



Understanding Medical Assistance in Dying (MAiD)

For people working in healthcare



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Introduction

In June 2016, the Government of Canada passed legislation that legalized Medical Assistance in Dying (MAiD) for competent adults. Amendments to the law were made in March 2021. The law sets out processes to access a medically assisted death, as well as criteria individuals must meet to be eligible.

This document outlines information about MAiD in Canada and provides answers to some common questions. It is intended to help healthcare providers understand MAiD and navigate the processes involved. There may be changes in law, process, or practices after its publication. The most up-to-date information can be found on the Government of Canada website. Although every effort will be made to update this document as new information becomes available, we encourage you to check with your local MAiD office (see: Provincial and territorial contact information, page 12).

[Government of Canada MAiD website](#)

This document is part of a larger collection of online resources which includes articles, infographics, learning modules, and videos of healthcare providers, individuals and families.

Visit: Virtualhospice.ca/MAiD

Understanding MAiD

What is medical assistance in dying (MAiD)?

MAiD is a legal option in Canada for adults who meet specific criteria set out in law. If these conditions are met, a doctor or nurse practitioner can provide medications that then cause the death of the person, at that person's request. MAiD is available in Canada to anyone eligible for government funded health services. There is no cost to the person or family.

Is there access to MAiD in all communities in Canada?

MAiD is legal in every province and territory but there may be differences in availability and specific processes across the country. A local contact person or telephone service will help individuals connect with MAiD providers/teams (see: Provincial and territorial contact information, page 12).



Definitions:

MAiD practitioner – a medical doctor or nurse practitioner who is either a MAiD assessor or MAiD provider or both.

MAiD assessor – a medical doctor or nurse practitioner who does assessments, sometimes called eligibility reviews, to determine if an individual meets the requirements set out in law to have MAiD.

MAiD provider – a medical doctor or nurse practitioner who prescribes and/or administers medications to an individual who meets the criteria for MAiD. Not all provinces allow nurse practitioners to be MAiD providers.

Family – includes immediate, biological, adopted, and chosen families and is meant to be inclusive of the important people in the person's life.

Eligibility

What are the eligibility requirements?

To be eligible for MAiD, all the following criteria must be met. The person must:

- Be eligible for government-funded health services in Canada (or would be eligible following a minimum period of residence or waiting period).
- Be at least 18 years of age and capable of making their own healthcare decisions.
- Have a grievous and irremediable medical condition*.
- Make a voluntary request for MAiD, free of outside pressure or influence.
- Provide informed consent to receive MAiD (see: Capacity and consent, pages 4 and 5).

Is it possible for someone with dementia to have MAiD?

Yes. If a person with dementia meets all the eligibility criteria, including being able to make their own healthcare decisions, that person can receive MAiD.

[Assessing MAiD in Dementia - CAMAP](#)

Is it possible for a person with a mental illness to have MAiD?

If a person has a mental illness as their **only** medical condition, they are **not** currently eligible to seek medical assistance in dying.

If a person with a mental illness has another serious and incurable non psychiatric illness, disease or disability and they meet all the eligibility requirements, including being able to make their own healthcare decisions, they could have MAiD.

In March 2023, a person whose sole medical condition is a mental illness may become eligible for MAiD, but may be subject to additional procedural safeguards.

Where can I find support in interpreting eligibility criteria?

The Canadian Association of MAiD Assessors and Providers (CAMAP) has information and resources to support the role of MAiD practitioners and their teams.

Visit: www.camapcanada.ca

Application process

The Canadian government has outlined the process for requesting MAiD when death is reasonably foreseeable and when it is not. Provinces and territories will have their own specific practices for carrying out the legislation.

What is the process for accessing MAiD?

- 1 **Written request** – The individual must submit a written request that is signed and dated before an independent witness*. If they are unable to write, another adult can sign the request form under the person's direction. This person must be at least 18 years of age, understand what it means to have MAiD, and not knowingly benefit from the person's death.
- 2 **Two assessments** – Two independent MAiD practitioners must each complete an eligibility assessment and agree that the individual meets the eligibility requirements. Although it is not required, it can be very helpful, with the person's consent, to have family present at the assessments. At some point during the assessments, the MAiD practitioner will also meet with the person alone to help ensure their request is voluntary.
- 3 **Informed consent** – The individual must provide informed consent **after** receiving all the information needed to make this decision.
- 4 **Right to withdraw request** – The individual must be informed of their right to withdraw their request at any time and in any manner.

* The witness

- Must be at least 18 years of age and understand what it means to request MAiD.
- **Cannot** knowingly benefit from the person's death.
- **Cannot** be an owner or operator of a healthcare facility where the individual lives or is receiving care.
- **Cannot** be an unpaid caregiver.
- **Can** be a paid health or personal care worker.

* What is a grievous and irremediable medical condition?

According to the law, a "grievous and irremediable" medical condition exists if a person has ALL of the following:

- A serious and incurable illness, disease, or disability.
- Is in an advanced state of decline that cannot be reversed.
- Has unbearable physical or mental suffering from the illness, disease, disability, or decline, that cannot be relieved in a way the person finds acceptable.

The incurable illness, disease or disability does not need to be fatal or terminal, but there are different processes that must be followed depending if natural death is reasonably foreseeable, or not.

Capacity and consent

What is capacity?

The ability to understand and appreciate the information needed to make a decision is known as capacity. In healthcare, capacity is ‘task-specific’, meaning a person can have the capacity to make a request for MAiD while they may not have the capacity to balance their cheque book. Capacity to request MAiD requires that a person have the ability to understand their illness and their treatment options, including palliative care, and other available means to relieve their suffering.

[Assessing capacity for MAiD](#) 

What is informed consent for MAiD?

The person requesting MAiD must have capacity to give permission or agree to an assisted death only after receiving all the information needed to make this decision. The person must have the ability to understand:

- Their medical diagnosis.
- All treatment options.
- Options to relieve suffering, including palliative care.
- The information they have been given about having MAiD.
- That MAiD will cause their death.

Does the person have to be able to speak or write to request or consent to MAiD?

No. The MAiD practitioners must take reasonable steps to assist the person to communicate such as pointing, blinking, or tapping.

If the person is unable to write, another adult can sign the written request and consent forms under the person’s direction. This person must be at least 18 years of age, not knowingly benefit from the person’s death and must understand what it means to have MAiD.

Does consent have to be provided immediately before having MAiD?

There are differences when the person’s natural death is reasonably foreseeable, and when it is not.

If natural death is reasonably foreseeable:

Just before MAiD is provided, the person must be given the opportunity to withdraw their request and they must give consent to receive MAiD. An exception to this requirement is possible (see: Waiver of Final Consent).*

If natural death is not reasonably foreseeable:

Just before MAiD is provided, the person must be given the opportunity to withdraw their request and they must give consent to receive MAiD. A Waiver of Final Consent is not allowed if death is not reasonably foreseeable.

One other exception exists to providing consent immediately prior to MAiD and that is with a self-administered assisted death (via an oral medication provided by the MAiD provider). Prior to self-administration, the person can give an ‘advanced consent’ to ‘IV rescue’. The MAiD provider is given permission to give medications through IV if the oral administration did not work as anticipated. Self-administration is not an option in Quebec and is very rare in Canada.

What else is different in the application process when natural death is not reasonably foreseeable?

- One of the two MAiD practitioners who complete the assessments must have expertise in the condition that is causing the person to suffer, or they must consult with a practitioner who has that expertise. Expertise is not necessarily determined by specialty designation or certification but can be obtained through education, special interest, training, or clinical experience.
- The eligibility assessments must take a minimum of 90 days.*
- The person must be informed of the available ways to relieve their suffering, including counselling services, mental health and disability support services, community services, and palliative care, and they must be offered consultations with relevant professionals and services.

- The MAiD practitioners must agree that the person has given serious consideration to the means available to relieve their suffering.

The federal government has outlined the above processes for requesting MAiD. Provinces and territories will also have their own specific practices and mandatory guidelines.

What are the alternatives if the person isn’t eligible for MAiD?

If one of the MAiD assessors concludes that the person does not meet the eligibility criteria, the person can:

- Request another opinion.
 - Continue with their ongoing treatment to manage the disease.
 - Continue with palliative care.
 - Stop any or all treatment.
- * In some situations, if both assessors agree that the person is at risk of imminent loss of capacity, the person may be able to have an assisted death in less than 90 days. Regardless, if the person’s natural death is not reasonably foreseeable, they must be able to give consent immediately prior to receiving MAiD.

* Waiver of Final Consent

The requirement for giving final consent just before MAiD is provided may be waived, **only if**:

- The person’s natural death is reasonably foreseeable.

And

While the person was able to make healthcare decisions the following occurred:

- The person requested, was assessed, approved to receive MAiD, and has chosen the date to have MAiD.
- One or both of the MAiD practitioners indicated that the person is at risk of losing capacity to provide final consent.
- The person completed a Waiver of Final Consent form with their MAiD practitioner. This form gives consent in advance to have MAiD on or before a chosen date if capacity is lost.

“...a person can have the capacity to make a medical decision such as a request for an assisted death, while they may not have the capacity to balance their cheque book.”

Exploring the desire to die

How do I respond to patients who are expressing wishes to die, to hasten death, or are exasperated with existence?

It is not uncommon for those approaching end of life to express a wish to die. This can be related to their suffering in all its domains – physical, psychosocial, and spiritual/existential. Addressing a person’s suffering is a way to explore their desire to hasten death.

These are delicate conversations that, like all conversations about death and dying, require active listening, empathy, openness, and honesty. First and foremost, acknowledge how the person is feeling, and then begin to explore what is behind the feelings.

It is important to clarify whether a person is expressing their desire for an assisted death or expressing their thoughts and emotions regarding the circumstances they are in. When suffering is appropriately addressed, the wish to seek MAiD may or may not pass.

Healthcare providers need to know and follow their professional regulatory body’s advice about discussing MAiD with patients. Individual workplaces may have specific MAiD-related policies and procedures.

There are a number of resources available to help clinicians with these conversations.

[Tools for Practice - Canadian Virtual Hospice](#) 

[Sit Down Lean in - Canadian Virtual Hospice](#) 



MAiD and palliative care

Do palliative care programs provide MAiD?

Generally speaking, palliative care programs in Canada are not offering MAiD as part of their services. However, there are physicians and nurse practitioners who work within a palliative care program and also provide MAiD. There are some palliative care units and hospices that do not allow MAiD, but there are also many that do.

Once a person indicates they wish to have MAiD, does palliative care stop?

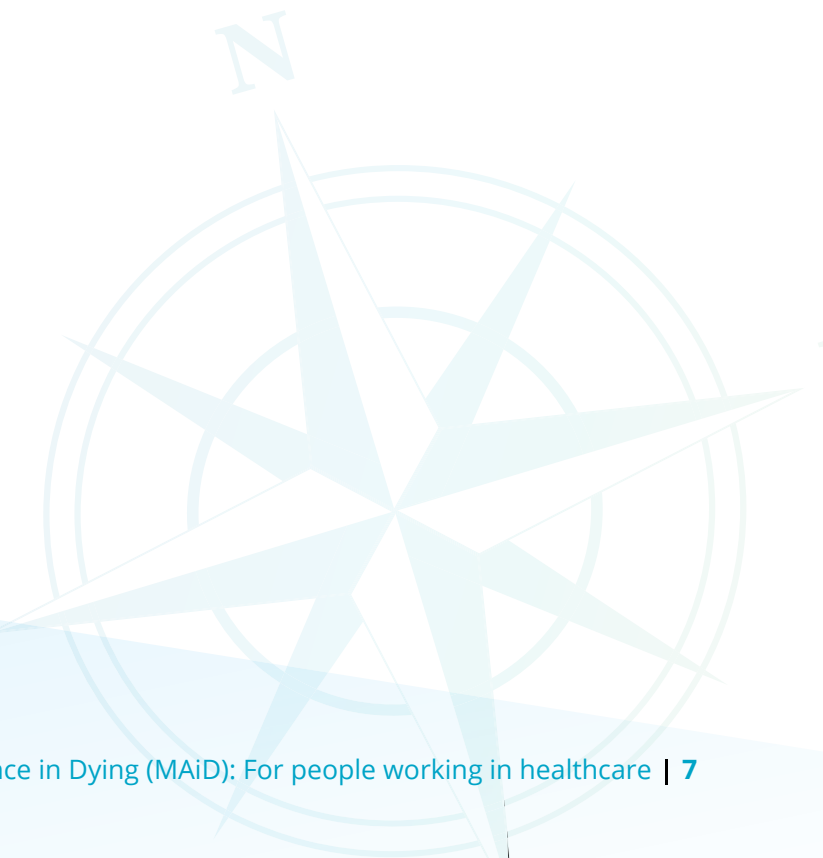
No. Palliative care programs continue to provide palliative care to patients who choose to have MAiD throughout advanced illness, death, and bereavement.



How can palliative care and MAiD practitioners collaborate to ensure optimal symptom management until death?

As part of the eligibility assessments, MAiD practitioners assess for any unmet needs. The federal law requires that MAiD practitioners ensure that anyone requesting MAiD is informed of all treatment options available, including palliative care. MAiD practitioners may request involvement from the palliative care team to address an issue or a symptom which is contributing to the person’s suffering. If a palliative care practitioner or program is already involved, they should continue to provide services.

Good communication between all healthcare providers is essential to fully support the needs and wishes of the person and their family.



Challenging issues

How do I approach the discussion when someone chooses not to tell family or those closest to them about their decision?

As with any difficult discussion, it is important to listen actively, without judgement, and with the goal of helping the person make as informed a decision as possible.

Understanding the nature of the relationships within the family, and whether family has always or rarely been open with each other, can be helpful.

For example,

- Is there an issue of trust, i.e., telling someone in the family means “everyone” will know?
- Is the person worried about being judged – that they are doing something “bad” or “wrong”?
- Are family’s spiritual or religious beliefs a concern?
- Is their worry that family will try and “talk them out of it” or that it will result in an argument?
- Is there worry that it will be too emotionally painful for the family to know?



It might be helpful to explain that having family informed and involved:

- Allows the family to hear why the person is thinking about an assisted death and the ways in which they are suffering, which can lead to greater understanding of why the person is exploring MAiD.
- Helps family understand what is involved in the process, including what happens at a medically assisted death.
- Can open conversations about who the person would like to have present at their death and who would like to be there.
- Allows MAiD practitioners to develop trust and rapport with family.
- Helps family witness the safeguards in place to ensure this is the person’s own choice.

Telling family sooner, rather than later, gives them a chance to “catch up” with what the person may have been thinking and feeling for a long time. Sometimes the person may be trying to “protect” their family from further emotional pain, but they may not have thought about unintended consequences, such as family not having time to process what’s happening or feeling hurt, angry or “left out”. Consider offering to help the person tell their family but ensure they know that ultimately it is always their decision whether to involve or tell anyone about their decision.

It may be helpful to engage additional members of the care team, such as a social worker or counsellor to help explore these issues.

What can I do if the person still refuses to tell family?

It can be helpful to enlist the help of a social worker, counsellor or psychologist on the MAiD team or the person’s primary healthcare team. Ultimately, this is the person’s choice, and the goal is not to try and convince them to share, but rather to ensure they are making an informed choice. It can be helpful for the person to understand and explore the possible outcomes for the family of knowing or not knowing.

In some rare circumstances, logistics may require involvement of someone outside the patient’s healthcare team. Consider asking if the person would be OK with a non-family member like a minister, social worker, spiritual health specialist, or the executor of their will or estate being involved.

If the person chooses not to share their decision prior to MAiD, what else is important to explore?

It is important to clarify with the person in advance what, if anything, they want the family and next of kin to know after they have died, and what the death certificate will say. If they give permission that you can explain they had MAiD, it may then be important to explore whether they also give permission to tell family why they did not want them to know beforehand, and why they wanted MAiD. They also need to be made aware that it may not be possible to maintain complete confidentiality regarding the manner of their death after they die.

I have made my support of (or opposition to) MAiD known. I’ve noticed my colleagues’ attitudes towards me have changed. What can I do?

The legalization of MAiD in Canada is still relatively new. Whenever there is a difference of opinion, it can be emotionally charged, and relationships can be strained.

Depending on the relationship, you might choose to open a conversation with your colleague by saying that you have noticed their behaviour or attitude towards you has changed (be specific about the behaviour), that the relationship is important to you, and ask if you can talk about it.

You may agree to disagree, but differences of opinion, whether about this or other issues, should not get in the way of good working relationships.

On a personal level, working through these emotions and relationships takes energy. You will benefit from a good supportive network. It can be helpful to reach out to your professional association’s psychosocial support services, or your employee assistance program.

Other considerations

Can a person who has MAiD be an organ donor?

Yes, if they meet the eligibility criteria for organ donation. As with all death, the ability to donate depends on a number of factors, especially the underlying illness. Some people are able to donate their tissue or organs after MAiD, although organ donation may impact the location and timing of MAiD. Tissue donation is possible in many settings. For more information, contact the local organ and tissue donation team.



Does a MAiD death have to be reported? How is the cause of death identified?

In Canada, all deaths are recorded and reported to the Vital Statistics registrar of each province or territory. Provinces and territories are responsible for determining how information is recorded on death certificates, and different approaches to a medically assisted death have been adopted.

As of November 1, 2018, the federal regulations for the monitoring of MAiD require physicians, nurse practitioners, and pharmacists to provide information related to requests for, and the provision of, medical assistance in dying.

[Guidance for reporting on medical assistance in dying](#)

Provincial and territorial Ministries of Health may also have reporting obligations. Check with your professional regulatory body.

Becoming a MAiD practitioner

I am considering becoming a MAiD practitioner. Where can I find more information?

The Canadian Association of MAiD Assessors and Providers (CAMAP) provides peer support, education, and research, and contributes to national standards for MAiD. Their website has information and resources to support the role of MAiD practitioners and team members and they have several online platforms where MAiD practitioners (both assessors and providers) can connect with one another.

Visit: www.camapcanada.ca

To connect with MAiD practitioners in your area (see: Provincial and territorial contact information, page 12).

What are the benefits of a team approach to MAiD?

Most MAiD practitioners agree that it would be very difficult work to do in isolation. Working as an interdisciplinary team, as in all of healthcare, brings different perspectives, training, and skills. These perspectives can be invaluable to supporting the entire MAiD process. In addition, a team approach provides the opportunity to work through complicated situations together, to debrief together, and to provide ongoing support of each other. In addition to a physician or nurse practitioner, nurses, social workers, and spiritual care providers can be very helpful with:

- Psychosocial issues.
- Preparatory planning.
- Supporting family before, during, and after an assisted death.
- Pre-briefs and debriefing with the team and others who have been caring for the person.

If I don't agree with MAiD

What if my workplace supports MAiD and I do not?

Not all healthcare providers are comfortable with MAiD. If a workplace supports MAiD, and the healthcare provider does not, federal legislation recognizes, supports, and respects an individual's right to not participate.

Healthcare providers, however, are required to ensure an individual who may be eligible for MAiD has access to information and willing

practitioners. Non-participating physicians and nurse practitioners have a "duty to refer" or a "duty to make an effective transfer of care" to another provider or care coordination service when they conscientiously object to MAiD. Healthcare providers must continue to provide ongoing non-MAiD-related care to that person, including palliative care, regardless of the person's wish to explore or have MAiD. Check with your profession's regulatory bodies to ensure you understand your professional obligations.

Provincial and territorial contact information

Province/Territory	Contact Information															
British Columbia	<p>Provincial Health Services Authority MAiD Office ↗</p> <ul style="list-style-type: none"> Phone: 1 844-851-MAID (6243) Email: maidcco@phsa.ca <p>Regional Contacts</p> <table border="0"> <tr> <td>• Fraser Health</td> <td>Phone: 604 587-7878</td> <td>Email: mccc@fraserhealth.ca</td> </tr> <tr> <td>• Interior Health</td> <td>Phone: 1 844 469-7073</td> <td>Email: maid@interiorhealth.ca</td> </tr> <tr> <td>• Island Health</td> <td>Phone: 1 877 370-8699</td> <td>Email: maid@viha.ca</td> </tr> <tr> <td>• Northern Health</td> <td>Phone: 250 645-8549</td> <td>Email: maid@northernhealth.ca</td> </tr> <tr> <td>• Vancouver Coastal Health</td> <td>Phone: 1 844 550-5556</td> <td>Email: assisteddying@vch.ca</td> </tr> </table>	• Fraser Health	Phone: 604 587-7878	Email: mccc@fraserhealth.ca	• Interior Health	Phone: 1 844 469-7073	Email: maid@interiorhealth.ca	• Island Health	Phone: 1 877 370-8699	Email: maid@viha.ca	• Northern Health	Phone: 250 645-8549	Email: maid@northernhealth.ca	• Vancouver Coastal Health	Phone: 1 844 550-5556	Email: assisteddying@vch.ca
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• Northern Health	Phone: 250 645-8549	Email: maid@northernhealth.ca														
• Vancouver Coastal Health	Phone: 1 844 550-5556	Email: assisteddying@vch.ca														
Alberta	<p>Alberta Health Services: Medical assistance in dying ↗</p> <ul style="list-style-type: none"> Phone: 811 (Health Link) Email: maid.careteam@ahs.ca 															
Saskatchewan	<p>Saskatchewan Ministry of Health: Medical assistance in dying ↗</p> <ul style="list-style-type: none"> Phone: 800 667-7766 (toll-free) in Saskatchewan Email: info@health.gov.sk.ca (for general inquiries) 															
Manitoba	<p>Shared Health Manitoba MAiD Services ↗</p> <ul style="list-style-type: none"> Phone: 204 926-1380 Email: maid@sharedhealthmb.ca 															
Ontario	<p>Ontario Ministry of Health Care Coordination Service: Medical assistance in dying ↗</p> <ul style="list-style-type: none"> Phone: 1 866 286-4023 TTY: 1 844 953-3350 															
Quebec	<p>Government of Quebec: Medical aid in dying ↗</p> <ul style="list-style-type: none"> Phone: 418 644-4545 for the Québec City region Phone: 514 644-4545 for the Montreal region Phone: 877 644-4545 (toll-free) for the rest of Quebec 															
New Brunswick	<p>Horizon Health Network: Medical assistance in dying ↗</p> <p>Vitalité Health Network: Medical assistance in dying ↗</p> <ul style="list-style-type: none"> Phone: 506 457-4800 Email: Department of Health Inquiries (from a web browser only) ↗ 															
Nova Scotia	<p>Nova Scotia Health Authority MAiD Care Coordination Office ↗</p> <ul style="list-style-type: none"> Phone: 902 491-5892 Email: maid@nshealth.ca 															
Prince Edward Island	<p>Health PEI: Medical assistance in dying ↗</p> <ul style="list-style-type: none"> Phone: 902 368-6130 Email: healthpei@gov.pe.ca 															
Newfoundland and Labrador	<p>Government of Newfoundland and Labrador ↗</p> <table border="0"> <tr> <td>• Labrador-Grenfell Health</td> <td>Phone: 709 897-2350,</td> <td>Email: maid@lghealth.ca</td> </tr> <tr> <td>• Western Health</td> <td>Phone: 709 637-5000 ext. 5168</td> <td>Email: maid@westernhealth.nl.ca</td> </tr> <tr> <td>• Central Health</td> <td>Phone: 709 235-1412</td> <td>Email: maid@centralhealth.nl.ca</td> </tr> <tr> <td>• Eastern Health</td> <td>Phone: 709 777-2250</td> <td>Email: maid@easternhealth.ca</td> </tr> </table>	• Labrador-Grenfell Health	Phone: 709 897-2350,	Email: maid@lghealth.ca	• Western Health	Phone: 709 637-5000 ext. 5168	Email: maid@westernhealth.nl.ca	• Central Health	Phone: 709 235-1412	Email: maid@centralhealth.nl.ca	• Eastern Health	Phone: 709 777-2250	Email: maid@easternhealth.ca			
• Labrador-Grenfell Health	Phone: 709 897-2350,	Email: maid@lghealth.ca														
• Western Health	Phone: 709 637-5000 ext. 5168	Email: maid@westernhealth.nl.ca														
• Central Health	Phone: 709 235-1412	Email: maid@centralhealth.nl.ca														
• Eastern Health	Phone: 709 777-2250	Email: maid@easternhealth.ca														
Yukon	<p>Yukon Health and Social Services: Medical assistance in dying ↗</p> <ul style="list-style-type: none"> Phone: 867 667-5695 Toll Free: 1 800 661-0408 ext. 5695 (Yukon, Nunavut and NWT) Email: hss@gov.yk.ca 															
Northwest Territories	<p>Northwest Territories Central Coordinating Services: Medical assistance in dying ↗</p> <ul style="list-style-type: none"> Phone: 855 846-9601 (toll-free) or 867 767-9050, extension 49008 Email: PAD@gov.nt.ca 															
Nunavut	<p>Nunavut Department of Health ↗</p> <ul style="list-style-type: none"> Phone: 867 975-5700 Email: info.maid@gov.nu.ca 															

National working group

Name and Credentials	Organization and Position/Title
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Stephanie Connidis, MD, CCFP (PC) (COE), RACGP	Family Medicine, Palliative Care Consultant, Medical Director Hospice Halifax
James Downar, MDCM, MHSc	Head and Associate Professor, Division of Palliative Care, University of Ottawa
Jocelyn Downie, CM, FRSC, FCAHS, SJD	Professor, Faculty of Law, Dalhousie University
Ceilidh Eaton-Russell, MSc, CCLS	Certified Child Life Specialist
Andrea Frolic	Director, Program for Ethics and Care Ecologies (PEaCE and MAiD), Hamilton Health Sciences, Assistant Professor, McMaster University
Stefanie Green, MDCM, CCFP	President, Canadian Association of MAiD Assessors and Providers (CAMAP)
Shanaaz Gokool	Former Chief Executive Officer, Dying With Dignity Canada
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Helen Long	Chief Executive Officer, Dying With Dignity Canada
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Joshua Shadd, MD, MCISc, CCFP (PC)	Former Director Division of Palliative Care Department of Family Medicine, McMaster University
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Andrea Warnick, RN, MA	Registered Psychotherapist – Andrea Warnick Consulting
Kim Wiebe, MD, FRCP (C), MPH	Medical Director Shared Health Manitoba MAiD Services; Board Member Canadian Association of MAiD Assessors and Providers (CAMAP)

For more information: www.virtualhospice.ca/MAiD

To inquire about co-branding, email: info@virtualhospice.ca

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