

PROPOSED TEXT FOR: DIRECTIVE

Subject/Title: Medical Assistance in Dying Care Coordination Service (June 2016).	Directive: ----2016
	Effective Date: ----, 2016
	Issuer: Minister of Health

TO: Alberta Health Services

Pursuant to Section 8 of the *Regional Health Authorities Act*, I, Sarah Hoffman, Minister of Health and Minister of Seniors, direct as follows:

- a) Alberta Health Services shall establish a medical assistance in dying care coordination service to carry out the following functions:
- (i) provide information to patients who seek information about or access to medical assistance in dying, including information about all end of life care options;
 - (ii) coordinate and facilitate patient access to health services relating to medical assistance in dying and all end of life care options;
 - (iii) provide information and advice to Alberta Health Services health care providers and other health care providers respecting medical assistance in dying and all end of life care options,
 - (iv) coordinate and facilitate access to support services relating to medical assistance in dying, including grief and bereavement services, for families, support persons, Alberta Health Services health care providers and other health care providers;
 - (v) in consultation with the Alberta College of Pharmacists, maintain a list of drugs recommended to be prescribed for medical assistance in dying; and
 - (vi) provide public education respecting medical assistance in dying, end of life care options and support services; and
- b) Alberta Health Services shall submit reports on its compliance with this Directive as may be requested by the Minister.

Signed at the City of Edmonton, Alberta on the _____ day of _____, 2016.

SARAH HOFFMAN
Minister of Health

ADDITIONAL REFERENCES:

Regional Health Authorities Regulation, Alta. Reg.15/95: Section 1(a) and 9.

PROPOSED TEXT FOR: MINISTERIAL ORDER

M.O. --/2016

WHEREAS the Supreme Court of Canada declared, in *Carter v Canada (Attorney General)*, that sections 241(b) and 14 of the *Criminal Code* are void insofar as they prohibit physician-assisted death for a competent adult person who

- (a) clearly consents to the termination of life, and
- (b) has a grievous and irremediable medical condition that causes enduring suffering that is intolerable to the individual in the circumstances of his or her condition;

WHEREAS the suspension of the Supreme Court's declaration expires on June 6, 2016;

WHEREAS the Government of Alberta will implement measures to regulate medical assistance in dying to ensure that

- (a) Albertans may exercise their rights to access medical assistance in dying,
- (b) appropriate safeguards will be in place to protect vulnerable Albertans, and
- (c) conscience rights are respected, while the rights of patients to access medical assistance in dying is ensured;

WHEREAS section 7 of the *Government Organization Act* authorizes a Minister to establish any boards, committees or councils that the Minister considers necessary or desirable to act in an advisory or administrative capacity in connection with any matters under the Minister's administration;

WHEREAS it is desirable to establish a Medical Assistance in Dying Regulatory Review Committee to review the regulation and practice of medical assistance in dying in Alberta and make recommendations to the Minister for improvements;

THEREFORE, I, Sarah Hoffman, Minister of Health, pursuant to section 7 of the *Government Organization Act*, hereby establish the Medical Assistance in Dying Regulatory Review Committee in accordance with the attached Appendix.

This Ministerial Order is effective upon signing.

DATED at Edmonton, Alberta this _____ day of _____, 2016.

SARAH HOFFMAN
MINISTER

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APPENDIX

MEDICAL ASSISTANCE IN DYING REGULATORY REVIEW COMMITTEE

1. Terms of Reference

1.1 The functions of the Medical Assistance in Dying Regulatory Review Committee (the "Committee") are to, within one year or as required by the Minister, review and report to the Minister with advice and recommendations respecting the following:

- (a) the regulatory framework within Alberta with respect to medical assistance in dying;
- (b) the planning and delivery of health services related to medical assistance in dying;
- (c) any other matters relating to medical assistance in dying requested by the Minister.

1.2 The Committee may, in a report, make recommendations to the Minister respecting any matter under the Minister's administration relating to medical assistance in dying.

1.3 A report of the Committee must not disclose the name of, or any identifying information about, a person to whom medical assistance in dying was provided or any individual involved in providing or aiding in the provision of medical assistance in dying to a person.

2. Membership

2.1 The following persons are appointed as members of the Committee:

- (a) the Chief Medical Examiner, or a medical examiner designated by the Chief Medical Examiner;
- (b) the registrar, or a designate of the registrar, of the following colleges:
 - (i) College of Physicians and Surgeons of Alberta;
 - (ii) College and Association of Registered Nurses of Alberta;
 - (iii) Alberta College of Pharmacists;
- (c) a representative of Alberta Health Services.

2.2 The Minister may appoint additional members of the Committee, for the terms of office determined by the Minister, as the Minister considers necessary to assist with the work of the Committee.

2.2 The Minister may select the chair of the Committee from among the members of the Committee.

PROPOSED TEXT FOR: ORDER IN COUNCIL

Order in Council to amend the College of Physicians and Surgeons of Alberta Standard of Practice: Medical Assistance in Dying

Proposed Order in Council: June 2016, under the authority of section 135.4 of the *Health Professions Act*.

1. The Lieutenant Governor in Council, on the recommendation of the Minister, amends the standards of practice entitled "Medical Assistance in Dying", adopted by the council of the College of Physicians and Surgeons of Alberta on May 27, 2016 by adding the following after section (2):

(2.1) Before a regulated member provides a patient with medical assistance in dying, the regulated member must

(a) be of the opinion that the patient

- i. is eligible, or but for any applicable minimum period of residence or waiting period, would be eligible for health services funded by a federal, provincial or territorial government in Canada,
- ii. is at least 18 years of age,
- iii. is capable of making decisions with respect to their health,
- iv. has a grievous and irremediable medical condition that causes enduring suffering that is intolerable to the patient in the circumstances of their condition and that cannot be relieved under conditions that the patient considers acceptable,
- v. has made a voluntary request for medical assistance in dying that, in particular, was not made as a result of external pressure, and
- vi. gives informed consent to receive medical assistance in dying,

(b) ensure that the patient's request for medical assistance in dying was made in writing and was signed and dated by the patient or by another person on their behalf under section 2.2.

(c) be satisfied that the request was signed and dated by the patient or by another person on the patient's behalf before two independent witnesses who then also signed and dated the request,

(d) ensure that the patient has been informed that they may, at any time and in any manner, withdraw their request,

(e) ensure that another regulated member, or an individual who has a similar status under similar legislation in another Canadian jurisdiction, has provided a written opinion confirming that the patient meets all of the criteria set out in clause (a),

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- (f) be satisfied that they and the other individual referred to in clause (e) are independent,
 - (g) immediately before providing the medical assistance in dying, give the patient an opportunity to withdraw their request and ensure that the patient gives express consent to receive medical assistance in dying, and
 - (h) if the patient has difficulty communicating, take all necessary measures to provide a reliable means by which the patient may understand the information that is provided to them and communicate their decision.
- (2.2) If the patient requesting medical assistance in dying is unable to sign and date the request, another person who is at least 18 years of age and who understands the nature of the request for medical assistance in dying may sign and date the request in the patient's presence, on the patient's behalf and under the patient's express direction.
- (2.3) Any person who is at least 18 years of age and who understands the nature of the request for medical assistance in dying may act as an independent witness, except if they
- (a) 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,
 - (b) are 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,
 - (c) are directly involved in providing health care services to the patient making the request, or
 - (d) directly provide personal care to the patient making the request.
- (2.4) The regulated member providing medical assistance in dying and the individual who provides the opinion referred to in section 2.1(e) are independent if
- (a) neither is a mentor to the other, or responsible for supervising the other's work,
 - (b) they 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, or
 - (c) they do not know or believe that they are connected to the other, or to the patient making the request, in any other way that would affect their objectivity.
- (2.5) Medical assistance in dying must be provided with reasonable knowledge, care and skill and in accordance with any applicable enactment, rules or standards.
- (2.6) The regulated member who, in providing medical assistance in dying, prescribes or obtains a drug for that purpose must, before any pharmacist dispenses the drug, inform the pharmacist that the drug is intended for that purpose.
- (3) A regulated member who receives an inquiry from a patient with respect to medical assistance in dying must ensure that contact information for the Alberta Health Services care coordination service is provided to the patient, or to another person identified by the patient, without delay.

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- (4) A regulated member who receives an oral or written request from a patient for medical assistance in dying and who declines for reasons of conscience or religion to provide or to aid in providing medical assistance in dying must ensure that reasonable access to the Alberta Health Services care coordination service is provided to the patient without delay.
- (5) A regulated member may prescribe a drug for use in medical assistance in dying only if the drug has been recommended for the use by the Alberta Health Services care coordination service.
- (6) A regulated member who provides medical assistance in dying must keep records in the form and manner required by the Minister confirming that the requirements of these standards, and any other standards or legislation applicable to medical assistance in dying, were met;
- (7) A regulated member who provides medical assistance in dying must, without delay, provide a member of the Medical Assistance in Dying Regulatory Review Committee designated by the Committee with copies of the records referred to in section 6.

Proposed Order in Council to be made when federal legislation respecting medical assistance in dying is in force, under the authority of section 135.4 of the *Health Professions Act*:

1. The Lieutenant Governor in Council, on the recommendation of the Minister, amends the standards of practice entitled "Medical Assistance in Dying", adopted by the council of the College of Physicians and Surgeons of Alberta on May 27, 2016 by striking out sections 2.1 to 2.6.