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Introduction

This resource provides an overview of the Medical Assistance in Dying (MAID) process in Manitoba. For more detailed information please refer to Medical Assistance in Dying Clinical Guide for Health-Care Providers in Manitoba available to health-care providers by contacting the provincial MAID clinical team. All requests for MAID within Manitoba RHA facilities must be communicated to the provincial MAID clinical team.

MAID, as denoted by federal legislation,¹ refers to:

- The administering by a medical practitioner or nurse practitioner (NP) of a substance to a person, at their request, that causes their death; or
- 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.

In Manitoba, there are currently no medications appropriate for self-administration. In addition, at the present time, only physicians are able to provide MAID within Regional Health Authority facilities. Nurse Practitioners are not able to provide MAID as they are not authorized to complete Registration of Death documentation in Manitoba. This is reflected throughout this resource with the use of the term 'physician' in lieu of medical/nurse practitioner. Nurse practitioners may fully participate in discussions involving suffering and end of life care including MAID.

This resource is adapted from the Centre for Effective Practice Medical Assistance in Dying (MAID): Ontario resource, and incorporates Manitoba-specific provincial requirements². It is intended to supplement, not circumvent, existing legal requirements, regulatory body requirements, or institutional processes that have been established.

While this resource is based on the best available information, there may be changes in the process after publication of this resource. Every effort will be made to incorporate updates as new information becomes available.

The provincial MAID clinical team contact information:



t. 204.926.1380
t. 1.844.891.1825
f. 204.940.8524



maid@wrha.mb.ca
wrha.mb.ca/maid

Definition of Terms

Physician

A member of the College of Physicians and Surgeons of Manitoba (CPSM) who is registered on the Manitoba Medical Register and who is licensed to practice medicine, excluding a member who is only practicing within a residency training program.

For the purposes of this resource, the term physician may refer to the patient's primary care physician and/or a physician from the provincial MAID clinical team. It is recommended that the physician overseeing the MAID process be responsible for ensuring all relevant documentation is obtained and included in the patient's medical record.

Independent Physicians

The physicians who conduct the reviews for eligibility of the patient. This role may also include administering MAID medications. The Independent Physicians must be directly involved in the:

- Review of the patient for eligibility AND
- Review of the patient's medical decision making capacity AND
- Obtaining consent from the patient

Administering Physician

The Independent Physician who provides or administers the MAID medication to the patient.

Conscience-Based Objection

An objection to participate in a legally available medical treatment or procedure based on a member's personal values or beliefs.



INFO: Full URLs for hyperlinks within this document are included in Section 5: Supporting Material and References.

This pathway is an overview of the MAID process in Manitoba and is described in more detail in the subsequent sections of this resource.

DIAGRAM 1: Patient Inquiry

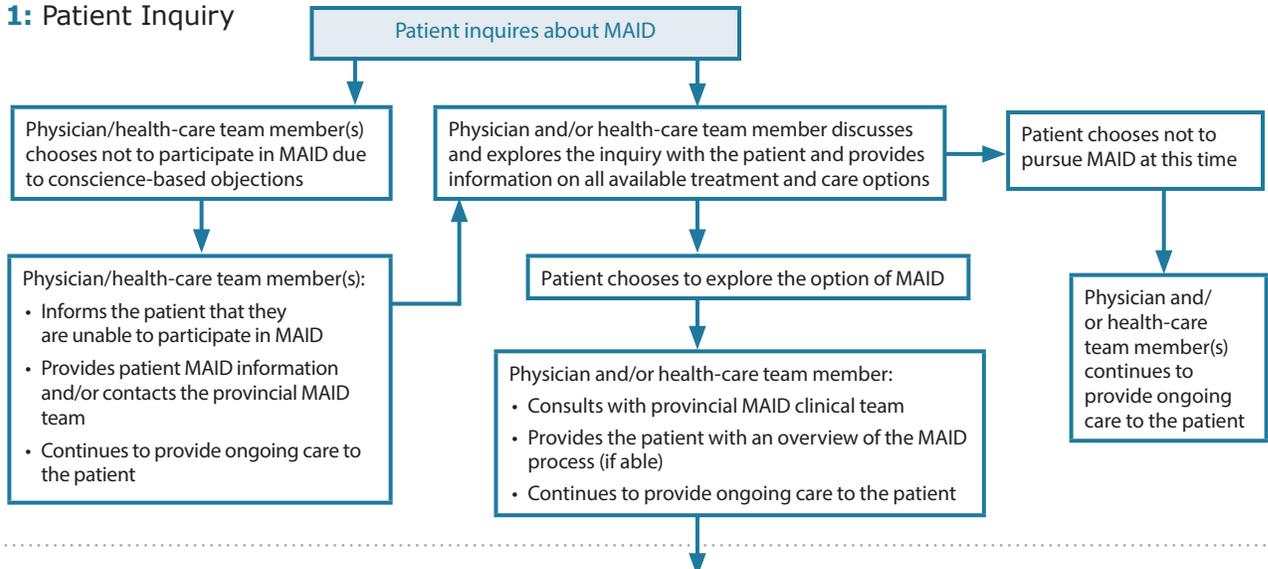


DIAGRAM 2: Determination of Patient Eligibility for MAID

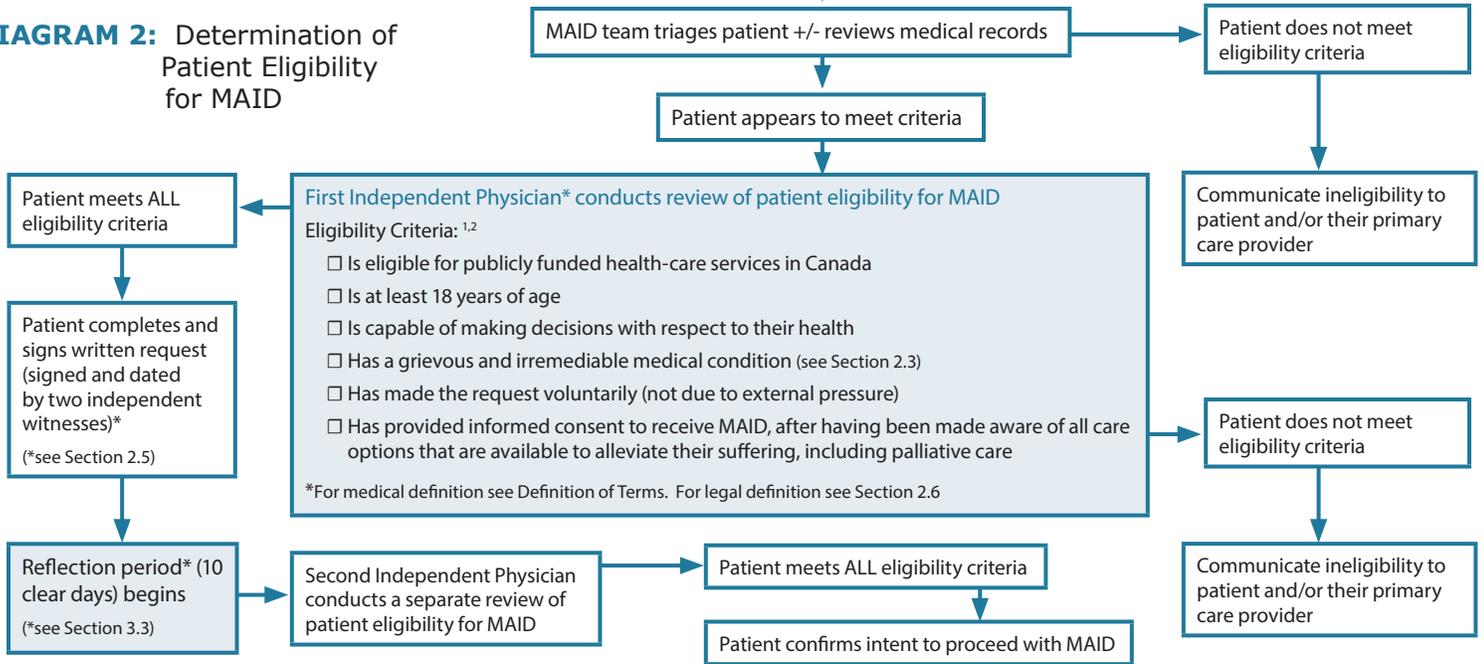
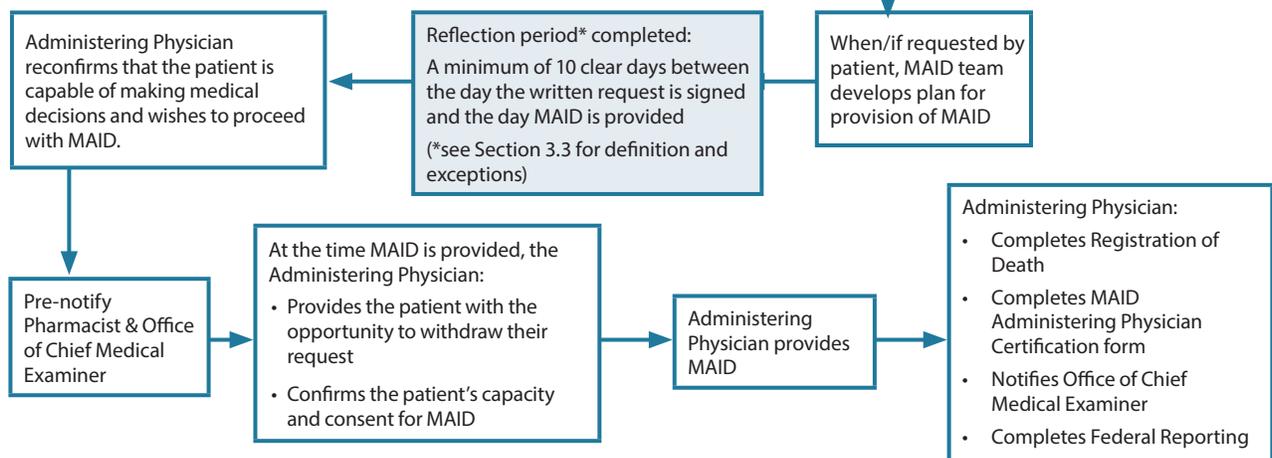
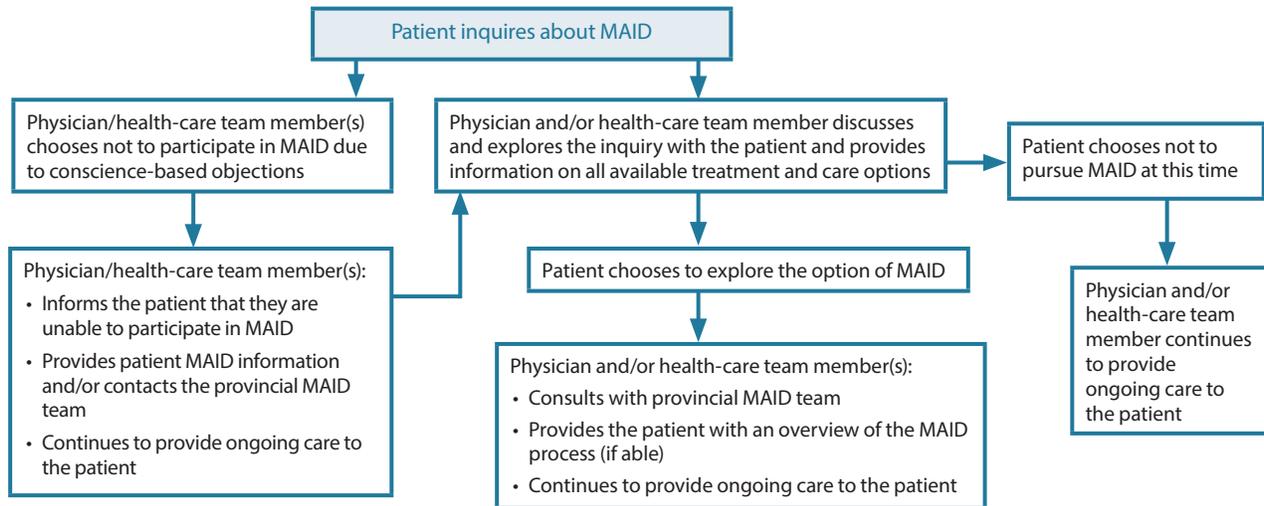


DIAGRAM 3: Preparation for & Provision of MAID





1.1 Patient Inquires About MAID

A patient’s inquiry about MAID can take many forms:

- A general inquiry about MAID including what it involves and availability
- A query of all available options to reduce suffering and/or expedite death (including MAID)
- An expressed desire to end their life with the assistance of a physician
- An explicit request for MAID

1.2 Discussion to Understand Motivation behind Patient’s Inquiry about MAID

An expressed desire to end one’s life through MAID requires a careful exploration to understand the patient’s suffering and review for unmet needs⁴. If unmet needs are identified, efforts should be made to alleviate these needs.

This is an opportunity for the physician and other health-care team members to:

- Explore the patient’s motivations for the request
- Discuss the patient’s concerns and any unmet needs
- Explore, with the patient, all available treatment options (e.g., comfort/palliative care, pain/symptom control, psychological support) including MAID
- Provide the patient further information about MAID (e.g. WRHA MAID website, the provincial MAID team contact information or direct referral to the provincial MAID team)

! Patients are not required to undergo any procedure or treatment that is not acceptable to them.



The following resources may be helpful to physicians to help their patients and families prepare for end-of-life care:

- [Province of Manitoba, Manitoba Health, Seniors & Active Living: Palliative Care](#)
- [Canadian Virtual Hospice](#)

1.3 Conscience-Based Objections

Health-care providers who have a conscience-based objection to MAID are not required to participate in the review for eligibility or provision of MAID. However, while health-care providers have a right to conscience-based objection, they also have a responsibility to respond to a patient’s inquiry about MAID. If asked by a patient for or about MAID, health-care providers must ensure timely access to a resource that provides accurate information².

Health-care providers must comply with the requirements, policies, and guidelines set out by their respective regulatory college regarding conscience-based objection.

Health-care providers are required to adhere to any additional policies as outlined by their institution and/or regional health authority (RHA).

Irrespective of a patient’s desire to explore MAID, health-care providers must continue to provide ongoing (non-MAID related) care and not abandon the patient.^{2,3}



All requests for MAID within Manitoba RHA facilities must be communicated to the provincial MAID team.

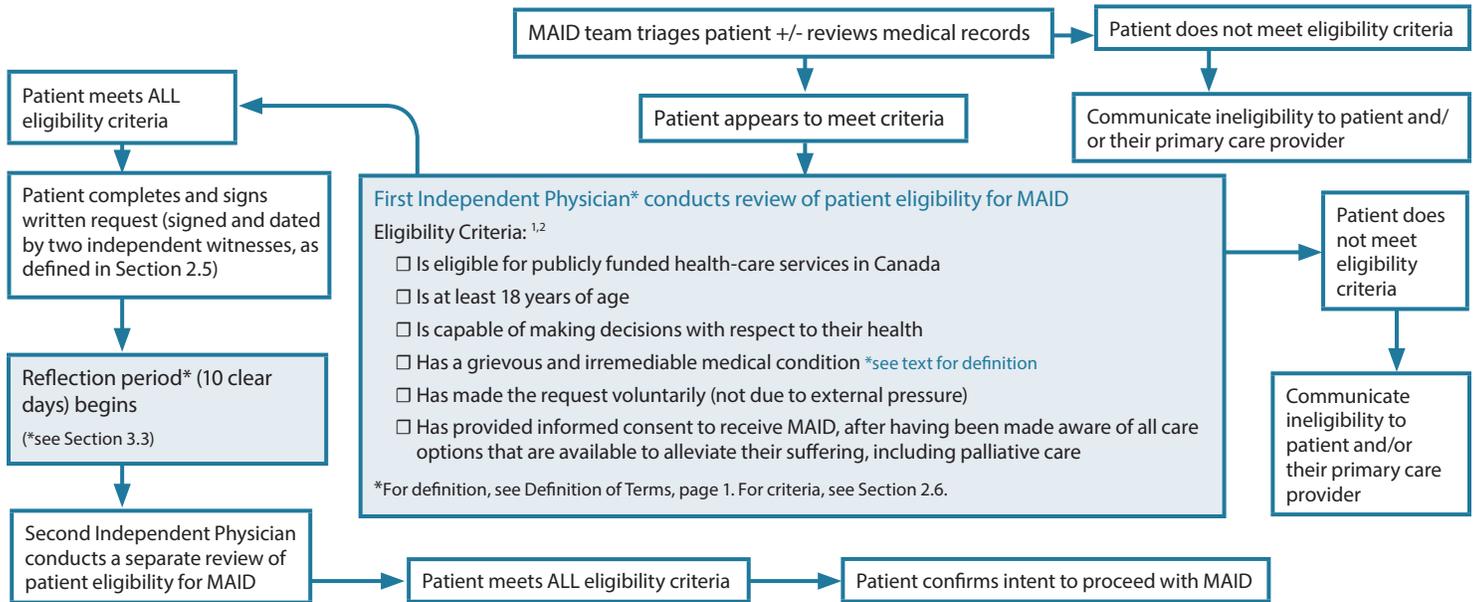


Resources outlining requirements for physicians, nurses, pharmacists and social workers:

- [College of Physicians & Surgeons of Manitoba Schedule M of By-Law 11](#)
- [College of Registered Nurses of Manitoba – Medical Assistance in Dying](#)
- [College of Pharmacists of Manitoba Notice to Pharmacists and Pharmacy Managers – Update on Medical Assistance in Dying](#)
- [Manitoba College of Social Workers – Medical Assistance in Dying Information Summary](#)

1.4 Advance Medical Directive

A patient must be capable of consenting to MAID immediately before it is provided. For this reason, a person cannot consent to MAID through a living will or advance medical directive. Similarly, a substitute decision-maker cannot consent to MAID on behalf of a patient. Family/caregivers and other individuals do not have the legal authority to consent to or authorize MAID on behalf of a patient.



2.1 Eligibility Criteria for MAID

A patient is eligible¹ if they meet ALL the following criteria:

- Is eligible for publicly funded health-care services in Canada
- Is at least 18 years of age
- Is capable of making decisions with respect to their health
- Has a grievous and irremediable medical condition (see Section 2.3 for definition)
- Has made the request voluntarily (not due to external pressure)
- Has provided informed consent to receive MAID, after being made aware of all care options that are available to alleviate their suffering, including palliative care

2.2 Assessing Capacity

As capacity is specific to time and treatment:

- The patient’s capacity must be assessed specifically for consenting to MAID; and
- The patient must be capable immediately before MAID is provided.

The requirements for capacity to undergo MAID are the same as those for any health-care treatment. The use of existing procedures for capacity assessments is encouraged.²

Two-part question to assess capacity:

1. Is the patient able to understand the information relevant to deciding to consent, or to refusing to consent, to MAID?
2. Is the patient able to consider and appreciate the reasonably foreseeable consequences of consenting or not consenting to MAID?

- The following resources may be helpful to physicians when assessing capacity:
- [Consent and Capacity](#): Clinical context and application to assisted dying
 - [Province of Manitoba Health Care Directives Act](#)

2.3 Grievous and Irremediable Medical Condition

A patient’s condition is grievous and irremediable if ALL of the following criteria are met:¹

- Serious and incurable illness, disease, or disability
- Advanced state of irreversible decline in capability
- Enduring physical or psychological suffering as a result of the illness, disease, disability or state of decline that is intolerable to them and that cannot be relieved under conditions that they consider acceptable and
- Natural death has become reasonably foreseeable taking into account all of their medical circumstances (precise proximity to death is not required)

As stated in [Justice Canada’s Legislative Background: Medical Assistance in Dying](#), “the medical condition that is causing the intolerable suffering does not need to be the cause of the reasonably foreseeable death”. The patient’s natural death is foreseeable, if it is expected to transpire within “a period of time that is not too remote”.

The following resources may be helpful to physicians when assessing the patient’s condition:

- [Supportive and Palliative Care Indicators Tool \(SPICIT\)](#): A guide to help identify people at risk of deteriorating health and dying.
- [Mississauga Halton Regional Hospice Palliative Care Early Identification and Prognostic Indicator Guide](#): A guide to support earlier identification of patients nearing the end of life.
- [Clinical Frailty Scale](#) – A tool to assess frailty

2.4 Voluntary Request and Informed Consent to MAID

The patient’s request for MAID must be voluntary and not result from external pressure.^{1,2}

Reasonable measures should be taken to assess that the patient’s decision has been made freely, without coercion or undue influence from family members, health-care providers, or others.

The patient must provide informed consent to receive MAID, after having been informed of all care options available to alleviate their suffering, including palliative care.¹ (Note: review of care options is normally completed by the patient’s primary/specialist health care team(s))

The physician and health-care team have an obligation to take reasonable steps to ensure that the patient has understood the information provided regarding their health status and MAID.

If the patient has difficulty communicating, measures must be taken to provide a reliable means by which the patient may understand the information provided and communicate their decision^{1,2}. Contact the provincial MAID clinical team for assistance (the team includes speech language pathologists).

When obtaining informed consent for MAID the physician must ensure they meet the requirements as per the College of Physicians and Surgeons of Manitoba² which includes meeting with the patient alone at least once.

! The patient must understand that consent can be withdrawn at any time before receiving MAID, without negative consequences on the physician-patient relationship or on the care provided to the patient.



Physicians should consider the following to determine if the patient meets the criteria for informed consent². **The patient:**

- Understands their health status, diagnosis, and prognosis (normally requires input from patient's primary/specialist health care team(s))
- Is fully informed of all available treatments and courses of action, such as: comfort, palliative, and hospice care; pain and symptom control (normally requires input from patient's primary/specialist health care team(s))
- Has been offered appropriate counselling resources
- Consents specifically to MAID and understands the certainty of death upon receiving MAID
- Is fully informed of the process for the provision of MAID, including time, place, and method of administration
- Is aware of potential complications related to the provision of MAID
- Is provided with answers to all questions and to requests for additional information about MAID or any of the above items



The following resource may be helpful to physicians when assessing voluntariness and informed decision making with respect to patients from vulnerable populations:

- [Vulnerability Assessment](#)

2.5 Patient Completes Written Request

Patients must complete a written request for MAID, signed and dated in the presence of two independent witnesses (see Section 2.5) who then must also sign and date the request. The written request can only be signed and dated by the patient after they have been informed by a physician that they have a grievous and irremediable medical condition.

- For patients who are unable to sign and date the request, another person — who is at least 18 years of age, who understands the nature of the request for MAID and who does not know or believe that they are a beneficiary under the will of the patient, or a recipient, in any other way, of a financial or other material benefit resulting from that patient's death — may do so in the patient's presence, on the patient's behalf and under the patient's expressed direction¹

To meet the legal conditions for **independent witness**, the following criteria must be met¹:

- Person 18 years of age or older;
- Understands the nature of the request for MAID;
- Must 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 that patient's death;
- Must not be 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;
- Must not be directly involved in providing health-care services to the patient making the request; and
- Must not be directly providing personal care to the patient making the request.



INFO: The provincial MAID clinical team has created a MAID Patient Request form available [here](#).



Mandatory Federal Reporting requirements for MAID came into effect November 1, 2018. See Section 3.11 for details

2.6 Conducting Eligibility Reviews for MAID

If deemed appropriate for same after triage two Independent* Physicians must conduct reviews to ensure the patient meets ALL the criteria required to be eligible for MAID and then provide their opinions in writing to confirm the patient's eligibility.^{1,2}

*To meet the legal conditions for independence, each physician must ensure that they¹:

- Are not a mentor to the other physician or responsible for supervising their work
- 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
- Do not know or believe that they are connected to the other physician or to the person making the request in any other way that would affect their objectivity



It is encouraged that the physician work with allied health-care team members throughout the MAID process to ensure an interdisciplinary approach.



The following resource may be helpful for physicians to better understand the eligibility criteria for MAID:

- [Justice Canada, Medical Assistance in Dying Glossary](#)

Eligibility needs to be reviewed on a case-by-case basis to reflect the uniqueness of each patient's circumstances.



It is encouraged that the physician consults their colleagues to obtain additional information that may support determination of patient eligibility for MAID.

Example 1: Physician suspects that a patient's mental health condition may be impacting the ability to make decisions with respect to their health and initiates a psychiatric consult to help assess capacity.

Example 2: Physician consults an oncologist to confirm the finding that a patient's natural death has become reasonably foreseeable due to their oncological disease.

2.7 Inclusion of Family Members, Caregivers, and Friends

The patient is not obligated, and there is no legal requirement, to inform their family/caregivers of their decision to pursue MAID. A patient should be encouraged to speak with family members and/or caregivers about the choice to pursue MAID. With the patient's permission, discussions between the physician and family/caregivers should occur throughout the MAID process.

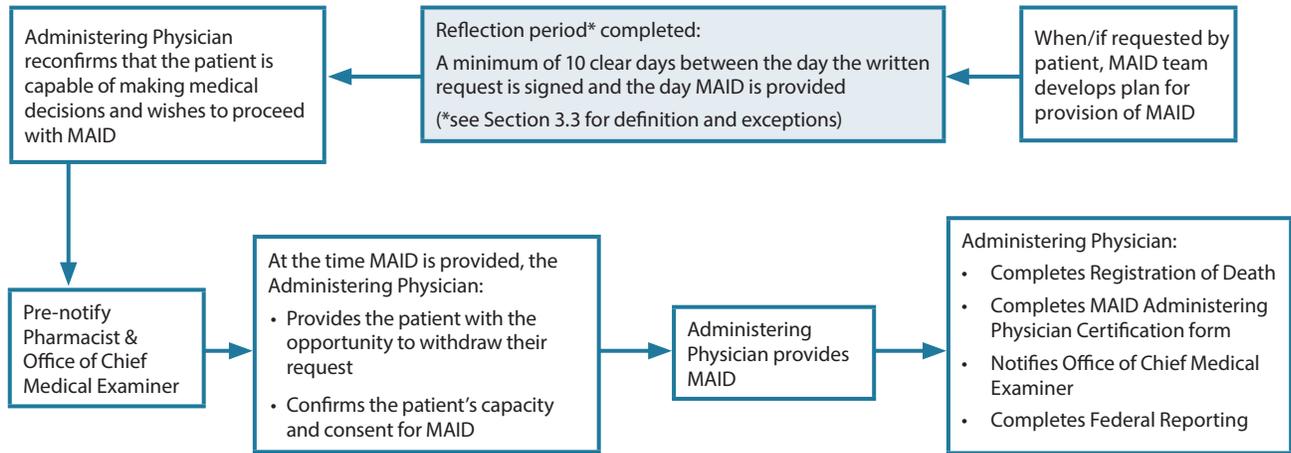
The provincial MAID clinical team contact information:



t. 204.926.1380
t. 1.844.891.1825
f. 204.940.8524



maid@wrha.mb.ca
wrha.mb.ca/maid



3.1 MAID Team

The provision of MAID requires a collaborative care team, including allied health-care providers, support care personnel, and/or administrators, depending on the clinical practice setting.

Currently in Manitoba, there is a team (the provincial MAID team) that provides MAID throughout the province. The team is interdisciplinary and comprised of physicians, pharmacists, nurses, social workers, speech language pathologists and other allied health professionals. The provincial MAID team is a resource for all health-care providers.

 **All requests for MAID within Manitoba RHA facilities must be communicated to the provincial MAID team.**

It is encouraged that the MAID team and other members of the patient’s care team review and debrief after the provision of MAID. The process can be an overwhelming and emotional experience for the patient’s care team. The use of wellness resources and supports is encouraged to promote self-care.

-  Resources for health-care providers:
- [Doctors Manitoba Physician Health & Wellness](#): 24-hour confidential physician and family support line 1-844-436-2762
 - [Manitoba Blue Cross Employee Assistance Program \(EAP\)](#)

3.2 Preparation for MAID

A care plan for the provision of MAID is developed through discussions with the Administering Physician, patient, family/caregivers (with permission) and other members of the patient’s care team.

- Provision of MAID Considerations:**
- Physicians must ensure they fulfill the specific requirements as outlined in the Criminal Code of Canada¹ and Schedule M of CPSM By-Law 11²
 - The provincial MAID team has developed a clinical guide for MAID in Manitoba. Healthcare providers may contact the provincial MAID team for details.
 - All requests for MAID within Manitoba RHA facilities must be communicated to the provincial MAID team
 - Please note there may be special considerations for the provision of MAID including patient’s body weight and/or allergies

3.3 The Reflection Period

There must be at least 10 clear days between the day on which the written request was signed by the patient, and the day MAID is provided. The day the written request is completed and the day MAID is provided cannot be counted as clear days.

The reflection period is intended to provide the patient an opportunity to consider the request for MAID. This allows the patient time to reach an informed and voluntary decision to end their life, while appreciating the consequences of the decision.

 **EXCEPTIONS: If the independent physicians conducting reviews for eligibility are of the opinion that the patient’s death, or the loss of their capacity to provide informed consent is imminent — a shorter period is allowed.^{1,2} It is contrary to federal law to shorten the 10-day reflection period for any reason other than the circumstances outlined here.**

3.4 Date, Time & Location

Through discussion with the patient and family/ caregivers, the MAID team arranges the date, time and location for the provision of MAID and it is determined who will be present.

3.5 Administering Physician

It is determined which of the Independent Physicians who conducted reviews for eligibility will be the Administering Physician.

- As per CPSM Schedule M of By-Law 11², the Administering Physician must:
- Be present from the time MAID medications are administered until the patient has died
 - Notify the Office of Chief Medical Examiner (as outlined in this document)
 - Complete the MAID Administering Physician Certification form
 - Complete all required documentation (as outlined in this document)

3.6 Informing the Pharmacist

Before any pharmacist dispenses medication to be used in the provision of MAID, the Administering Physician must inform the pharmacist that the medication is intended for MAID.

3.7 Drug Protocols

The provincial MAID team has developed a standardized prescription and medication kit for the provision of MAID. Health-care providers may contact the provincial MAID team for details.

 **Please note, there are currently no medications appropriate for self-administration for MAID in Manitoba.**

3.8 Provision of MAID

The provincial MAID team has developed the Medical Assistance in Dying Clinical Guide for Health-Care Providers in Manitoba which provides detailed information about determination of eligibility for and provision of MAID. Health-care providers may contact the provincial MAID team for details.

As part of confirming the plan for the provision of MAID, the Administering Physician must ensure the reflection period (10 clear days) is completed and the patient is capable of making medical decisions and consents to proceed with MAID.

As per federal legislation¹, immediately before MAID is provided, the Administering Physician must:

- Provide the patient the opportunity to withdraw their request for MAID
- Confirm the patient's capacity and consent for MAID

3.9 MAID Documentation

As per CPSM Schedule M to By-Law 11², the Administering Physician must complete the MAID Administering Physician Certification form.

The provincial MAID team has developed several forms to assist with MAID documentation. Please contact the team for more information.

3.10 Notification of Office of Chief Medical Examiner & Completing Registration of Death

The Office of Chief Medical Examiner must be notified prior to the provision of MAID. Currently the process in Manitoba is to contact the provincial MAID team who will provide direction on notifying the Office of Chief Medical Examiner.

The Administering Physician must complete the Registration and Medical Certificate of Death including:

- The time patient's death was pronounced
- Cause of death as underlying disease
- Manner of death as natural
- Indicate that MAID was performed

3.11 Federal Reporting

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 applies to:

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

Any written request* received on or after **November 1, 2018** may trigger reporting requirements under the new regulations. Verbal requests/discussions do NOT require reporting.

* A patient's written request may take any form (text, email, paper) – 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. Please refer to the [Health Canada website](#) for full details. You may also contact the Provincial Medical Assistance in Dying Clinical Team for more information.

The following is a list of documentation that should be included in the patient's medical record.

Documentation	Date and Initial (completed)
<p>Patient Inquiry</p> <ul style="list-style-type: none"> <input type="checkbox"/> Date of patient's initial inquiry <input type="checkbox"/> Date and details of discussion to understand the exact nature of the patient's inquiry <input type="checkbox"/> Patient informed of all available treatment and care options, including palliative care <input type="checkbox"/> If patient wishes to proceed, consult with provincial MAID team 	
<p>Patient permission obtained to discuss MAID with family, next of Kin, friends, health-care providers, and/or other care providers (e.g. spiritual care)</p>	
<p>Reviews for eligibility : completed by two Independent Physicians</p> <ul style="list-style-type: none"> <input type="checkbox"/> Details and results of reviews for eligibility <ul style="list-style-type: none"> • MAID Eligibility Review form (Use of the form is optional, however the details and results of the reviews for eligibility must be documented) • Document all consults (e.g., psychiatric, neurological, capacity assessments) • All eligibility criteria are met: <ul style="list-style-type: none"> • Eligible for publicly funded health-care services in Canada • At least 18 years of age • Capable of making decisions about their health • Meets criteria for grievous and irremediable medical condition • Request is voluntary (no concerns regarding coercion) • Informed consent provided <p><i>Include dates of reviews for eligibility and names of physicians who completed the reviews</i></p>	
<p>Written request for MAID completed, signed, and dated by the patient</p> <ul style="list-style-type: none"> <input type="checkbox"/> Signed and dated by two independent witnesses (confirm criteria for independent witness has been met) <input type="checkbox"/> If patient unable to sign, request form signed and dated on patient's behalf (confirm criteria for proxy have been met) 	
<p>Reflection Period</p> <ul style="list-style-type: none"> <input type="checkbox"/> Document date reflection period begins (the day after the written request was completed) <input type="checkbox"/> Document date reflection period ends – ensure 10 clear days between the day written request is completed and the date MAID is provided <input type="checkbox"/> Document justification for shortening of 10-day reflection period (if applicable) 	
<p>Patient advised of right to withdraw request for MAID at any time</p>	
<p>MAID process documentation</p> <ul style="list-style-type: none"> <input type="checkbox"/> Approval for MAID communicated to patient and primary care provider(s) 	
<p>Preparation for MAID</p> <ul style="list-style-type: none"> <input type="checkbox"/> Time and place of MAID provision and individuals to be present <input type="checkbox"/> Confirm dates of reflection period (10 clear days) <input type="checkbox"/> Identify Administering Physician and other MAID team members to be present <input type="checkbox"/> Identify & notify RHA administrator, facility administrator and/or non-MAID health-care providers as appropriate <input type="checkbox"/> Standardized prescription completed <input type="checkbox"/> Pharmacist informed <input type="checkbox"/> Pre-notify Office of Chief Medical Examiner (via Provincial MAID Team) 	
<p>Provision of MAID</p> <ul style="list-style-type: none"> <input type="checkbox"/> Patient given opportunity to withdraw their request for MAID <input type="checkbox"/> Patient Capacity and Consent reconfirmed immediately prior to MAID <input type="checkbox"/> Patient completes Patient Consent on Day of Provision of MAID form <input type="checkbox"/> Discussion with patient (and family, with consent) to prepare them for MAID <input type="checkbox"/> Document provision of MAID <input type="checkbox"/> Complete MAID Administering Physician Certification form <input type="checkbox"/> Complete the Medication Administration Record (MAR) <input type="checkbox"/> Complete Controlled Medication Form <input type="checkbox"/> Complete Registration and Medical Certificate of Death <input type="checkbox"/> Complete Federal Reporting <input type="checkbox"/> Any other additional documents as required by provincial and federal legislation and regulations 	
<p>Notification of Office of Chief Medical Examiner (contact provincial MAID team for direction)</p>	

SECTION 5: References

- [1] Criminal Code of Canada as amended by Bill C-14, 1st Sess, 42nd Leg, Canada, 2016. http://laws-lois.justice.gc.ca/eng/AnnualStatutes/2016_3/FullText.html
- [2] College of Physicians and Surgeons of Manitoba Schedule M to By-Law No, 11: Medical Assistance in Dying. 2016. [cited 2017 February]. Available from: <http://cpsm.mb.ca/cjj39alckf30a/wp-content/uploads/PAD/MAIDschm.pdf>
- [3] College of Registered Nurses of Manitoba: Medical Assistance in Dying. 2016. [cited 2017 January 27]. Available from: <https://www.crnmb.ca/support/medical-assistance-in-dying>
- [4] Branigan M. Desire for hastened death: exploring the emotions and the ethics. 2015. [cited 2016 September 30]. *Curr Opin Support Palliat Care*. 9(1):64-71.

SECTION 5: Supporting Material*

- | | |
|---|--|
| [i] Province of Manitoba, Manitoba Health, Seniors & Active Living: Palliative Care
http://www.gov.mb.ca/health/palliative_care.html | [x] Supportive and Palliative Care Indicators Tool (SPIC TM)
http://www.gov.scot/resource/doc/924/0111396.pdf |
| [ii] Canadian Virtual Hospice
http://www.virtualhospice.ca/en_US/Main+Site+Navigation/Home.aspx | [xi] Mississauga Halton Regional Hospice Palliative Care Early Identification and Prognostic Indicator Guide
https://www.cancercare.on.ca/common/pages/UserFile.aspx?fileid=344053 |
| [iii] College of Physicians and Surgeons of Manitoba Schedule M to By-Law 11
http://cpsm.mb.ca/cjj39alckf30a/wp-content/uploads/PAD/MAIDschm.pdf | [xii] Clinical Frailty Score – Geriatric Medicine Research, Dalhousie University
http://geriatricresearch.medicine.dal.ca/clinical_frailty_scale.htm |
| [iv] College of Registered Nurses of Manitoba: Medical Assistance in Dying
https://www.crnmb.ca/support/medical-assistance-in-dying | [xiii] Assessing Vulnerability in a System for Physician-Assisted Death in Canada
http://www.cacl.ca/sites/default/files/uploads/CACL%20Vulnerability%20Assessment%20Apr%208%202016%20-%20Final.compressed.pdf |
| [v] College of Pharmacists of Manitoba Notice to Pharmacists and Pharmacy Managers – Update on Medical Assistance in Dying
http://www.cphm.ca/uploaded/web/MAID%20Notice%20to%20Pharmacists%20%20Pharmacy%20Managers%20June%2023%202016-%20final.pdf | [xiv] Department of Justice Canada: Medical Assistance in Dying Glossary
http://www.justice.gc.ca/eng/cj-jp/ad-am/glos.html |
| [vi] Manitoba College of Social Workers – Medical Assistance in Dying Information Summary
https://mcsww.ca/wp-content/uploads/2015/06/MAID-Information-Summary.pdf | [xv] Doctors Manitoba Physician Health & Wellness: 24-hour confidential physician and family support line 1-844-436-2762
https://docsmb.org/wellness/par/ |
| [vii] Consent and Capacity: Clinical context and application to assisted dying a practical step by step guide to capacity assessment
https://kte01.med.umanitoba.ca/assets/chi/assets/attachments/533/original/a-practical-step-by-step-guide-to-capacity-assessment.pdf?1487178766 | [xvi] Manitoba Blue Cross Employee Assistance Program (EAP)
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| [viii] Province of Manitoba Health Care Directives Act
http://web2.gov.mb.ca/laws/statutes/ccsm/pdf.php?cap=h27 | [xvii] Province of Manitoba, Manitoba Health, Seniors & Active Living: Medical Assistance in Dying
http://www.gov.mb.ca/health/maid.html |
| [ix] Justice Canada's Legislative Background: Medical Assistance in Dying (Bill C-14, as Assented to on June 17, 2016)
http://www.justice.gc.ca/eng/rp-pr/other-autre/ad-am/ad-am.pdf | [xviii] Federal Reporting Guidance for reporting on medical assistance in dying – Summary
https://www.canada.ca/en/health-canada/services/medical-assistance-dying/guidance-reporting-summary.html |

*These supporting materials are hosted by external organizations and as such, the accuracy and accessibility of their links are not guaranteed. Winnipeg Regional Health Authority will make every effort to keep these links up to date.

To contact the provincial MAID clinical team or learn more visit wrha.mb.ca/maid or call 1-844-891-1825. This resource is adapted from the Centre for Effective Practice Medical Assistance In Dying (MAID): Ontario resource, and incorporates Manitoba-specific provincial requirements. It is intended to supplement, not circumvent, existing legal requirements, regulatory body requirements, or institutional processes that have been established.

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