

# MAID Documentation Checklist

The following is a list of documentation that should be included in the patient's medical record. These records should be on-hand and accessible to support an efficient and effective investigation by the Office of the Chief Coroner.

Documentation	Date and Initial (completed)
<p><b>Patient Inquiry</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Date of patient's initial inquiry</li> <li><input type="checkbox"/> Date and details of discussion to understand the exact nature of the patient's request, including role of psychosocial factors</li> <li><input type="checkbox"/> Patient informed of all available alternate treatment and care options, including palliative care</li> </ul>	
<p><b>Patient Consent Obtained to Discuss MAID with Family and Next of Kin</b></p>	
<p><b>Conscientious Objection and Patient Referral (if applicable)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Patient informed of Clinician's conscientious objections as per regulatory guidelines</li> <li><input type="checkbox"/> Patient referral facilitated</li> <li><input type="checkbox"/> All relevant patient records transferred by the referring Clinician (include name and contact information of referring Clinician)</li> </ul>	
<p><b>Eligibility Assessments: Completed Separately by Two Clinicians</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Details and results of eligibility assessments <ul style="list-style-type: none"> <li>• <a href="#">Clinician Aid B</a> and <a href="#">Clinician Aid C</a>: Use of the MOHLTC forms are optional, however the details and results of the assessments must be documented</li> <li>• Document all consults (e.g., psychiatric, neurological, capacity assessments)</li> <li>• All eligibility criteria are met: <ul style="list-style-type: none"> <li>• At least 18 years of age</li> <li>• Capable of making decisions about their health</li> <li>• Meets criteria for grievous and irremediable medical condition</li> <li>• Request is voluntary (no concerns regarding coercion)</li> <li>• Informed consent</li> <li>• Eligible for publicly funded health care services in Canada</li> </ul> </li> </ul> </li> </ul> <p><i>Include dates of assessments, the names of Clinicians who completed the assessments, and confirmation that criteria for independence has been met</i></p>	
<p><b>Formal Written Request for MAID</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Written request completed, signed, and dated by the patient (<a href="#">Clinician Aid A</a>: optional)</li> <li><input type="checkbox"/> Signed and dated by two independent witnesses (confirm criteria for independent witness has been met)</li> <li><input type="checkbox"/> Request transcribed on patient's behalf (if unable to write)</li> <li><input type="checkbox"/> Request signed and dated on patient's behalf (if unable to sign)</li> </ul>	
<p><b>Patient Advised of Right to Withdraw Consent for MAID at Any Time</b></p>	
<p><b>Routine Notification for Donation Eligibility</b> (mandatory for designated facilities and sites)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Document notification of Trillium Gift of Life Network (TGLN) <b>CALL:</b> 1-877-363-8465</li> </ul>	
<p><b>Details of MAID Care Plan</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Members of care team identified and briefed</li> <li><input type="checkbox"/> Document consent provided for inclusion of family/caregivers</li> <li><input type="checkbox"/> Time and place of MAID</li> <li><input type="checkbox"/> Method of administration</li> <li><input type="checkbox"/> Pharmacist informed</li> <li><input type="checkbox"/> Drug protocol selected</li> <li><input type="checkbox"/> Plan for safe disposal</li> <li><input type="checkbox"/> Other relevant considerations</li> </ul>	
<p><b>Patient and Family Meeting Prior to MAID Procedure</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Discussion with patient (and family, with consent) to prepare them for provision of MAID</li> </ul>	
<p><b>Reflection Period</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Document date reflection period begins</li> <li><input type="checkbox"/> Document date reflection period ends – ensure 10 clear days between the day formal written request is signed, and the day that the lethal medication is administered or prescribed</li> <li><input type="checkbox"/> Document justification for shortening of 10-day reflection period (if applicable)</li> </ul>	
<p><b>Patient Capacity and Consent Re-affirmed Prior to Provision of MAID</b></p>	
<p><b>Documentation Related to the Administration of MAID</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Method of administration documented (in hospital/practice setting or self-administration)</li> <li><input type="checkbox"/> MAID procedure note</li> <li><input type="checkbox"/> Any other additional documents as required by Clinician's institution (e.g., completed and signed order set for MAID, pharmacy dispensing records, MAID medication administration record, etc.)</li> </ul>	
<p><b>Notification and Reporting of Death</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Office of Chief Coroner notified: Call 1-855-299-4100 to report a death due to MAID</li> <li><input type="checkbox"/> Patient's complete medical record provided to the Office of the Chief Coroner for investigation</li> </ul>	