

Final MAID Consent Waiver

Written arrangement between _____ (patient) and _____ (MD/NP) for medical assistance in dying in accordance with section 241.2(3.2) of the Criminal Code of Canada

Patient:

I, _____ (patient), have been informed by _____ (MD/NP) that I meet the eligibility criteria set out in section 241.2(1) of the *Criminal Code of Canada* and that all other safeguards set out in subsection (3) have been met.

I have completed and reviewed the document relating to medical assistance in dying required by the province of Ontario.

I request that _____ (MD/NP) provide me with medical assistance in dying on _____ (date).

I have been informed by _____ (MD/NP) of the risk of losing capacity to consent prior to receiving medical assistance in dying prior to the day specified in this arrangement.

I consent to receive medical assistance in dying on _____ (date). even if I no longer have the capacity to consent to receiving medical assistance in dying on that date.

I consent to the administration by _____ (MD/NP) of a substance to cause my death *on or before* the day specified in this arrangement if I lose capacity to consent to receiving medical assistance in dying prior to _____ (date).

Patient Name _____

Patient Signature _____

Date _____

Medical or nurse practitioner:

I confirm that _____ (patient) meets the eligibility criteria set out in 241.2(1) of the *Criminal Code of Canada* and that all other safeguards set out in subsection (3) have been met.

_____ (MD/NP) has completed and reviewed the documents relating to medical assistance in dying required by the province of Ontario.

_____ (patient) has requested that I provide them with medical assistance in dying on _____ (date).

I have informed _____ (patient) of the risk of losing capacity to consent to receiving medical assistance in dying prior to the day specified in this arrangement.

_____ (patient) has given consent to receive medical assistance in dying on _____ (date), even if they no longer have the capacity to consent on that date.

_____ (patient) has given consent to the administration, by me, of a substance to cause their death *on or before* the day specified in this arrangement if they lose capacity to consent to receiving medical assistance in dying prior to that day.

I, _____ (MD/NP), have agreed to provide medical assistance in dying to _____ (patient) on _____ (date).

I have agreed to provide medical assistance in dying to _____ (patient) *on or before* _____ (date), if _____ (patient) loses their capacity to consent to receiving medical assistance in dying prior to _____ (date).

MD/NP Name: _____

MD/NP Signature: _____

Date _____

Important Notes: Documentation completed by MAiD provider on day of provision must explicitly include confirmation of the following:

- the person had lost the capacity to consent to receiving medical assistance in dying
- the person did not demonstrate, by words, sounds or gestures, refusal to have the substance administered or resistance to its administration and
- the substance was administered to the person in accordance with the terms of the written arrangement.

Appendix – Relevant statutory provisions – Criminal Code of Canada

Final consent — waiver

(3.2) For the purposes of subsection (3), the medical practitioner or nurse practitioner may administer a substance to a person to cause their death without meeting the requirement set out in paragraph (3)(h) if

- (a) before the person loses the capacity to consent to receiving medical assistance in dying,
 - (i) they met all of the criteria set out in subsection (1) and all other safeguards set out in subsection (3) were met,
 - (ii) they entered into an arrangement in writing with the medical practitioner or nurse practitioner that the medical practitioner or nurse practitioner would administer a substance to cause their death on a specified day,
 - (iii) they were informed by the medical practitioner or nurse practitioner of the risk of losing the capacity to consent to receiving medical assistance in dying prior to the day specified in the arrangement, and
 - (iv) in the written arrangement, they consented to the administration by the medical practitioner or nurse practitioner 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 medical assistance in dying prior to that day;
- (b) the person has lost the capacity to consent to receiving medical assistance in dying;
- (c) the person does not demonstrate, by words, sounds or gestures, refusal to have the substance administered or resistance to its administration; and
- (d) the substance is administered to the person in accordance with the terms of the arrangement.