



Dying With Dignity Canada
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CAMAP

Canadian Association of MAiD
Assessors and Providers

ACEPA

Association Canadienne des Évaluateurs
Et Prestataires de l'AMM

Guidance for Virtual Witnessing for a Request for Medical Assistance in Dying (MAiD)

A joint project of Dying With Dignity Canada and
the Canadian Association of MAiD Assessors and Providers

(June 2020)

Background

Canada's law on medical assistance in dying (MAiD) requires that a person's request for medical assistance in dying be made in writing and signed and dated by the person before two independent witnesses who then also signed and dated the request.

Eligibility for medical assistance in dying

241.2 ...

(3) Before a medical practitioner or nurse practitioner provides a person with medical assistance in dying, the medical practitioner or nurse practitioner must

(a) be of the opinion that the person meets all of the criteria set out in subsection (1);

(b) ensure that the person's request for medical assistance in dying was

(i) made in writing and signed and dated by the person or by another person under subsection (4), and

(ii) signed and dated after the person was informed by a medical practitioner or nurse practitioner that the person has a grievous and irremediable medical condition;

(c) be satisfied that the request was signed and dated by the person — or by another person under subsection (4) — before two independent witnesses who then also signed and dated the request;

The responsibility for operationalizing this rule in the health care setting lies with the provinces and territories and the health profession regulators.

The recent global COVID-19 pandemic has forced us to reconsider immeasurable aspects of life and work. As with all other aspects of health care, MAiD processes and procedures must adapt to new circumstances in order for practitioners to continue to ensure access to high quality, compassionate healthcare. While the proposed measures for virtual witnessing were prompted by COVID-19, the proposal is not limited to the pandemic. The proposed measures are anticipated to be helpful to all patients with limited access to independent witnesses including persons living in remote communities.

The Canadian Association of MAiD Assessors and Providers (CAMAP) has recently called for the allowance of virtual assessments for eligibility for MAiD and the virtual witnessing of patient request forms. Multiple provinces and territories have agreed. The Criminal Code is silent on the use of electronic tools to facilitate assessing or witnessing a person's request for MAiD. However, it is clear that the law must be

maintained while considering the safety of all involved - the patient, families, clinicians and volunteers.

Dying with Dignity Canada (DWDC) pioneered a volunteer witness program for MAiD in 2016 and they have expanded and coordinated it across the country ever since. Together, DWDC and CAMAP have created this guidance document on the virtual witnessing of patient requests for MAiD in order to help ensure ongoing access while respecting public health guidance during the pandemic.

This document is meant as a practical guide. It may be adapted by regional programs and facilities as required.

Practitioners are reminded that they should try to ensure their video conferencing platform complies with applicable privacy legislation, and that they comply with applicable telemedicine requirements of their professional regulators. These may vary by jurisdiction.

Preparation for Virtual Witnessing

For care-coordinators, requesting clinicians, health care facilities

- Confirm that the patient has an appropriate device (phone, tablet, computer) and good internet connection for the virtual-witnessing to take place. Ensure access to and basic knowledge of a video conferencing service. See Appendix A for a review of some currently available video conferencing services
- Confirm that the patient has appropriate identification- one piece of government issued ID (e.g., passport, driver's license, health card, or identity card)- that they can use to confirm identity. In cases where patients are in hospital, a hospital ID band is acceptable
- Confirm the independence of witnesses
- Gather the following information:
 - Name of patient
 - Location of patient (i.e., home, hospice, hospital, long term care home, etc)
 - Contact person and phone number/email address (to set up video conference)
 - Timeline (i.e., urgency)
 - Which video conferencing platform will be used (Skype, FaceTime, Zoom) and patient user address

- Proxy needed? If so, an extra volunteer will be required. Determine who will be responsible for recruiting the proxy. Obtain name and contact information
- Interpreter needed? If so, for which preferred language? Determine who will be responsible for recruiting the interpreter. Obtain name and contact information
- Preferred location where the completed forms should be sent

Once all of the above is confirmed:

- Schedule a time for the video conference
- Provide all participants, including proxy and interpreter if there is one, with the video conference details such as date, time, and platform user addresses
- Ensure that all participants have a copy of the entire patient request form prior to the virtual witnessing and have it in front of them during the virtual witnessing

Note: If the person does not have access to video conferencing technology, they are welcome to reach out to DWDC to talk through witnessing options.

Virtual Witnessing

- All participants connect at the scheduled time to the agreed upon common platform or a call is initiated by a witness to the patient and includes all necessary participants
- Obtain and document informed consent for the use of video conferencing technology; acknowledge that the privacy of shared information cannot be ensured through this medium
- Witnesses need to verify the identity of the individual. In a home setting, the patient (or a helper) holds up the government ID to the screen followed by the completed patient information on the MAiD request form so that the patient's name and information can be verified. In a hospital or hospice setting, the information on the patient's wristband should be verified against information written on the form
- If at all possible, a 360 degree panning view of the patient's room is then advised to verify who/what is present. The camera should then be positioned to directly observe the patient or proxy who will be signing the request form
- The patient then reads and signs the request form in the presence of the witnesses. If a proxy exists, the proxy will complete all the required patient information, and will sign the form as directed by the patient

- The patient (or a helper) then shows the signed form to the screen so witnesses can verify that the signature is there and the date is correct. Witnesses should ensure that all relevant fields on the request form (signature, printed name and date) have been completed in the correct format
- Witnesses and any proxies then complete their specific sections (initial statements, identification, signature and date) on the MAiD request form and ensure that all information appears correctly

Following Virtual Witnessing

- Patients, witnesses and proxies send their completed forms to the designated individual/agency directly. This can be achieved through secure fax, scanning and send via email on a secure network, hand delivery or if necessary regular mail
- Witnesses should confirm with the designated individual/agency that witnessing has been completed and forms sent
- A copy of the complete request form with witnessing should be provided to the patient and their proxy, if one exists, for their records

DWDC and CAMAP would like to acknowledge the efforts of volunteers Alex Muir in creating the original document that inspired this process and Sarah Baillie for recent additions.

References

1. An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying)
<https://www.parl.ca/DocumentViewer/en/42-1/bill/C-14/royal-assent>

Appendix A

The following table is a sample comparison of video conferencing platforms available and used at this particular moment in time. Rapid evolution of this information is anticipated. We do not endorse any particular software and include this information only as a guide to what type of information is helpful to consider when choosing video conferencing technologies and ways in which some current examples compare.

We encourage clinicians to ensure that the video conferencing platform used complies with privacy legislation applicable to their jurisdiction

Tool	Recommended?	Cost?	Canadian?	Servers in Canada?	Encrypted Transmission	Score (/4)	Website
Cisco Jabber	Recommended by N&L gov	no	no	no	yes	2 / 4	https://www.nlchi.nl.ca/register/telehealth/
Reacts	Tested by 2 groups of N&L physicians with +ve feedback	yes	yes	yes	yes	3 / 4	https://reacts.com/en/plans/
Cyno	Used in clinics in N&L	yes	no	no	no	0 / 4	https://www.cyno.ca/
Livecare	Used in BC	yes	yes	yes	yes	3 / 4	https://livecare.ca/
Medeo	Used in Ontario	ye	no	yes	yes	2 / 4	https://medeohealth.com/
Doxy.me		yes	no	no	yes	1 / 4	https://doxy.me/
FaceTime		Req apple products	no	no	yes	1 / 4	
Think Research		yes	yes	yes	yes	3 / 4	https://www.thinkresearch.com/ca/
Zoom Enterprise	Used by Alberta Health Services	yes	no	no	yes	1 / 4	https://zoom.us/