

# Guidance Document

Reporting Requirements under the  
*Regulations Amending the Regulations for the  
Monitoring of Medical Assistance in Dying*



**Health Canada is the federal department responsible for helping the people of Canada maintain and improve their health.** Health Canada is committed to improving the lives of all of Canada's people and to making this country's population among the healthiest in the world as measured by longevity, lifestyle and effective use of the public health care system.

Également disponible en français sous le titre :  
Document d'orientation-Exigences en matière d'établissement de rapports en vertu du *Règlement modifiant le Règlement sur la surveillance de l'aide médicale à mourir*

To obtain additional information, please contact:

Health Canada  
Address Locator 0900C2  
Ottawa, ON K1A 0K9  
Tel.: 613-957-2991  
Toll free: 1-866-225-0709  
Fax: 613-941-5366  
TTY: 1-800-465-7735  
E-mail: [publications-publications@hc-sc.gc.ca](mailto:publications-publications@hc-sc.gc.ca)

© His Majesty the King in Right of Canada, as represented by the Minister of Health, 2022

Publication date: December 2022

This publication may be reproduced for personal or internal use only without permission provided the source is fully acknowledged.

Cat.: H22-4/14-2022E-PDF  
ISBN: 978-0-660-46648-4  
Pub.: 220645

# Guidance Document

## Reporting Requirements under the *Regulations Amending the Regulations for the Monitoring of Medical Assistance in Dying*

### About:

The [\*Regulations Amending the Regulations for the Monitoring of Medical Assistance in Dying\*](#) require physicians, nurse practitioners, preliminary assessors, pharmacists and pharmacy technicians to provide information related to requests for, and the provision of, medical assistance in dying (MAID). This guidance document is to support these health care professionals in fulfilling their responsibilities under the *Regulations*<sup>a</sup>.

This document is not part of the *Criminal Code* or the *Regulations Amending the Regulations for the Monitoring of Medical Assistance in Dying*. The main objective of this administrative document is to facilitate reporting; it is not intended to provide legal advice regarding the interpretation of the *Criminal Code* or the *Regulations*. In the event of any inconsistency or discrepancy between the *Criminal Code* or the *Regulations* and this document, the *Criminal Code* or the *Regulations* take precedence. Any questions about legal obligations or responsibilities under the *Criminal Code* or the *Regulations* should be directed to independent legal counsel.

### Who is this guide for?

- Physicians, nurse practitioners and preliminary assessors who have received a request for MAID; and
- Pharmacists and pharmacy technicians who have dispensed a substance for the purposes of administering MAID.

---

<sup>a</sup> It should be noted that there may be additional reporting requirements for health care professionals reporting in provinces and territories that are designated recipients under the *Regulations* (i.e., Québec, British Columbia, Saskatchewan, the Northwest Territories, Nunavut, Alberta and Ontario [for MAID provision only]). As such, health care professionals in these jurisdictions should check with responsible authorities in their jurisdiction regarding further reporting obligations.

## Table of Contents

<b>1. Background</b>	<b>5</b>
<b>2. Who needs to report?</b>	<b>5</b>
<b>3. What constitutes a request for MAID for the purposes of reporting?</b>	<b>6</b>
<b>4. When is a report required and what information must be reported?</b>	<b>7</b>
4.1 When preliminary assessors are required to report	7
4.2 When physicians or nurse practitioners are required to report	8
4.3 When pharmacists or pharmacy technicians are required to report	10
<b>5. How is a report submitted?</b>	<b>13</b>
5.1 Submissions to the federal Minister of Health	13
5.2 Submissions to a Province or Territory	14
5.3 Submissions in Ontario: a hybrid approach	14
<b>6. What happens if the required information is not reported?</b>	<b>14</b>
<b>7. Clarification: reporting requirements</b>	<b>15</b>
7.1 Obligation to report when multiple health care professionals are implicated	15
7.2 Reporting on withdrawal of a person's request	15
7.3 Reporting on a person's death from a cause other than MAID	15
7.4 Interjurisdictional cases	15
<b>8. Clarification: data elements, terms and concepts</b>	<b>16</b>
8.1 Licence or registration number (physician and nurse practitioner)	16
8.2 Person's information	16
8.3 Person's sex at birth	16
8.4 Socio-demographic data elements	16
8.5 Usual place of residence and living arrangement	19
8.6 Residential care facility	19
8.7 Date of request	20
8.8 Postal code of the person	20
8.9 Disability support services	20
8.10 Palliative care	20
8.11 Person's description of suffering	21
8.12 Information on preliminary assessor, physician, nurse practitioner, pharmacist and pharmacy technician	21
8.13 Duration of the serious and incurable illness, disease or disability	21
8.14 Dispensing of a substance	21
8.15 Person had difficulty communicating	22
8.16 Length of assessment	22
8.17 Calculating the 90 clear days	24
8.18 Means to relieve suffering	25
<b>9. For assistance</b>	<b>25</b>
<b>Appendix A - Checklists of information required for reporting</b>	<b>26</b>

## 1. Background

---

Health Canada has recently amended the 2018 *Regulations for the Monitoring of Medical Assistance in Dying* (SOR/2018-166) to align with the [changes to the Criminal Code](#), arising through the former Bill C-7, *An Act to amend the Criminal Code (medical assistance in dying)*, which came into force on March 17, 2021. Federal monitoring, which refers to the collection, analysis and reporting of MAID data, is a critical feature of the MAID legislation and reflects the seriousness of MAID as an exemption to the criminal laws in Canada that prohibit ending a human life.

The [Regulations Amending the Regulations for the Monitoring of Medical Assistance in Dying](#) (hereafter referred to as the *Regulations*) were published in *Canada Gazette, Part II* on November 9, 2022 and came into force on January 1, 2023. The regulatory amendments continue to support the collection of consistent, comprehensive information on MAID across the country by setting out reporting requirements for: health care professionals who conduct preliminary assessments of eligibility; physicians and nurse practitioners who conduct assessments of eligibility and deliver MAID; and for pharmacists and pharmacy technicians (in collaboration with a pharmacist) who dispense the necessary substances for the provision of MAID.

### **Overview of New Reporting Requirements**

There are a number of new reporting requirements resulting from recent legislative changes and associated regulatory amendments, including:

- Enhanced reporting requirements related to the assessment and provision of MAID for persons whose natural death is not reasonably foreseeable;
- Addition of reporting requirements for waiver of final consent for persons whose natural death is reasonably foreseeable;
- Requiring the collection of data related to gender identity, race, Indigenous identity and disability;
- Expanding reporting to include preliminary assessors (those health care professionals that have the responsibility in their jurisdiction to conduct preliminary assessments of requests for MAID) and pharmacy technicians;
- Requiring the collection of data on all MAID assessments following a person's request for MAID (verbal or in writing);
- Collection of additional data on palliative care and disability support services received by persons requesting MAID;
- Addition of other data elements, including: previous requests for MAID made by a person; the length of time that the person has had a serious illness, disease or disability; and how a person describes the nature of their suffering.

## 2. Who needs to report?

---

- Physicians, nurse practitioners and preliminary assessors who have received a request for MAID (verbal or in writing) may have to report depending on the outcome of that request (refer to the tables in section 4.1 and 4.2).

- Pharmacists and pharmacy technicians (in collaboration with a pharmacist) who have dispensed a substance in connection with the provision of MAID (refer to the table in section 4.3 for additional details).
- **If you are not** a physician, nurse practitioner, preliminary assessor, pharmacist or pharmacy technician, you do **not** need to report involvement in a MAID case (unless otherwise indicated by a provincial/territorial or institutional policy).
- Note that in the context of the *Criminal Code* provisions related to MAID and the *Regulations*, it is the responsibility of the designated physician, nurse practitioner, preliminary assessor, pharmacist and pharmacy technician to submit reports to the appropriate designated recipient and to ensure the timeliness and accuracy of reporting.
- Some provinces and territories may impose more stringent policies around who can participate in MAID, which may impact reporting obligations for certain health care professionals (e.g., in Québec, nurse practitioners are currently not permitted to assess eligibility or provide MAID; in British Columbia, pharmacy technicians are not permitted to dispense substances for MAID). If you are uncertain about whether you have a reporting obligation, you should contact your provincial/territorial professional regulatory body or seek independent legal advice.

### 3. What constitutes a request for MAID for the purposes of reporting?

---

A person's request for MAID (verbal or in writing) may take any form (e.g., via a discussion with the physician or nurse practitioner, an email, a text message, a piece of paper, a speech generating device, etc.). 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.

For reporting purposes, a request **must** be an intentional/explicit request for MAID. An inquiry about MAID, such as seeking general information about MAID eligibility or the delivery of MAID does not constitute a request for MAID. Similarly, a general discussion between a requestor and a MAID assessor/provider on their views regarding applicability of eligibility, in the case of this specific person, would also not constitute an "intentional" request for MAID for the purposes of triggering a reporting requirement under the *Regulations*.

If a person is assessed following a request made by them and if the assessment leads to a reportable outcome (listed in section 4.1 and 4.2), then there is an obligation to report irrespective of whether MAID is provided.

It should be noted that an eligibility assessment may be undertaken upon receipt of a MAID request (verbal or in writing), the outcome of which may be reportable. However, for MAID to be administered to an individual, a written request for MAID must be completed and must be in a specific format (i.e., duly signed, dated and witnessed) as part of legislated safeguards, specified in the *Criminal Code*.

## 4. When is a report required and what information must be reported?

### 4.1 When preliminary assessors are required to report

Prior to the passage of the former Bill C-7, *An Act to amend the Criminal Code (medical assistance in dying)*, MAID reporting was limited to physicians, nurse practitioners and pharmacists. This created a gap in the reporting of MAID requests where a non-practitioner conducted a preliminary (or “initial”) assessment and found the person ineligible. To address this gap, the legislation introduced reporting by a preliminary assessor. As per subsection 241.31(1.1) of the *Criminal Code*, a preliminary assessor is “any person who has the responsibility to carry out a preliminary assessment of whether a person who has made a request for MAID meets the eligibility criteria”.

The qualifications for a preliminary assessor are not set in the legislation or the *Regulations*. Provincial and territorial authorities and/or policies regarding whether a non-practitioner can assess aspects of a person’s eligibility for MAID vary. It is the responsibility of each jurisdiction to develop policies or guidance governing the qualifications and/or role of a preliminary assessor in the MAID assessment process. For example, a preliminary assessor may include any regulated professional in a care team, a care coordination service, or other relevant settings.

The legislation provides for only physicians and nurse practitioners to be able to confirm a person’s eligibility for the purposes of receiving MAID. In some provinces and territories, health professionals other than physicians and nurse practitioners are involved in the collection of information about the person requesting MAID, which may inform a determination of ineligibility for MAID. Under the *Regulations*, these “preliminary assessors” are only required to report a determination of ineligibility and have no other obligations under the *Regulations* (refer to the examples below for concrete scenarios when a report is required from a preliminary assessor and when one is not required).

Scenario / Outcome	Timeframe to provide information	Information required
<b>Preliminary Assessors</b> – a preliminary assessor who carried out a preliminary assessment of whether a person who has made a request for MAID (verbal or in writing) meets the eligibility criteria and determined that the person <u>did not</u> meet one or more of the eligibility criteria must provide the following information:		
Determination of ineligibility	Report within 30 days after the day on which the determination of ineligibility is made	<ul style="list-style-type: none"> <li>• Schedule 1 (Basic Information)               <ul style="list-style-type: none"> <li>○ section 1</li> <li>○ section 2.1</li> <li>○ section 3</li> <li>○ section 4 - if known</li> </ul> </li> <li>• Schedule 3 (Eligibility Criteria)               <ul style="list-style-type: none"> <li>○ section 1</li> <li>○ section 2</li> <li>○ section 3</li> <li>○ section 5 - if known</li> <li>○ section 6 - if known</li> <li>○ section 7 - if known</li> </ul> </li> </ul>



**NOTE:**

1. The 30 days start after the determination of ineligibility, not the day after the preliminary assessor receives the request.
2. It should also be noted that shorter reporting timeframes may be established by provincial/territorial designated recipients. Please check with the responsible authority in your jurisdiction for additional requirements.

## 4.2 When physicians or nurse practitioners are required to report

The following table provides a snapshot of the various outcomes that could occur once a physician or a nurse practitioner receives a person's request for MAID, when reporting is required, and what information must be reported.

Scenario / Outcome	Timeframe to provide information	Information required
<b>Practitioners</b> – a physician or nurse practitioner who received a person's request for MAID (verbal or in writing) must provide the following information, depending on the outcome of the request:		
Provision of MAID to eligible person by administering a substance	Report within 30 days after the day on which the person dies	<ul style="list-style-type: none"> <li>• Schedule 1 (Basic Information)               <ul style="list-style-type: none"> <li>○ section 1</li> <li>○ section 2</li> <li>○ section 3</li> <li>○ section 4 - if known</li> </ul> </li> <li>• Schedule 3 (Eligibility Criteria)</li> <li>• Schedule 4 or 4.1 (Procedural requirements - RFND or non-RFND)</li> <li>• Schedule 6 (Administering a Substance - applicable sections)</li> </ul>
Provision of MAID to eligible person by prescribing or providing a substance for self-administration	<p>Report no earlier than 90 days, and no later than one year, after prescribing or providing the substance</p> <p>You may report earlier if you know the person has died. In all other cases, you must wait 90 days</p>	<ul style="list-style-type: none"> <li>• Schedule 1 (Basic Information)               <ul style="list-style-type: none"> <li>○ section 1</li> <li>○ section 2</li> <li>○ section 3</li> <li>○ section 4 - if known</li> </ul> </li> <li>• Schedule 3 (Eligibility Criteria)</li> <li>• Schedule 4 or 4.1 (Procedural requirements - RFND or non-RFND)</li> <li>• Schedule 5 (Prescribing or Providing a Substance)</li> </ul>
Determination of ineligibility	Report within 30 days after the day on which the determination of ineligibility is made	<ul style="list-style-type: none"> <li>• Schedule 1 (Basic Information)               <ul style="list-style-type: none"> <li>○ section 1</li> <li>○ section 2</li> <li>○ section 3</li> </ul> </li> </ul>



		<ul style="list-style-type: none"> <li>○ section 4 - if known</li> <li>● Schedule 3 (Eligibility Criteria)</li> </ul>
Person found eligible, but MAID not provided because the practitioner subsequently determined that a safeguard had not been met	Report within 30 days after the day on which the subsequent determination is made	<ul style="list-style-type: none"> <li>● Schedule 1 (Basic Information) <ul style="list-style-type: none"> <li>○ section 1</li> <li>○ section 2</li> <li>○ section 3</li> <li>○ section 4 - if known</li> </ul> </li> <li>● Schedule 3 (Eligibility Criteria)</li> </ul>
Person withdrew their request for MAID	<p>Report within 30 days of becoming aware of the person's withdrawal of their request</p> <p>You are not required to actively seek out information about whether a person has withdrawn the request, but must report this if known</p>	<ul style="list-style-type: none"> <li>● Schedule 1 (Basic Information) <ul style="list-style-type: none"> <li>○ section 1</li> <li>○ section 2</li> <li>○ section 3</li> <li>○ section 4 - if known</li> </ul> </li> <li>● Schedule 3 (Eligibility Criteria - if person had been found eligible prior to withdrawal)</li> <li>● Reasons for the withdrawal, if known, and the means that were chosen by the person to relieve their suffering, if applicable</li> </ul>
Person died from a cause other than MAID	<p>Report within 30 days after the day on which the practitioner becomes aware that the person died from a cause other than MAID</p> <p>You are not required to actively seek out information about whether a person has died from a cause other than MAID, but must report this if known</p>	<ul style="list-style-type: none"> <li>● Schedule 1 (Basic Information) <ul style="list-style-type: none"> <li>○ section 1</li> <li>○ section 2</li> <li>○ section 3</li> <li>○ section 4 - if known</li> </ul> </li> <li>● Schedule 3 (Eligibility Criteria - if person had been found eligible prior to dying from a cause other than MAID)</li> <li>● Date and cause of death (immediate and underlying), if known</li> </ul>

**Note:**

1. The 30 days start the day after one of the above reportable outcomes occurs, not the day after the physician or nurse practitioner receives the request.
2. The requirement to report ceases for physicians or nurse practitioners if none of the outcomes described in this table have occurred within 90 days of receiving a written/verbal request (in the case of a person whose natural death is reasonably foreseeable) or within two years (in the case of a person whose natural death is not reasonably foreseeable), with the exception of the "provision of MAID" (whether by administering a substance or by prescribing/providing a substance for self-administration), for which the requirement to report does not cease.
3. It should also be noted that shorter reporting timeframes may be established by provincial/territorial designated recipients.

### 4.3 When pharmacists or pharmacy technicians are required to report

Scenario / Outcome	Timeframe to provide information	Information required
<p><b>Pharmacists and Pharmacy Technicians</b> – a pharmacist who dispensed a substance in connection with the provision of MAID or a pharmacy technician (in collaboration with a pharmacist) who dispensed a substance to aid a practitioner in providing MAID must provide the following information:</p>		
<p>Dispensed* a substance in connection with the provision of MAID</p>	<p>Report within 30 days after the day on which the substance is dispensed</p> <p>Only one report is required regardless of how many substances are dispensed for the purpose of providing MAID to a person.</p> <p>Also, only one report is required per individual even if both the pharmacist and the pharmacist technician (or two pharmacists) were involved in the preparation of the substances.</p> <p>If substances were dispensed and not used (e.g., person withdrew) and the person later returns for MAID, then two separate reports would be required.</p>	<ul style="list-style-type: none"> <li>• Schedule 7 (Dispensing a Substance)</li> </ul>

\*See section 8.14 for clarification

**Note:**

1. It should also be noted that shorter reporting timeframes may be established by provincial/territorial designated recipients.

## Examples of Scenarios that require reporting

- ✦ A preliminary assessor working in a care team or in a care coordination service receives a request for MAID (verbal or in writing). In the conduct of a preliminary assessment, the preliminary assessor is of the opinion that the person does not meet one or more of the eligibility criteria for MAID (set out in subsection 241.2(1) of the *Criminal Code*) and consequently, does not warrant a referral to a physician or nurse practitioner. In this case, the preliminary assessor is required to report their determination of ineligibility.
- ✦ A physician or nurse practitioner receives a request for MAID. A few days later, they begin the eligibility assessment, but the person dies before they are able to complete their assessment. If the physician or nurse practitioner becomes aware of the person's death, they must submit a report indicating the outcome of death from a cause other than MAID. Since the eligibility assessment was not completed and the physician or nurse practitioner had not yet determined that the person met all of the eligibility criteria, they must report the following: the information referred in Schedule 1; the date of the person's death (if known); and, if a medical certificate of death was completed, the immediate and underlying causes of death.
- ✦ A physician or nurse practitioner receives a request for MAID (verbal or in writing) and begins the eligibility assessment, but the person changes their mind and withdraws before they are able to complete the eligibility assessment. They must submit a report indicating the outcome of withdrawal of the request for MAID. Since the practitioner did not have the opportunity to complete the eligibility assessment, they must report the following: the information referred in Schedule 1; if known, the person's reasons for withdrawing the request; and the means that were chosen by the person to relieve their suffering, if applicable.

## Examples of Scenarios that do NOT require reporting

- ✚ A physician or nurse practitioner is caring for a patient. During a discussion, the topic of MAID comes up. The person has many questions regarding MAID and eligibility. The physician or nurse practitioner answers the person's questions and provides them with information by way of a pamphlet, or website address, or contact information for a care coordination service. Requesting information is not considered an "intentional" request for MAID and does not trigger reporting. As such, the practitioner does not have a reporting obligation because of this interaction.
- ✚ A physician or nurse practitioner receives a request for MAID, but does not proceed with an eligibility assessment and refers the case to another physician or nurse practitioner. Since Section 4(1) "Referral and transfer of care" has been repealed from the *Regulations*, a physician or nurse practitioner that refers a case to another physician or nurse practitioner or transfers the care of a person no longer has a reporting obligation.
  - **NOTE:** Although Section 4(1) "Referral and transfer of care" has been repealed, information on transferring a person from one location to another for the purpose of administering MAID will be captured under Schedule 6.
- ✚ A person calls a care coordination service with a request for MAID. A preliminary assessor at the care coordination service conducts a preliminary assessment and is of the opinion that the person requesting MAID may be eligible (i.e., does not rule out their eligibility or cannot authoritatively determine eligibility) and forwards the details of the request and the results of the preliminary assessment to a physician or nurse practitioner for an eligibility assessment. The preliminary assessor does not have a reporting obligation, as there is no reportable outcome. The reporting obligation would now rest with the assessing physician or nurse practitioner.
- ✚ A person calls a care coordination service with a request for an eligibility assessment for MAID. The preliminary assessor begins the process of conducting a preliminary assessment. The preliminary assessor schedules a second call with the person to complete the preliminary assessment. Before the person has the opportunity to call back, the person dies (or withdraws their request). The preliminary assessor is not required to report where the outcomes of a death from another cause or a withdrawal of the request occur (as per sections 5(1) and 9 of the *Regulations*). Only physicians or nurse practitioners who received the request (verbal, or in writing) would have an obligation to report if they become aware of either outcome.
- ✚ A physician or nurse practitioner that has been asked to provide a second opinion (second assessment) regarding a person's eligibility or that has been consulted as they have expertise in the condition that is causing the person's suffering (in case of a person whose natural death is not reasonably foreseeable) does not have a reporting obligation under the *Regulations*<sup>b</sup>. The

<sup>b</sup> It should be noted some provinces and territories that are designated recipients may require reporting by physicians and nurse practitioners who are second assessors. Please check with the responsible authority in your jurisdiction for additional reporting requirements.

reporting obligation is the responsibility of the physician or nurse practitioner that received the request for MAID or, if applicable, another physician or nurse practitioner who ultimately administers MAID.

- ✚ A physician or nurse practitioner received a request for MAID, but did not provide MAID. Additionally, none of the reportable outcomes (listed in table 4.2) have occurred within 90 calendar days (in the case of a person whose natural death is reasonably foreseeable) or within 2 years (in the case of a person whose natural death is not reasonably foreseeable) of receiving the request – no reporting is required.
- ✚ **NOTE:** Reporting is always required when MAID is provided, regardless of the time that has passed since the receipt of the request (verbal, or in writing) for MAID. For all other outcomes, reporting is only required if the outcome occurs within the above specified period of 90 days or 2 years from the date of person's request for MAID (verbal, or in writing), as applicable.

## 5. How is a report submitted?

### 5.1 Submissions to the federal Minister of Health

If you receive a request in one of the provinces or territories listed below, you must submit your report to Health Canada:

<ul style="list-style-type: none"><li>• Yukon</li><li>• Manitoba</li><li>• New Brunswick</li><li>• Nova Scotia</li><li>• Prince Edward Island</li><li>• Newfoundland and Labrador</li><li>• Ontario (MAID not provided)</li></ul>	Preliminary assessors, physicians, nurse practitioners, pharmacists and pharmacy technicians reporting to Health Canada submit their reports through the <b>Canadian MAID Data Collection Portal</b> [ <a href="http://www.canada.ca/reporting-medical-assistance-in-dying">www.canada.ca/reporting-medical-assistance-in-dying</a> ], which is a secure platform developed jointly by Health Canada and Statistics Canada. If you are not in a location where you can access the Federal Portal (e.g., rural/remote) and you are located in one of these jurisdictions, please contact Health Canada for assistance at: <a href="mailto:maid.report-rapport.amm@hc-sc.gc.ca">maid.report-rapport.amm@hc-sc.gc.ca</a> , or by phone (toll-free) at: 1-833-219-5528
---	--

#### Tips for Using the Portal

- You are not required to log into the portal. Simply follow the link to begin filing your report.
- **You cannot save your work and return to complete a report later** and a reporting session will time-out after 2 hours. As such, before accessing the portal, it is recommended that you review the checklist in Appendix A, to get a sense of the information that must be reported it may also be helpful to record your responses in prior to accessing the portal.
- The portal will guide you through a series of screening questions related to your role in handling the request and will present you with the questions that you need to answer, based on the

reporting outcome you have selected. For that reason, question numbers in the portal will not always be sequential.

- Upon submission of your report, you will receive a confirmation number. Please print or make note of this number, as it will be used to help identify your report if any follow-up is required.
- If you submit your report and then need to make a correction, you must contact Health Canada directly. See section 9 “For Assistance”. Do not file a new report.
- **NOTE: reporting on the provision of MAID by prescribing or providing a substance for self-administration cannot be completed using the portal;** you must contact Health Canada directly for instructions on how to report these cases. See section 9 “For Assistance”.

## 5.2 Submissions to a Province or Territory

If you are reporting on a request received in one of the following provinces and territories, you must submit your report to the relevant provincial or territorial body listed below:

<ul style="list-style-type: none"><li>• Alberta (Alberta Health Services)</li><li>• British Columbia (Deputy Minister of Health)</li><li>• Northwest Territories (Deputy Minister of Health and Social Services)</li><li>• Nunavut (Minister of Health)</li><li>• Québec (Deputy Minister of Health and Social Services)</li><li>• Saskatchewan (Chief Executive Officer of the Saskatchewan Health Authority)</li><li>• Ontario (Chief Coroner – MAID provision only)</li></ul>	<p>Preliminary assessors, physicians, nurse practitioners, pharmacists and pharmacy technicians reporting to a provincial or territorial body must follow the reporting system established by that jurisdiction for submitting information. Some provincial and territorial reporting deadlines may be shorter than the deadlines specified in the <i>Regulations</i>.</p> <p>* Contact your province or territory if you have questions.</p>
--	---

## 5.3 Submissions in Ontario: a hybrid approach

Ontario has a hybrid-reporting model. You must report to the Chief Coroner of Ontario if you provide MAID by administering a substance, or providing or prescribing a substance for self-administration, and the person dies from MAID. For all other outcomes (where a report is required), you must report to the federal Minister of Health through the Canadian MAID Data Collection Portal. Pharmacists and pharmacy technicians in Ontario must **always** report to the federal Minister of Health.

## 6. What happens if the required information is not reported?

Health Canada or your provincial or territorial body will follow up with you if the information provided is unclear or incomplete, or in cases where a report may be missing.

As stipulated under subsection 241.31 (1), (1.1) and (2) of the *Criminal Code*, medical practitioners (i.e., physicians), nurse practitioners, preliminary assessors, pharmacists and pharmacy technicians are required to file the information required under the *Regulations* within the specified timeframes. A medical practitioner (i.e., physician), nurse practitioner, preliminary assessor, pharmacist or pharmacy technician

who **knowingly** fails to comply with this requirement could face a maximum term of imprisonment of two years.

If Health Canada, or a provincial or territorial body, becomes aware of a failure to conduct eligibility assessments, a failure to satisfy legislative safeguards in accordance with the sections 241.2(3) or 241.2(3.1) of the *Criminal Code*, or continued or egregious omissions in reports, such a situation could be referred to the appropriate police or law enforcement agencies.

## 7. Clarification: reporting requirements

---

### 7.1 Obligation to report when multiple health care professionals are implicated

In the case where more than one health care professional has been involved in an eligibility assessment process where the outcome is a determination of ineligibility (e.g., a person calls a care coordination service and is assessed by multiple health care professionals, as they are directed through the process) – the last health care professional that “completed” the assessment is the individual responsible for reporting the determination of ineligibility.

### 7.2 Reporting on withdrawal of a person’s request

Withdrawal of a request means that a person has explicitly stated (verbally or in writing) that they no longer wish to have MAID. A lack of contact with the person would not be sufficient to assume that they have withdrawn their request. A physician or nurse practitioner (who received the person’s request) is never required to actively seek out information about whether the person has withdrawn their request; however, if they become aware of the person’s withdrawal, whether or not they assessed the person, the physician or nurse practitioner must report this outcome.

### 7.3 Reporting on a person’s death from a cause other than MAID

A physician or nurse practitioner who received a person’s request for MAID is never required to actively seek out information about whether the person has died from a cause other than MAID. However, if the physician or nurse practitioner becomes aware of this outcome, regardless of whether they assessed the person, they must report on this outcome.

### 7.4 Interjurisdictional cases

In some cases, the receipt of a request and the assessment of eligibility or the provision of MAID may cross provincial or territorial borders. The *Regulations* require preliminary assessors, physicians and nurse practitioners to report a reportable outcome based on where (i.e., the province or territory) the request was received.



## 8. Clarification: data elements, terms and concepts

---

### 8.1 Licence or registration number (physician and nurse practitioner)

If you practice in more than one province or territory, you must indicate the licence or registration number for the province or territory in which you received the request for MAID. This number is the one attributed to you by your regulatory body or college, not your billing number.

### 8.2 Person's information

The collection of personal information assists Health Canada in monitoring the characteristics of persons who are seeking and those who access MAID. This helps to better understand overall trends related to MAID requests and provision. This information will help policy makers determine whether the *Criminal Code* provisions are meeting their objectives, and will enable independent analysis and research to broaden the evidence base on MAID.

Health Canada and Statistics Canada are subject to the federal *Privacy Act* with respect to the collection, retention, use and disposal of personal information.

### 8.3 Person's sex at birth

Sex at birth refers to the sex assigned at birth, which is typically assigned as male or female based on a person's reproductive system and other external physical characteristics. In rare cases pertaining to intersex conditions, where the sex at birth was not assigned as male or female, practitioners or preliminary assessors should select the "Other" option, and may choose to provide details.

### 8.4 Socio-demographic data elements

Effective January 1, 2023, data collection for the monitoring of MAID has been expanded to include information on gender, race, Indigenous identity and disability, and should be collected only if the person consents to providing this information. Data elements on gender, race, Indigenous identity and disability are "self-identification" questions and must reflect how the person identifies themselves. They should not be a health care professional's interpretation based on the appearance or other characteristics of the person.

Information on gender, race, Indigenous identity and disability is very personal in nature and some people may not feel comfortable providing this information without understanding the rationale for its collection in the context of a request for MAID. Additionally, without an appropriate explanation, some individuals may feel pressured to answer a health care professional's questions, as they may believe that a failure to do so could negatively affect their eligibility for MAID.

For these reasons, it is strongly recommended that before collecting this information, health care professionals inform the person: **WHY** information on gender, race, Indigenous identity and disability is being collected in the context of MAID; **WHO** could have access to their personal information; and that providing this information is **OPTIONAL**. Health care professionals should also ensure that the person understands that the collection of this information has no bearing on their potential eligibility for MAID.

The following text is an example of a disclaimer that could be shared with the person or a script that may be read to the person for this purpose:

*Health Canada is the federal government department responsible for the monitoring of MAID. Starting January 1, 2023, Health Canada requires health care professionals to collect additional information from people who request MAID. This includes information about a person's gender, race, Indigenous identity and a person's disabilities. This information will allow the Government of Canada to better understand the characteristics of people seeking MAID. It will also help to determine if there are any groups or populations that are disproportionately impacted in the context of MAID.*

*The ultimate objective of capturing this information is to improve health equity for all Canadians. Answering these questions is voluntary - you may choose to answer only some of the questions or none. Your refusal to answer the questions or some of these questions will not affect your care or your eligibility for MAID. Should you wish to provide personal information, it will remain confidential and will be protected in the same manner as your other health information. I'm happy to answer any questions you may have regarding the following questions.*

#### **8.4.1 Gender (self-identification)**

Data on gender is being collected to reflect current trends in data collection standards (e.g., Statistics Canada – 2021 Census) and to promote a more inclusive approach to reporting. A person's gender identity refers to their personal conception of themselves as either man, woman or a different gender identity.

**NOTE:** A person's gender identity may differ from their sex assigned at birth and/or their legal documents. The following terms are not exhaustive; they provide examples of different gender identities:

- Non-binary or gender non-conforming - an individual who does not experience gender within the gender binary;
- Agender - an individual who does not identify with one particular gender or does not have a gender at all;
- Gender fluid – an individual who has a presentation and gender identity that shifts in between, or outside of, society's expectations of gender;
- Pan-gender or bi-gender – an individual who identifies/experiences/displays more than one gender;
- Transgender - an umbrella term encompassing individuals who experience and identify with a different gender than the one they were assigned at birth;
- Two-Spirit - an umbrella term that encompasses a variety of sexualities and genders in Indigenous communities. Indigenous people may use the term to describe their experiences and feelings of masculinity and femininity.

#### **8.4.2 Racial, ethnic or cultural group (self-identification)**

Responses to the racial, ethnic or cultural group question reflect the person's perception of their background. Collecting data on the racial, ethnic or cultural group of persons requesting MAID will help to determine the presence of any inequality, including systemic inequality, or

disadvantage based on race or other characteristics in MAID, and may be used to develop evidence-based interventions to improve health equity among racialized groups.

The racial, ethnic or cultural group categories are based on [the Canadian Institute of Health Information standards for Race-Based and Indigenous Identity Data Collection and Health Reporting in Canada](#) and consistent with the Statistics Canada “visible minority” identify question in the Census, 2021. The list is by no means exhaustive; individuals should be encouraged to specify the group that best describes them if the provided categories do not correspond to the person’s perception. Individuals who identify with multiple groups or mixed groups can select more than one of the listed categories, or may choose to provide specific details under the “specify other race category”. Please do not provide responses such as “Bi-racial,” “Multi-racial” or “Mixed” under “specify other race category”.

#### 8.4.3 Indigenous identity (self-identification)

The question on Indigenous identity is based on the [Canadian Institute of Health Information standards for Race-Based and Indigenous Identity Data Collection and Health Reporting in Canada](#) and is consistent with Statistics Canada’s Indigenous identification question in the Census, 2021. The person should be encouraged to indicate whether they belong to one of the three constitutionally recognized groups of Indigenous people: First Nations, Métis and Inuit/Inuk, or choose more than one option, if applicable in their case.

In order to capture information on multi-racial individuals who are Indigenous, a person who identifies as Indigenous should also be provided with the opportunity to identify under another racial, ethnic or cultural group.

#### 8.4.4 Disability (self-identification)

Similarly to the other socio-demographic questions, the questions related to disability are self-identification questions. The first question pertaining to disability should be posed by asking the person if they have a disability, whereupon individuals may respond “yes”, “no”, “do not know” or that they do not consent to provide the information. If the person requests a further explanation as to what is meant by the term “disability”, the health care professional can provide a definition using the guidance provided in the following paragraphs:

*For the purpose of MAID monitoring, a definition of disability has been adapted from the Canadian Survey on Disability, which is a national survey administered by Statistics Canada that collects information about the lived experiences of youth and adults whose everyday activities may be limited due to a long-term condition or health-related problem.*

*Following from this survey, a disability may be described as a functional limitation in any one of the following ten areas, **which cannot be corrected with the use of aids**: seeing, hearing, mobility, flexibility, dexterity, pain-related, learning, developmental, mental health related or memory. If a person seeks additional information regarding the term “use of aids”, you may elaborate by explaining that the objective is to capture information on whether the person has significant difficulty seeing even with their glasses/contact lenses; has difficulty*

*hearing even with a hearing aid or has difficulty walking/using stairs even when using an aid such as a cane, walking stick or crutches (aids which provide minimal support).*

**NOTE:** A person's disability may be a pre-existing condition that is unrelated to the serious and incurable illness, disease or disability for which they are seeking MAID. It may also be the result of a current disease, illness or associated complications, contributing to the intolerable suffering being experienced and for which the person is seeking MAID.

#### **Type of disability**

The response choices provided for the types of disabilities are consistent with those from the *Canadian Survey on Disability* (Statistics Canada). In responding to this question, health care professionals should be aware that a person may choose to identify as having more than one type of disability.

#### **Disability and limit on daily activities**

In the event that the person indicates multiple disabilities, the frequency relates to the disability that poses the greatest limitation to their daily activities.

#### **Length of disability**

In the event that the person indicated multiple disabilities, the length of time relates to the disability that has been present for the longest period of time. If the person indicated that they have had a disability since birth, then the preliminary assessor, physician or nurse practitioner should reference the age of the person to calculate the length of the disability. If duration is less than one year, the appropriate number of months should be indicated.

### **8.5 Usual place of residence and living arrangement**

Information on the "usual place of residence" and "living arrangement" will be used to inform analysis on the presence of social isolation, which can have profound implications on a person's physical and mental health, quality of life, and longevity.

A usual place of residence is characterised as a person's day-to-day home or place of habitation; it **does not include short-term or temporary residency/housing of less than 3 months**. For instance, if a person normally resides in a long-term care facility, but has recently been admitted to a hospital, in such a case, in spite of the person being in the hospital at the time of their request of MAID, their usual place of residence would be the long-term care facility.

**NOTE:** Information related to a person's living arrangement, should be explicitly sought only in instances when the person identified their usual place of residence as a private residence.

### **8.6 Residential care facility**

A residential care facility is characterised as a residential facility that provides health care services, including professional health monitoring and nursing care, on a continuous basis for persons who require assistance with the activities of daily living.

## 8.7 Date of request

You are required to report the date on which the person made a request (verbal or in writing) for MAID. In instances, where the request has been referred to you by another physician, nurse practitioner or a preliminary assessor (in cases, where the person may be eligible), you must still report the date when the request was initially made by the person and not the date of referral or the date on which you received the request.

## 8.8 Postal code of the person

You are required to provide the postal code associated with the person's provincial/territorial issued health insurance number. If the person does not have a health insurance number, indicate the postal code of their usual place of residence on the date when their request for MAID was received.

If the person does not have a health insurance number and does not have a usual place of residence, another location like a shelter, hostel, or similar institution located in Canada that provides food, lodging, or other social services to the person can be considered their usual place of residence for the purposes of reporting under the *Regulations*.

## 8.9 Disability support services

There are a series of questions related to “disability support services”, which are distinct from the disability self-identification questions in Schedule 1 of the *Regulations*. These questions relate to the broad range of health and community support services available to support an individual and may include, but are not limited to: assistive technologies, adaptive equipment, rehabilitation services, personal care services and income supplements. These services may be required by the person for a condition contributing to the person's intolerable suffering leading to the request for MAID or for an entirely separate unrelated condition.

These questions should be asked irrespective of whether a person identifies (in Schedule 1) as having a disability or not. For instance, a person may be using a mobility support device as they are frail from being in an advanced stage of cancer, but may not consider themselves as having a disability.

With respect to the **length of time a person received disability support services** – if the person received more than one type of disability support service, indicate the cumulative length of time for all services received, to the best of the person's or the preliminary assessor, physician or nurse practitioner's knowledge.

## 8.10 Palliative care

Palliative care is an approach that improves the quality of life of persons and their families facing life-threatening illness, through the prevention and relief of pain and other physical symptoms, and psychosocial and spiritual suffering. It may be provided in any setting, by specialists or by others who have been trained in the palliative approach to care.

With respect to the **length of time a person received palliative care** – if the person received more than one type of palliative care service, indicate the cumulative length of time for all services received, to the best of the person’s or the preliminary assessor, physician or nurse practitioner’s knowledge.

### 8.11 Person’s description of suffering

The *Regulations* require physicians, nurse practitioners or preliminary assessors to provide the person’s description of their enduring physical or psychological suffering. This question is accompanied by a series of options to select in response to this question<sup>c</sup>, including a “Check all that apply” and an “Other” option. These options are intended to support physicians, nurse practitioners or preliminary assessors in communicating the person’s description of their suffering.

### 8.12 Information on preliminary assessor, physician, nurse practitioner, pharmacist and pharmacy technician

Personal information regarding preliminary assessors, physicians, nurse practitioners, pharmacists and pharmacy technicians is collected to link reports about the same person, and to enable follow-up in the case of unclear or missing information. Health Canada and Statistics Canada are subject to the federal *Privacy Act* with respect to the collection, retention, use and disposal of personal information.

### 8.13 Duration of the serious and incurable illness, disease or disability

In the event that the person has more than one serious and incurable illness, disease or disability, the duration (length of time) relates to the serious and incurable illness, disease or disability that is most responsible for causing the person’s intolerable suffering and that has led to their request for MAID<sup>d</sup>.

**NOTE:** The question on duration of serious and incurable illness, disease or disability (in Schedule 3) has a different purpose than the question on length of time a person has had their disability (in Schedule 1). The question pertaining to the duration of serious and incurable illness, disease or disability (in Schedule 3) is part of a series of questions, related to whether the persons meets the “grievous and irremediable medical condition” eligibility criterion.

### 8.14 Dispensing of a substance

A pharmacist who dispenses a substance in connection with the provision of MAID or a pharmacy technician who (in collaboration with a pharmacist), dispenses a substance to aid a physician or nurse practitioner in providing MAID, must report to the applicable designated recipient in their jurisdiction. While the *Regulations* refer to a pharmacy technician dispensing a substance, this wording should be interpreted as a pharmacy technician collaborating with a pharmacist to dispense a substance. Specifically, it is understood that a pharmacy technician may verify the technical aspects of the prescription, but must always collaborate with a pharmacist who verifies the clinical/therapeutic aspects of the prescription.

---

<sup>c</sup> It should be noted that the response categories for this question have been revised from previous reporting forms.

<sup>d</sup> It should be noted that the response categories for this question have been revised from previous reporting forms.



The National Association of Pharmacy Regulatory Authorities considers the dispensing pharmacist or pharmacy technician to be the person that verifies and signs off on the substance once it is prepared. This is the professional that is required to report and not others on the pharmacy team.

Where more than one substance is dispensed for the purposes of providing MAID to a person, only one report, submitted by either the pharmacist or the pharmacy technician, is required. It should also be noted that the legislation and the *Regulations* refer to dispensing “a substance” in connection with the provision of MAID, however, it is understood that more than one substance is often dispensed for the provision of MAID.

For the purposes of reporting, **the dispensing date** is considered as the day on which the substance was prepared, and not the day of delivery to, or pick up by, the physician, the nurse practitioner or the person.

### 8.15 Person had difficulty communicating

In the event that a person has difficulty communicating (e.g., problems related to language, speech, etc.) or difficulty interpreting or speaking in the same language as the physician or nurse practitioner, the following must be reported:

- that necessary measures were taken to provide reliable means by which the person may understand the information that was provided to them and communicated their decision, and;
- the means and/or services (from a list of options) that were used to communicate with the person.

### 8.16 Length of assessment

The length of the eligibility assessment (see Schedule 3, section 4) refers to the period of time necessary to complete the entire assessment process. The requirement to report the length of the assessment is only applicable in cases where MAID was provided to a person whose natural death was **not** reasonable foreseeable (Track 2).

The practitioner (the most responsible practitioner that received the request for MAID), is responsible for reporting this information. A preliminary assessor or the other assessing practitioner (second assessor providing a written opinion) would never be responsible for reporting this information.

For the purposes of reporting, the length of assessment is determined by calculating the period of time between the following two dates:

**1 - Date the assessment began:** Date the practitioner (i.e. physician or nurse practitioner) began their eligibility assessment of whether the person meets the eligibility criteria for MAID, or the date the other assessing practitioner (second assessor providing a written opinion) began that assessment, whichever is earliest.

**NOTE:**

- Only one of the two assessing practitioners can trigger the beginning of this period.



## EXAMPLE

- On **January 5, 2023**, the person tells the most responsible practitioner that they want to be assessed for MAID (e.g., via a verbal request). The most responsible practitioner contacts their provincial/territorial or institutional MAID care coordination service and provides information about the person's request so that another practitioner can be identified to provide an independent (second) assessment.
- On **January 14, 2023**, the practitioner (most responsible practitioner that received the request for MAID) begins their eligibility assessment of whether the person meets the eligibility criteria for MAID.
- On **January 10, 2023**, the other assessing practitioner (second assessor providing a written opinion) begins their eligibility assessment.

For the purposes of reporting under the *Regulations*, the first day of the assessment period is January 10, 2023, and is triggered by the other assessing practitioner reviewing the person's file (second assessor). This process could be triggered by activities such as: meeting with the person to begin the eligibility assessment; or considering any information that forms part of their opinion of whether the person meets the eligibility criteria for MAID.

**2 - Date the assessment ended:** The eligibility assessment period ends on the **latest** of the following dates:

- Date on which the practitioner (most responsible practitioner that received the request for MAID) completed their eligibility assessment (with a determination of eligibility).
- Date on which the other assessing practitioner (second assessor providing a written opinion) completed their eligibility assessment (with a determination of eligibility).
- Date on which the person has been informed of the means available to relieve their suffering, including, where appropriate, counselling services, mental health and disability support services, community services and palliative care and had been offered consultations with relevant professionals who provide those services or that care (subsection 241.2(3.1)(g) of the *Criminal Code* – legislated safeguard).
- Date on which the most responsible practitioner and the other assessing practitioner discussed with the person the reasonable and available means to relieve the person's suffering and both practitioners agree with the person that they have given serious consideration to those means (subsection 241.2(3.1) (h) of the *Criminal Code* – legislated safeguard).

## EXAMPLE:

- On **July 3, 2023**, the practitioner (most responsible practitioner that received the request for MAID) completed their eligibility assessment determining that the person meets the eligibility criteria for MAID.
- On **May 26, 2023**, the other assessing practitioner (second assessor providing a written opinion) completed their assessment determining the person meets the eligibility criteria for MAID.

- On **July 4, 2023**, the practitioner (most responsible practitioner) established that safeguard under subsection 241.2(3.1)(g) of the *Criminal Code* was met.
- On **July 8, 2023**, the practitioner (most responsible practitioner) established that the safeguard under subsection 241.2(3.1)(h) of the *Criminal Code* was met.

In this case, **the assessment period ended on July 8, 2023** when the practitioner (most responsible practitioner) established that safeguard 241.2(3.1)(h) of the *Criminal Code* was met, as this is the latest of the four dates.

The length of assessment is determined by the period of time (in days) between the date the assessment began and the date the assessment ended. For example, the practitioner would calculate the number of days between **January 10, 2023** and **July 8, 2023**. For the practitioner who is reporting, this question is accompanied by options for ranges of days (i.e., less than 90 days; 90 to 120 days, etc.) that can be selected. You will not be asked to indicate a specific number of days.

**NOTE:**

- The question on length of assessment is not meant to imply that the safeguards need to be satisfied prior to the conclusion of the eligibility assessment. The reason safeguards under subsections 241.2 (3.1) (g) and (h) are included in determining the length of assessment is to capture information on the duration of the entire assessment process for Track 2 cases i.e., (person whose natural death not reasonably foreseeable) when MAID was provided. While not part of the eligibility criteria for MAID specified in the *Criminal Code*, not including these safeguards in the calculation of the assessment period could lead to an inaccurate representation of the complexities of, and time required for, Track 2 assessments.
- The length of assessment of the entire assessment process is different than the requirement that at least 90 clear days must pass between the date on which the first assessment began and the day on which MAID is provided to a Track 2 case (i.e., person whose natural death is **not** reasonably foreseeable) (i.e., section 1(n)(i) of Schedule 4.1 (related to Section 241.2(3.1)(i) of the *Criminal Code*).

### 8.17 Calculating the 90 clear days

The legislation includes a requirement (safeguard under Section 241.2(3.1)(i) of the *Criminal Code*) that practitioners must ensure there are at least 90 clear days between the date on which the first assessment began and the day on which MAID is provided for Track 2 cases (i.e., person whose natural death is not reasonably foreseeable). This minimum assessment period was established to ensure that the person and assessors have enough time to explore relevant aspects of the person's situation. It does not have to provide reflection time for the person, although it could do this as well. The legislation permits the shortening of this period, where both assessors are of the opinion of the person's imminent loss of capacity to provide final consent for MAID.

For the purposes of reporting, when calculating the 90 clear days, physicians or nurse practitioners must not include the day on which the first assessment began and the day on which MAID was provided. "Clear days" includes weekends and statutory holidays. Reporting requires the physician or nurse

practitioner to confirm the minimum 90 clear days was met, or, where the period was shortened, confirmation that both assessors completed eligibility assessments and were in agreement.

### 8.18 Means to relieve suffering

Informing a person of all reasonable and available means to relieve their suffering may include:

- making the person aware of available treatments and services that might relieve their suffering;
- providing the person with a description of the treatments and services, and their potential impact;
- providing the person the opportunity to speak with relevant professionals who provide these treatments and services.

Physician or nurse practitioners must report on which means were discussed with the person selected from a list of options, as well as how both assessors came to the opinion that the person gave serious consideration to the means discussed to alleviate their suffering.

## 9. For assistance

---

By E-mail	By Mail	By Phone
<b>QUESTIONS ABOUT THE REGULATIONS AND GUIDANCE DOCUMENT</b> Messages will be responded to from Monday to Friday (except holidays) within 24 hours		
<b>Contact us by e-mail:</b>  <a href="mailto:maid.report-rapport.amm@hc-sc.gc.ca">maid.report-rapport.amm@hc-sc.gc.ca</a>	<b>Contact us by mail:</b> End-of-life Care Unit Strategic Policy Branch Health Canada 200 Eglantine Driveway P.L. 1904-D Tunney's Pasture Ottawa, Ontario K1A 0K9	<b>Contact us by phone:</b> Toll Free (Canada and United States): 1-833-219-5528
<b>TECHNICAL ASSISTANCE FOR THE CANADIAN MAID DATA COLLECTION PORTAL</b> Agents are available Monday to Friday (except holidays) from 9:00 a.m. to 5:00 p.m. Eastern Standard Time.		
<b>Contact us by e-mail:</b>  <a href="mailto:infostats@canada.ca">infostats@canada.ca</a>	<b>Contact us by mail:</b> Statistics Canada Electronic Collection Services Central Reception   SC-0505 150 Tunney's Pasture Driveway Ottawa, Ontario K1A 0T6	<b>Contact us by phone:</b> Toll-free (Canada and United States): 1-877-949-9492 TTY (Toll-free): 1-855-382-7745

## **Appendix A - Checklists of information required for reporting**

See below

## Checklist for preliminary assessors

### Reporting as required by the *Regulations Amending the Regulations for the Monitoring of Medical Assistance in Dying*

#### You must report if:

You have the responsibility to carry out a preliminary assessment of whether a person who has made a request\* for MAID meets the eligibility criteria, and as a result of the preliminary assessment you conducted, you have determined that the person did not meet one or more of the eligibility criteria. Reporting must occur within 30 days after the day on which the determination of ineligibility is made.

\*Note: to trigger the obligation to report, a person's request may take any form (i.e., verbal or in writing).

#### Information preliminary assessors are required to report:

Please note that for some required information, a drop down menu from which to select appropriate response will be available for those using the Canadian MAID Data Collection Portal and has also been provided to provinces and territories who are designated recipients for integration into their reporting systems or forms.

Basic Information that must be reported for ALL scenarios:	CHECK
Date on which the person made the request (verbal or in writing)	
From whom you received the request, i.e., from the person directly, a physician or nurse practitioner, another preliminary assessor, a care coordination service, or another third party	
Person's date of birth, sex at birth, usual place of residence, living arrangement, health insurance number and province or territory of issuance, and postal code	
Person's gender identity, race, Indigenous identity and disability (if the person's consents to provide the information)	
Your name, province or territory of practice, business mailing address, business email and business phone number	
Your profession or occupation (drop down menu available)	
If known, an indication of whether the person had previously made a separate request for MAID, and if so, the outcome of that request	

Additional Information required when the person's eligibility has been assessed:	CHECK
Which of the eligibility criteria as required by the <i>Criminal Code</i> were assessed and whether the person met those criteria (checklist provided)	

Whether the person required and received palliative care; if yes, the type, for how long and the place where it was received (if known) and, if not, whether it was accessible (if known) (drop down menu available)	
Whether the person required and received disability support services (if known); If yes, the type and for how long (if known) and, if not, whether they were accessible (if known) (drop down menu available)	
Whether other health care professionals were consulted in order to make a determination of eligibility (drop down menu available)	
If known, an indication of whether the person is being considered for 'reasonably foreseeable natural death' (RFND) (Track 1) or 'non-reasonably foreseeable natural death' (non-RFND) (Track 2)	

Additional Information that may be required when the person's eligibility has been assessed:	Check
Reason(s) why you are of the opinion that the request was voluntary or reason(s) why you are of the opinion that the request was NOT voluntary (drop down menu available)	
The type of serious and incurable illness, disease or disability experienced by the person (drop down menu available) and an indication of the length of time that the person had it	
The reasons that led you to the opinion that the person is an advanced state of irreversible decline in capability (drop down menu available)	
A description of the person's suffering (drop down menu available)	

## Checklist for physicians and nurse practitioners

### Reporting as required by the *Regulations Amending the Regulations for the Monitoring of Medical Assistance in Dying*

#### You must report if:

You received a written request (duly signed/dated/witnessed) and you provided MAID by administering a substance to a person. Reporting must occur within 30 days of the day on which the person dies.

OR

You received a written request (duly signed/dated/witnessed) and you provided MAID by providing a substance to a person for self-administration. Reporting must occur no earlier than the 90th day after the day on which you prescribe or provide the substance and no later than one year after that day, except in cases where you know that person has died whereupon you may provide the information earlier than the 90th day.

OR

You received a request (verbal or in writing\*) and you determined that the person did not meet one of more of the eligibility criteria (i.e., you found the person ineligible). Reporting must occur within 30 days after the day on which the determination of ineligibility is made.

OR

You received a request (verbal or in writing\*), and one of the following non-MAID outcomes occurs on or before the 90<sup>th</sup> day (in the case of a person whose natural death is reasonably foreseeable) or within two years (in the case of a person whose natural death is not reasonably foreseeable), after the day you received the request (verbal or in writing):

- you started an eligibility assessment or you found the person eligible, but the person withdrew their request – reporting must occur within 30 days after the day on which you become aware of the withdrawal of a person's request for MAID, or
- you started an eligibility assessment or you found the person eligible, but the person died of a cause other than MAID – reporting must occur within 30 days after the day on which you become aware that the person died from a cause other than MAID, or
- you found the person eligible, but did not provide MAID as a safeguard has not been met – reporting must occur within 30 days after the day on which you make the determination that a safeguard has not been met.

You are not required to report more than once for the same request, unless you later provided MAID.

\*Note: To trigger the obligation to report, a person's request may take any form.



## Information physicians and nurse practitioners are required to report:

Please note that for some required information, a drop down menu from which to select appropriate response will be available for those using the Canadian MAID Data Collection Portal and has also been provided to Provinces and Territories who are designated recipients for integration into their reporting systems or forms.

Basic Information that must be reported for ALL scenarios:	CHECK
Date on which the person made the request (verbal or in writing)	
From whom you received the written request, i.e., from the person directly, another practitioner or preliminary assessor, a care coordination service, or another third party	
Person's date of birth, sex at birth, usual place of residence, living arrangement, health insurance number and province or territory of issuance, and postal code	
Person's gender identity, race, Indigenous identity and disability (if the person's consents to provide the information)	
Your name, province or territory of practice, license or registration number, business mailing address, business email and business phone number	
Category of practitioner and, if you are a physician, your area of speciality (drop down menu available)	
Whether the person consulted you for another reason concerning their health other than seeking MAID	
An indication of whether the person had previously made a separate request for MAID, and if so, the outcome of that request	

Additional Information required when the person's eligibility has been assessed:	CHECK
Which of the eligibility criteria as required by the <i>Criminal Code</i> were assessed and whether the person met those criteria (checklist provided)	
Whether the person required and received palliative care; if yes, the type, for how long and the place where it was received (if known) and, if not, whether it was accessible (if known) (drop down menu available)	
Whether the person required and received disability support services (if known); If yes, the type and for how long (if known) and, if not, whether they were accessible (if known) (drop down menu available)	
Whether other health care professionals were consulted in order to make a determination of eligibility (drop down menu available)	
If known, an indication of whether the person is being considered for 'reasonably foreseeable natural death' (RFND) (Track 1) or 'non-reasonably foreseeable natural death' (non-RFND) (Track 2)	

Additional Information that may be required when the person's eligibility has been assessed:	CHECK
Reason(s) why you are of the opinion that the request was voluntary or reason(s) why you are of the opinion that the request was NOT voluntary (drop down menu available)	

The type of serious and incurable illness, disease or disability experienced by the person (drop down menu available) and an indication of the length of time that the person had it	
The reasons that led you to the opinion that the person is an advanced state of irreversible decline in capability (drop down menu available)	
A description of the person's suffering (drop down menu available)	
In the case where MAID was provided to a person whose natural death was not reasonable foreseeable (Track 2), the date on which the assessment began and the number of days it took to complete the assessment or meet safeguards 241.2(3.1) (g) and (h) of the <i>Code</i> (as required by the <i>Regulations</i> )	

Additional Information required when the procedural requirements (safeguards) have been assessed for persons in the RFND (Track 1) and non-RFND (Track 2) streams	CHECK
You are of the opinion that the person has met all of the eligibility criteria	
You ensured that the person's request was made in writing and was signed and dated by the person or by another person authorized to do so on their behalf	
You ensured that the request was signed and dated after the person was informed that they had a grievous and irremediable medical condition	
You are satisfied that the request was signed and dated by the person - or by another person permitted to do so on their behalf - before one independent witness who then signed and dated the request	
You ensured that the person was informed that they may, at any time and in any manner, withdraw their request	
You ensured that another practitioner provided a written opinion confirming that the person met all the eligibility criteria and an indication of whether they are a medical practitioner or nurse practitioner	
You and the other assessing practitioner are independent	
Immediately before providing MAID, you gave the person the opportunity to withdraw their request and ensured that the person provided their express consent to receive MAID	
Whether, in the case where the person had difficulty communicating, you took all necessary measures to provide a reliable means by which the person could have understood the information that was provided to them and communicated their decision and, if so, the means that were used (drop down menu available)	
Whether you informed the pharmacist before the substance that you prescribed or obtained for the person was dispensed, that the substance was intended for the purpose of providing MAID	
<b><i>Procedural Requirements for persons identified as RFND (Track 1) ONLY ( Waiver of Final Consent)</i></b>	
In the case where MAID was provided without the person having the opportunity to withdraw their request and provide their express consent to receive MAID, an indication whether MAID was provided in accordance with subsection 241.2(3.2) of the <i>Criminal Code</i> ( <i>waiver of final consent</i> )	
<b>IF YES</b>	

<ul style="list-style-type: none"> <li>• An indication of whether the following requirements were met before the person lost the capacity to consent to receiving MAID <ul style="list-style-type: none"> <li>○ The person met all of the eligibility criteria and the procedural requirements (safeguards) set out for persons whose natural death is reasonably foreseeable.</li> <li>○ The person entered into a written arrangement that you would administer a substance to cause their death on a specified day.</li> <li>○ You informed the person of the risk of losing the capacity to consent to receiving MAID prior to the day specified in the arrangement</li> <li>○ The person consented (in the written arrangement) to the administration by you of a substance to cause their death on or before the day specified in the arrangement if they lost their capacity to consent to receiving MAID prior to that day</li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>• An indication of whether the person has lost the capacity to consent to receiving MAID</li> </ul>	
<ul style="list-style-type: none"> <li>• An indication of whether the person did not demonstrate, by words, sounds or gestures, refusal to have the substance administered or resistance to its administration</li> </ul>	
<ul style="list-style-type: none"> <li>• An indication of whether the substance was administered to the person in accordance with the terms of the written arrangement</li> </ul>	
<b><i>Procedural Requirements for persons identified as non-RFND (Track 2) ONLY</i></b>	
Either you or the other practitioner has expertise in the condition that is causing the person's suffering and, if so, the nature of that expertise (drop down menu available)	
In the case, where neither you nor the other practitioner has expertise in the condition, whether one of the two assessing practitioners consulted with a practitioner who has that expertise and shared with the other the results of that consultation, and if so, the nature of that practitioner's expertise (drop down menu available)	
You ensured that the person was informed of the means available to relieve their suffering	
You ensured that the person was offered consultations with relevant professionals who provide those services or that care	
Which means to relieve their suffering were discussed and offered to the person (drop down menu available)	
You ensured that you and the other practitioner discussed with the person the reasonable and available means to relieve the person's suffering	
Whether you and the other practitioner agreed that the person had given serious consideration to the reasonable and available means to relieve their suffering and, if so, the reason that you were in agreement (drop down menu available)	
There were at least 90 clear days between the day assessment began and the day on which MAID was provided	
In the case where a shorter assessment period (i.e., less than 90 days) was considered appropriate, the assessments were completed and you and the practitioner were both of the opinion that the loss of the person's capacity to provide consent to receive MAID was imminent	

**Information to be reported depending on the outcome/scenario:**

<b>Scenario 1: If you provided MAID by administering a substance to the person :</b>	<b>CHECK</b>
Information reported “in all cases” and eligibility assessment information as listed above	
Confirmation of the procedural requirements outlined in the <i>Criminal Code</i> applied (select from the checklist of requirements depending on whether the person was identified as RFND (Track 1) or non-RFND (Track 2))	
Date and place that the substance was administered to the person (drop down menu available)	
Whether the person was transferred to another location for provision of MAID, if so the reasons for the transfer (drop down menu available)	
In the case where you administered a second substance to the person in accordance with subsection 241.2(3.5) of the <i>Criminal Code</i> (i.e., advanced consent for self-administration), an indication of terms of arrangement	

<b>Scenario 2: If you provided MAID by prescribing or providing substances to the person for self-administration:</b>	<b>CHECK</b>
Information reported “in all cases” and eligibility assessment information as listed above	
Confirmation of the procedural requirements outlined in the <i>Criminal Code</i> applied (select from the checklist of requirements depending on whether the person was identified as RFND (Track 1) or non-RFND (Track 2))	
The date you prescribed or provided the substance	
The place where the person was staying when you prescribed or provided the substance	
The date and place where the person self-administered the substance, did it cause their death (if known) and whether you were present	
If the person did <b>not</b> self-administer the substance, whether to the best of your knowledge, they died of a cause other than MAID	

<b>Scenario 3: If you found the person ineligible:</b>	<b>CHECK</b>
Information reported “in all cases” and eligibility assessment information as listed above	

<b>Scenario 4: If you found the person eligible but subsequently determined that a safeguard has not been met</b>	<b>CHECK</b>
Information reported “in all cases” and eligibility assessment information as listed above	
In a case whereby you determined that the person met all of the eligibility criteria, but subsequently determined that a safeguard has not been met, which safeguard has not been met and specify the reason for this determination	

<b>Scenario 5: If the person withdrew their request for MAID:</b>	<b>CHECK</b>
Information reported “in all cases” and, if eligibility was determined, eligibility assessment information as listed above	
Person’s reason(s) for withdrawing the request (if known) (drop down menu available)	
If means to relieve suffering were accepted and led the person to withdraw their request, which means were pursued (drop down menu available)	

Whether the person withdrew their request after being given the opportunity to do so immediately before MAID was provided	
---	--

Scenario 6: If you're aware that the person died of another cause before MAID was provided:	CHECK
Information reported "in all cases" and, if eligibility was assessed, eligibility assessment information as listed above	
Date of death (if known)	
If you completed the medical certificate of death, the immediate and underlying causes of death on the certificate	
If known, the underlying reason(s) that led to the person dying a natural death, before receiving MAID	

## Checklist for pharmacists and pharmacy technicians

### Reporting as required by the *Regulations Amending the Regulations for the Monitoring of Medical Assistance in Dying*

Information that must be reported in ALL cases:	CHECK
Person's date of birth, health insurance number and province or territory of issuance	
Your name, an indication whether you are a pharmacist or a pharmacy technician, province or territory of practice, license or registration number, business mailing address and business email	
Name and license or registration number of the practitioner who prescribed or obtained the substance	
The date that the substance was dispensed and where it was dispensed (hospital, community pharmacy or other location)	