clinician education including a module and training information on MAID protocols and processes (online and offline versions).

PHASE 2: Bill 84 Legislative Amendments

- On May 10, 2017 Bill 84 the *Medical Assistance in Dying Statute Law Amendment Act, 2017* (the Act) received Royal Assent and is now in force.
- The Act amends six existing Ontario statutes in order to provide greater clarity and legal protections for health service providers, including institutions and clinicians, and patients navigating MAID. The Act also establishes a new role for the coroner in overseeing MAID deaths.
- The legislation amends the following Acts:
 - The *Coroners Act*
 - The *Vital Statistics Act (VSA)*
 - The *Excellent Care for All Act, 2010 (ECFAA)*
 - The *Freedom of Information and Protection of Privacy Act (FIPPA)*
 - The *Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)*
 - The *Workplace Safety and Insurance Act, 1997 (WSIA)*
- Bill 84 aligns with the federal MAID legislation (Bill C-14), and addresses areas relevant to MAID that fall under provincial jurisdiction and supports appropriate access to MAID in the province.
- Note, separate from Bill 84 legislation, in April 2017, a regulation under the *Nursing Act, 1991* was amended to enable nurse practitioners (NP) to prescribe controlled drugs and substances, including those used in the provision of MAID. Effective April 19, 2017, NPs are able to prescribe controlled drugs and, subject to applicable law, fully participate in the provision of MAID.

PHASE 2: Bill 84 Legislative Amendments (Cont'd)

1) Coroners Act

Amendment	Require that the coroner be notified of all MAID deaths, but allow the coroner to determine whether to investigate the death. The amendments also require a review of the coroner's role by the Minister of MCSCS within two years.
Provisions in the Bill	<p>1. The Coroners Act is amended by adding the following section:</p> <p><i>Medical assistance in dying</i></p> <p><i>10.1 (1) Where a person dies as a result of medical assistance in dying, the physician or nurse practitioner who provided the medical assistance in dying shall give notice of the death to a coroner and, if the coroner is of the opinion that the death ought to be investigated, the coroner shall investigate the circumstances of the death and if, as a result of the investigation, the coroner is of the opinion that an inquest ought to be held, the coroner shall hold an inquest upon the body.</i></p> <p><i>Requirements re giving of notice</i></p> <p><i>(2) The physician or nurse practitioner who provided the medical assistance in dying shall provide the coroner with any information about the facts and circumstances relating to the death that the coroner considers necessary to form an opinion about whether the death ought to be investigated, and any other person who has knowledge of the death shall provide such information on the request of the coroner.</i></p> <p><i>Non-application of clause 10 (1) (f)</i></p> <p><i>(3) Clause 10 (1) (f) does not apply in respect of a deceased person who died as a result of medical assistance in dying.</i></p>

(Table continued on slide 8)

PHASE 2: Bill 84 Legislative Amendments (Cont'd)

<p>Provisions in the Bill</p>	<p>Review <i>(4) The Minister shall, within two years after the Medical Assistance in Dying Statute Law Amendment Act, 2016 receives Royal Assent, establish a process to review the provisions of this section.</i></p> <p>Definitions <i>(5) In this section,</i></p> <p><i>“medical assistance in dying” means medical assistance in dying within the meaning of section 241.1 of the Criminal Code (Canada); (“aide médicale à mourir”)</i></p> <p><i>“nurse practitioner” means a registered nurse who holds an extended certificate of registration under the Nursing Act, 1991; (“infirmière praticienne ou infirmier praticien”)</i></p> <p><i>“physician” means a member of the College of Physicians and Surgeons of Ontario. (“médecin”)</i></p>
<p>Rationale</p>	<p>Ensures that oversight of MAID cases continues with the appropriate medical expertise provided by the coroner.</p> <p>Clarifies the coroner’s role in MAID cases.</p>

2) Vital Statistics Act (VSA)

Amendment	Amend the <i>Vital Statistics Act</i> to set requirements respecting the coroner's documentation of MAID deaths consistent with the <i>Coroners Act</i> amendments.
Provisions in the Bill	<p>5. Section 21 of the Vital Statistics Act is amended by adding the following subsection:</p> <p>Exception</p> <p><i>(7) Subsections (5) and (6) do not apply if the person has died after receiving medical assistance in dying within the meaning of section 241.1 of the Criminal Code (Canada), and a coroner has been given notice of or information about the death under section 10.1 of the Coroners Act and determined that the death ought not to be investigated.</i></p>
Rationale	Clarifies that the coroner does not need to sign the Medical Certificate of Death for MAID deaths unless the coroner investigates the death.

PHASE 2: Bill 84 Legislative Amendments (Cont'd)

3a) Excellent Care for All Act, 2010 (ECFAA)

<p>Amendment</p>	<p>Provide statutory immunity for “care providers” (i.e. facilities) and physicians and nurse practitioners, and those who assist them in the lawful provision of MAID (except in cases of alleged negligence).</p>
<p>Provisions in the Bill</p>	<p>2. (1) Section 1 of the Excellent Care for All Act, 2010 is amended by adding the following definitions:</p> <p><i>“medical assistance in dying” means medical assistance in dying within the meaning of section 241.1 of the Criminal Code (Canada); (“aide médicale à mourir”)</i></p> <p><i>“nurse practitioner” means a registered nurse who holds an extended certificate of registration under the Nursing Act, 1991; (“infirmière praticienne ou infirmier praticien”)</i></p> <p><i>“physician” means a member of the College of Physicians and Surgeons of Ontario; (“médecin”)</i></p> <p>(2) The Act is amended by adding the following sections:</p> <p style="text-align: center;">MEDICAL ASSISTANCE IN DYING</p> <p>Immunity, MAID</p> <p><i>13.8 (1) No action or other proceeding for damages shall be instituted against a physician or nurse practitioner or any other person assisting him or her for any act done or omitted in good faith in the performance or intended performance of medical assistance in dying.</i></p> <p>Exception</p> <p><i>(2) Subsection (1) does not apply to an action or proceeding that is based upon the alleged negligence of a physician, nurse practitioner or other person.</i></p>

PHASE 2: Bill 84 Legislative Amendments (Cont'd)

3a) Excellent Care for All Act, 2010 (ECFAA)

<p>Provisions in the Bill</p>	<p>Care providers <i>(3) No action or other proceeding for damages based on direct or vicarious liability shall be instituted against a care provider or a director, officer or employee of a care provider for any act done or omitted in good faith,</i> <i>(a) by the care provider in relation to the delivery of medical assistance in dying; or</i> <i>(b) by a physician or nurse practitioner or any other person assisting him or her in the performance or intended performance of medical assistance in dying.</i></p> <p>Exception, negligence <i>(4) Subsection (3) does not apply to an action or proceeding that is based upon the alleged negligence of the care provider, director, officer, employee, physician, nurse practitioner or other person.</i></p> <p>Definition, "care provider" <i>(5) In this section,</i> <i>"care provider" means,</i> <i>(a) a health service provider as defined in subsection 2 (2) of the Local Health System Integration Act, 2006,</i> <i>(b) a licensee as defined in subsection 2 (1) of the Retirement Homes Act, 2010, and</i> <i>(c) any other prescribed person or entity.</i></p>
<p>Rationale</p>	<p>Protects clinicians and facilities by deterring parties from bringing civil claims against clinicians and those who assist them, and facilities, related to the lawful provision of MAID.</p>

PHASE 2: Bill 84 Legislative Amendments (Cont'd)

3b) Excellent Care for All Act, 2010 (ECFAA)

Amendment	Provide that the fact a person received MAID cannot be invoked as a reason to deny a right or refuse a benefit that would otherwise be provided under a contract or statute.
Provisions in the Bill	<p><i>MAID has no effect on rights and benefits</i></p> <p><i>13.9 (1) Subject to subsection (2), the fact that a person received medical assistance in dying may not be invoked as a reason to deny a right or refuse a benefit or any other sum which would otherwise be provided under a contract or statute.</i></p> <p><i>Contrary intention</i></p> <p><i>(2) Subsection (1) applies unless an express contrary intention appears in the statute.</i></p>
Rationale	Clarifies that MAID may not be used as a reason to deny a payout on insurance or other benefits.

PHASE 2: Bill 84 Legislative Amendments (Cont'd)

3c) Excellent Care for All Act, 2010 (ECFAA)

Amendment	Requires the Minister of Health and Long-Term Care to establish a Care Co-ordination Service to assist patients and caregivers in accessing additional information and services for medical assistance in dying and other end-of-life options.
Provisions in the Bill	<p><i>Care co-ordination service</i></p> <p><i>13.10 The Minister shall establish a care co-ordination service to assist patients and caregivers in accessing additional information and services for medical assistance in dying and other end-of-life options.</i></p>
Rationale	Provides a useful resource for patients and caregivers.

4) Freedom of Information and Protection of Privacy Act (FIPPA) & 5) Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)

Amendment	Exclude identifying information about clinicians and facilities that provide MAID from the application of FIPPA and MFIPPA.
Provisions in the Bill	<p><i>FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT</i> <i>3. Section 65 of the Freedom of Information and Protection of Privacy Act is amended by adding the following subsections:</i></p> <p><i>Non-application of Act</i> <i>(11) This Act does not apply to identifying information in a record relating to medical assistance in dying.</i></p> <p><i>Interpretation</i> <i>(12) In subsection (11),</i> <i>"identifying information" means information,</i> <i>(a) that relates to medical assistance in dying, and</i> <i>(b) that identifies an individual or facility, or for which it is reasonably foreseeable in the circumstances that it could be utilized, either alone or with other information, to identify an individual or facility; ("renseignements identificatoires")</i></p> <p><i>"medical assistance in dying" means medical assistance in dying within the meaning of section 241.1 of the Criminal Code (Canada). ("aide médicale à mourir")</i></p>

(Table continued on slide 15)

PHASE 2: Bill 84 Legislative Amendments (Cont'd)

<p>Provisions in the Bill</p>	<p>MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT</p> <p>4. Section 52 of the Municipal Freedom of Information and Protection of Privacy Act is amended by adding the following subsections:</p> <p>Non-application of Act <i>(5) This Act does not apply to identifying information in a record relating to medical assistance in dying.</i></p> <p>Interpretation <i>(6) In subsection (5),</i> <i>“identifying information” means information,</i> <i>(a) that relates to medical assistance in dying, and</i> <i>(b) that identifies an individual or facility or for which it is reasonably foreseeable in the circumstances that it could be utilized, either alone or with other information, to identify an individual or facility; (“renseignements identificatoires”)</i></p> <p><i>“medical assistance in dying” means medical assistance in dying within the meaning of section 241.1 of the Criminal Code (Canada). (“aide médicale à mourir”)</i></p>
<p>Rationale</p>	<p>Protects the identities of clinicians and institutions that provide MAID from being disclosed pursuant to an FOI request. This addresses some safety concerns arising from the fact that MAID remains a controversial issue.</p> <p>Statistical (non-identifying) information would be subject to the Act. The MFIPPA amendment is to cover municipally-run long-term care homes, which are subject to MFIPPA and not FIPPA.</p> <p>Notwithstanding these amendments, the ministry strongly encourages health care facilities to develop MAID policies and procedures and share them with the public so that patients can make informed choices about their care options.</p>

6) Workplace Safety and Insurance Act, 1997 (WSIA)

Amendment	Clarify that for the purposes of the Act, a worker who receives MAID is deemed to have died from the underlying injury or disease.
Provisions in the Bill	<p>6. (1) Subsection 2 (1) of the Workplace Safety and Insurance Act, 1997 is amended by adding the following definition:</p> <p><i>“medical assistance in dying” means medical assistance in dying within the meaning of section 241.1 of the Criminal Code (Canada); (“aide médicale à mourir”)</i></p> <p>(2) Part I of the Act is amended by adding the following section:</p> <p>Medical assistance in dying</p> <p><i>2.2 For the purposes of this Act, a worker who receives medical assistance in dying is deemed to have died as a result of the injury or disease for which the worker was determined to be eligible to receive medical assistance in dying in accordance with paragraph 241.2 (3) (a) of the Criminal Code (Canada).</i></p>
Rationale	Ensures that a claim made under the WSIA where the worker received MAID would be determined based on the illness or disease for which the worker was determined to be eligible to receive MAID and not another cause of death.

Role of the Office of the Chief Coroner

- With the enactment of Bill 84, the *Coroners Act* has been amended such that all MAID deaths must be reported to the Office of the Chief Coroner/Ontario Forensic Pathology Service. Reporting is now mandated by Section 10.1, a new stand-alone section in the *Coroners Act*. Further, Section 10 (1) (f) has been amended to exclude MAID deaths from the non-natural reporting category.
- The current reporting and review process relating to MAID deaths will not change, i.e. when clinicians report MAID deaths, Provincial Dispatch will contact the on duty MAID review team member who will obtain any information about the facts and circumstances relating to the death that is considered necessary to form an opinion about whether the death ought to be investigated.
- The *Coroners Act* stipulates the circumstances under which a coroner's investigation will occur and such investigations include the examination of the deceased person and the completion of the medical certificate of death.
- The Office of the Chief Coroner MAID team will continue to receive reports of MAID deaths and undertake a detailed review in ALL MAID cases; however, further investigation will be very uncommon.
- The clinician is unlikely to recognize a significant difference in the Office of the Chief Coroner's process at the front end as the expectations of the team and the information sought will be the same as current.

Role of the Office of the Chief Coroner (*Cont'd*)

- If during the initial conversations with the clinician and family concerns are not identified from the information provided an “investigation” will not be required:
 - The body will be released at that time with no further involvement of the death investigation system—request for the funeral home to delay initiation of preparation of the body will no longer occur routinely. Such a request may occur on a case by case basis based upon the information provided.
 - The attending clinician is responsible for completion of the final medical certificate of death (unless a decision is made by the team member that an “investigation” will occur, and, a coroner investigates the death).
 - The Registrar General has instructed that the illness, disease, or disability leading to the request for MAID will be recorded as the underlying cause of death; there should be no reference to MAID or the drugs administered for the purpose of MAID; and the deaths will be recognized as natural, in contrast to the approach (prior to passage of Bill 84) of the Office of the Chief Coroner/Ontario Forensic Pathology Service. With the move forward, MAID deaths will no longer be classified as suicide.
 - The MAID team will act as a resource and inform clinicians of this change if required.
 - When the underlying reason for MAID appears to be non-natural, i.e. traumatic spinal cord injury, the case will proceed to investigation by a coroner as these will continue to require investigation for reasons other than MAID. The coroner will be responsible for completion of the medical certificate of death.
 - The attending clinician will continue to be required to provide all MAID related documentation (medical records) as soon as possible.
- The MAID team will maintain its role of reporting, monitoring, oversight and data collection with respect to MAID deaths; and from the clinician’s perspective, the process will appear much the same with the exception of the changes noted above.

Medical Certificate of Death

- The Ministry of Health and Long-Term Care, the Ministry of Government and Consumer Services and the Office of the Chief Coroner have developed joint guidance and resources to support clinicians in reporting MAID deaths to the coroner and in completing the medical certificate of death for MAID patients.
- Physicians and nurse practitioners who provide MAID will be required to notify the coroner of the death and provide the coroner with any information about the facts and circumstances relating to the death as required.
- If the coroner is of the opinion that the death ought to be investigated, and has investigated, the coroner is required to complete and sign the medical certificate of death.
- If the coroner is of the opinion that the death does not require an investigation, the responsible physician or nurse practitioner will complete and sign the medical certificate of death.
- For deaths involving MAID, **the illness, disease, or disability leading to the request for MAID is to be recorded as the underlying cause of death.** This condition will be selected as the cause of death for vital statistics. No reference to MAID or the drugs administered for the purpose of MAID should be included on the medical certificate of death.

Medical Certificate of Death (Cont'd)

- **Note:** There should be no mention of the injection or ingestion of drugs and the accidental or violent death section is to be left blank.
- **Note:** All prescribed circumstances as set out in subsections 35(3) of Regulation 1094 under the *Vital Statistics Act* must be met for the nurse practitioner to complete the medical certificate. If any of the criteria do not exist, a physician or coroner must complete the medical certificate.
- **Note:** Registered nurses are not authorized to complete and sign a medical certificate for deaths involving MAID.

Part I		Approximate interval between onset & death
Immediate cause of death	(a) <i>Amyotrophic lateral sclerosis (ALS)</i> <i>due to, or as a consequence of</i>	5 years
Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the underlying cause last	(b) <i>due to, or as a consequence of</i>	
	(c) <i>due to, or as a consequence of</i>	
	(d) <i>due to, or as a consequence of</i>	

Care Co-ordination Service

- In consultation with key stakeholders, Ontario has been exploring ways to support access to MAID for eligible patients, while respecting the conscience rights of clinicians and existing health regulatory college policies .
- The province is establishing a Care Co-ordination Service (CCS) to assist patients and caregivers in accessing additional information and services for MAID and other end-of-life options.
- The CCS will build on the success of the ministry's MAID Clinician Referral Service (CRS) that currently supports physicians and nurse practitioners in making effective referrals, and at the same time the MAID CCS will provide additional supports by:
 - Allowing patients, family/caregivers and the general public to call directly for information regarding MAID and other end-of-life options;
 - Allowing self-directed requests from patients and family members/caregivers acting on behalf of patients who wish to be connected to a physician or nurse practitioner that will assess them for MAID; and
 - Taking requests from physicians and nurse practitioners seeking a connection with willing community pharmacists or pharmacies.
- The CCS will be accessed by clinicians and patients while not altering current health regulatory college policies which require clinicians to make an effective referral.
- The ministry undertook stakeholder consultations in April 2017 and is currently finalizing the CCS program design.
- The ministry will share further information regarding the CCS in the near future.

- Comments? Questions?
- Additional questions or comments may be directed to:
endoflifedecisions@ontario.ca

Helpful Links

Ontario.ca webpage:

<https://www.ontario.ca/page/medical-assistance-dying-and-end-life-decisions>

MOHLTC landing page:

<http://www.health.gov.on.ca/en/pro/programs/maid/default.aspx>

CPSO website:

www.cpso.on.ca

CNO website:

www.cno.org

OCP website:

<http://www.ocpinfo.com/>

Clinician Aid A – Patient Request for Medical Assistance in Dying:

<http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?OpenForm&ACT=RDR&TAB=PROFILE&SRCH=1&ENV=WWE&TIT=3889&NO=014-3889-22E>

Clinician Aid B – (Primary) “Medical Practitioner” or “Nurse Practitioner” Medical Assistance in Dying Aid:

<http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?OpenForm&ACT=RDR&TAB=PROFILE&SRCH=1&ENV=WWE&TIT=3890&NO=014-3890-22E>

Clinician Aid C – (Secondary) “Medical Practitioner” or “Nurse Practitioner” Medical Assistance in Dying Aid:

<http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?OpenForm&ACT=RDR&TAB=PROFILE&SRCH=&ENV=WWE&TIT=3891&NO=014-3891-22E>

Notice from the Executive Officer: Reimbursement and Claims Submissions using the Health Network System relating to Drugs for Medical Assistance in Dying:

http://www.health.gov.on.ca/en/pro/programs/drugs/opdp_eo/notices/exec_office_20160815.pdf