In accordance with Ontario’s Coroners Act, the Office of the Chief Coroner is notified of all medically assisted deaths in the province. Key issues and ‘early lessons learned’ identified by the Office of the Chief Coroner are provided below, with links to resources that will assist physicians in fulfilling their professional and legal obligations relating to medical assistance in dying.

**1. RECORD KEEPING:** Good record keeping is critical for effective practice in the context of medical assistance in dying.

In keeping with physicians’ professional and legal obligations with respect to medical record keeping, all physician-patient encounters concerning medical assistance in dying must be documented. Physicians’ medical record keeping obligations are set out in the College’s Medical Assistance in Dying and Medical Records policies. In keeping with these obligations, physicians, who are involved in assessing a patient’s eligibility for medical assistance in dying must document each element of the patient’s assessment, and include a copy of their written opinion in the medical record. Further, all oral and written requests for medical assistance in dying, and the dates of these requests, must be documented in the medical record.

To assist with record keeping in the medical assistance in dying context, the Ministry of Health and Long-Term Care has developed forms for use by physicians and/or patients where a medically assisted death is sought. These forms serve as supplementary aids and help promote good record keeping. When using these aids, physicians are reminded that the medical record keeping obligations as set out in the College’s Medical Records policy continue to apply.

[CLICK HERE for patient request form]
[CLICK HERE for physician provider form]
[CLICK HERE for second physician form]

**2. REFLECTION PERIOD:** The 10-day period of reflection between the date medical assistance in dying is requested and the date it is provided, may only be shortened in two circumstances.

The requirement for a reflection period is set out in federal law. It is captured in Step 6 of the Process Map included in the College’s Medical Assistance in Dying policy.

Federal law requires that 10-days pass between the day on which the patient’s written request for medical assistance in dying is made, and the day on which medical assistance in dying is provided. Physicians are reminded that, under law, the 10-day period may only be shortened if both the providing practitioner and practitioner confirming the patient’s eligibility agree that:

1. The patient’s loss of capacity is imminent; and/or
2. The patient’s death is imminent

It is contrary to federal law to shorten the 10-day reflection period for any reason other than the two circumstances outlined above.
3. WITNESSES TO THE PATIENT’S WRITTEN REQUEST: A healthcare provider in the facility where the patient is being treated may serve as an independent witness as long as that provider is not directly involved in the patient’s care.

The federal law includes safeguards regarding who can and cannot witness a patient’s written request for medical assistance in dying. This safeguard is outlined in Step 3 of the Process Map in the College's Medical Assistance in Dying policy. The witness must be independent of the patient requesting medical assistance in dying.

An independent witness IS: at least 18 years of age and understands the nature of the request for medical assistance in dying.

An independent witness IS NOT: a beneficiary or recipient of any financial or material benefit resulting from the patient’s death; the owner of the health care facility where the patient is being treated, or directly involved in the patient’s healthcare or personal care.

Physicians should be aware that a healthcare provider in the facility where the patient has requested medical assistance in dying can be a witness as long as this individual: does not own the facility; and is not directly involved in the patient’s healthcare or personal care.

4. COORDINATION AND COMMUNICATION: Coordination and communication among all health professionals involved in the provision of medical assistance in dying is essential.

The provision of medical assistance in dying requires the involvement of multiple health practitioners. Communication and coordination among practitioners involved in an assisted death case, either in assessing the patient, confirming the patient’s eligibility, or providing medical assistance in dying is of paramount importance.

Early engagement with the pharmacy/pharmacists involved in dispensing medication(s) for medical assistance in dying will help ensure that required medication and supplies are available in a timely manner.

Where the patient will be self-administering medication to end their own life, the physician who prescribed the medication is strongly encouraged to communicate proactively with the patient and their family to establish a process to be undertaken following death. This may include identifying: any individual(s) who will be present at the time of death; the practitioner who will certify death; and the individual who will notify the Coroner once death has occurred.

5. DRUG PROTOCOLS: Physicians must exercise their professional judgement in determining the appropriate drug protocol to follow to achieve medical assistance in dying.

The College has provided examples of drug protocols for both self-administration and physician administration of medical assistance in dying. These are available on the CPSO Members page on the College’s website.

Physicians must use their professional judgement to determine which drug protocol is appropriate for the patient. The College encourages physicians to communicate and collaborate with the pharmacist who will ultimately dispense the medication.

The goals of any drug protocol for medical assistance in dying include ensuring the patient is comfortable, and that pain and anxiety are controlled.