

 Hôpital St-Boniface Hospital ADMINISTRATIVE MANUAL	Policy Name Responding to Inquiries and Requests for Medical Assistance in Dying (MAID)	No. VI-1010	Page 1 of 3
	Approved By Board of Directors	Last reviewed New	
	Effective Date June 12, 2017		
	Originated By Corporate Office		

Sections 1 – 4 approved by SBH Board of Directors

1.0 **PURPOSE:**

- 1.1 Clearly articulate the Hospital’s position regarding Medical Assistance in Dying (MAID).
- 1.2 Describe elements of an ethical and compassionate response to a Patient’s request for medical assistance in dying at St. Boniface Hospital (SBH).

2.0 **DEFINITIONS:**

- 2.1 **Assessment Process:** The process for examination of the medical condition of a Patient so that all appropriate and available therapeutic options for the Patient can be identified, and the resulting consultation with a Patient on those therapeutic options available to the Patient to address the Patient’s health and medical needs, including the assessment of the Patient by an Authorized Practitioner in accordance with the MAID Clinical Guide to determine whether the Patient meets the MAID Criteria.
- 2.2 **Caregiver:** A health care professional, including Physicians (Medical Practitioner), Nurses, Pharmacists, Social Workers, Spiritual Care professionals, and Allied health care staff directly involved in Patient care.
- 2.3 **MAID or Medical Assistance in Dying:** The administering by a Medical Practitioner or Nurse Practitioner of a substance to a person, at that person’s request, that causes death; or the prescribing or providing by a Medical Practitioner or Nurse Practitioner of a substance to a person, at that person’s request, so that they may self-administer the substance and in doing so cause their own death. For certainty, MAID does not include the Assessment Process.

3.0 **POLICY:**

- 3.1 As a faith-based facility and community of service within the Catholic Health Care Corporation of Manitoba (CHCM), St. Boniface Hospital shall not participate in an act that intentionally causes death, and therefore shall not deliver medical assistance in dying (MAID).
- 3.2 At the request of the patient, the prescribed Assessment Process, as defined above shall be provided by the Regional MAID Team, a third party external to the St. Boniface Hospital, and may take place in whole or in part at St. Boniface Hospital.

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- 3.3 A safe and compassionate transfer of care shall occur before the MAID procedure and at a point in time that is appropriate to the patient’s care and facilitating a timely, safe and compassionate transfer of care.

4.0 RESPONSIBILITY:

- 4.1 The President/CEO shall ensure the development and implementation of practices and processes to assist caregivers in responding with compassion, respect and without discrimination, and to:
- 4.1.1 Address pain and suffering associated with life-limiting illness and life altering conditions through the provision of excellent health care, palliative care, care of the dying and spiritual and pastoral care;
 - 4.1.2 Respond to Patients who inquire about MAID or express an interest in pursuing the Assessment process and/or the provision of MAID;
 - 4.1.3 Facilitate the Patient’s access to the assessment process;
 - 4.1.4 Anticipate and prepare for a timely, safe and compassionate transfer of care to a receiving facility for the purposes of MAID; and
 - 4.1.5 Support caregivers who object in conscience to participating in any or all activity they deem immoral or contrary to their professional or personal code of conduct; (e.g.: facilitating sharing of information or access to MAID team or facilitating transfer of care).
- 4.2 The President shall also ensure leadership support:
- 4.2.1 For teams to assist in responding to concerns raised by Patients, families and caregivers about the access and/or provision of MAID; and to facilitate transfer of care as needed.
- 4.3 This policy shall be reviewed by the St. Boniface Hospital Board of Directors one (1) year after initial approval date.

**Section 5 “PROCEDURE” approved by Clinical Programs Council
Originated by: Clinical Programs Leadership Team (CPLT)
Effective Date: September 18, 2017**

5.0 PROCEDURE:

- 5.1 Caregivers at SBH shall use the MAID Care Needs Standard Work to navigate the MAID process ensuring the timeliness of information sharing and patient transfer preparedness.
- 5.2 Caregivers at SBH shall respond with compassion, respect and without discrimination to Patients who inquire about MAID, or express an interest in pursuing the Assessment process and/or the provision of MAID. Caregivers shall:
- a) respectfully explore the nature of the Patient’s request;
 - b) provide factual information about treatment options, and contact information about medical assistance in dying resources available within Manitoba;
 - c) advise the Patient that MAID is not provided at SBH;
 - d) advise the Patient that a request for a transfer of care for MAID can be made at any time.
 - e) continue to provide the extent of health care services available to the patient in accordance with the approved treatment plan for the Patient, including all aspect of spiritual and pastoral care;
 - f) only discharge or transfer the Patient to another health care facility in accordance with a documented treatment plan approved for the Patient or for the purposes of MAID;
 - g) ensure the transfer process is carried out within the timeframe identified by the Patient decision to access MAID.

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- 5.3 Conscientious objectors shall make their objection known to their Manager and/or Program Clinical Director / Site Medical Director following their initial interview with a patient expressing a desire to die and/or requesting information about MAID. Staff must still comply with the requirements of their applicable professional college or regulatory authority and provide to the Patient or family member timely access to a resource to provide information about MAID.
- 5.4 The prescribed Assessment Process, as defined above, may take place in whole or in part, at SBH.
- 5.5 Transfer of care of a Patient shall occur under the direction of attending Physician, in consultation with the Patient, and the receiving facility at a time the Physician considers to be in the best interests of the Patient.

6.0 RESOURCES:

- 6.1 Health Ethics Guide (3rd Edition). (2012). Catholic Health Alliance of Canada. Ottawa: Author.
- 6.2 WRHA Medical Assistance in Dying (Interim) Policy #110.000.400
(<http://home.wrha.mb.ca/corp/policy/files/110.000.400.pdf>insert policy #)